

Internal and External Environmental Analysis of Hospital Organizations: A Strategic Management Study at Hospital X

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Article Information:

Received: June 27, 2026, Accepted: August 03, 2026, Published: August 05, 2026

Abstract

This study aims to analyze the internal and external environmental factors of Hospital X, a private hospital located in a district in Eastern Indonesia, as a basis for strategic formulation for 2026. The research employs a descriptive-analytical approach using the SWOT framework, the Internal Factor Evaluation (IFE) matrix, the External Factor Evaluation (EFE) matrix, the Internal-External (IE) matrix, and the Quantitative Strategic Planning Matrix (QSPM). Data were collected through secondary data analysis, in-depth interviews, and direct observation. The IFE matrix yielded a total weighted score of 2.55, indicating a medium-level internal position in which weaknesses slightly dominate strengths. The EFE matrix yielded a score of 2.42, indicating below-average responsiveness to external opportunities and threats. Positioning on the IE matrix places Hospital X in Quadrant V, suggesting a hold-and-maintain strategy centered on market penetration and product development. PESTLE analysis reveals significant regulatory influence from BPJS Kesehatan policies, low community purchasing power, opportunities in digital technology, and geographic advantages. Porter's Five Forces analysis shows low competitive rivalry but high supplier bargaining power. The SWOT cross-analysis generated 33 strategic alternatives, subsequently prioritized through QSPM. The top-ranked strategies include cash flow management and cost control (TAS = 3.76), building a referral network ecosystem (TAS = 3.61), and applying quality standards from the parent institution, Parent Hospital (TAS = 3.59). Findings suggest that Hospital X should pursue focused strategies in financial management, human resource development, service quality improvement, and digital ecosystem development to enhance competitiveness and sustainability.

Keywords: Internal Environmental Analysis, External Environmental Analysis, SWOT Analysis, Hospital Strategy, IFE Matrix, EFE Matrix

JEL Classification: I10, I11, M10

1. Introduction

Hospitals, as healthcare organizations, operate within a dynamic and complex environment shaped by regulatory changes, demographic shifts, technological advancements, and rising

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community expectations. The ability of hospital management to understand and respond to both internal capabilities and external environmental pressures is fundamental to strategic sustainability. Strategic management scholars, including [David and David \(2017\)](#), emphasize that environmental analysis is the foundation of the strategic planning process, enabling organizations to align their resources with market opportunities while mitigating potential threats.

Hospital X, a Type D private hospital established under the Parent Hospital Group and located in a district in Eastern Indonesia, serves a catchment area of approximately 151,267 residents across the sub-districts of three target sub-districts. As a relatively new hospital operating in a semi-rural, predominantly BPJS Kesehatan (National Health Insurance)-dependent market, Hospital X faces unique strategic challenges, including limited specialist human resources, weak brand awareness, constrained cash flow, and incomplete medical service products. At the same time, the hospital benefits from a strategic geographic location with no equivalent competitor in the service area, a growing JKN-covered patient base, and the institutional affiliation advantage of the Parent Hospital brand.

Prior research on hospital strategic management has demonstrated the utility of integrating multiple analytical frameworks to capture organizational complexity. [Pearce and Robinson \(2013\)](#) argue that combining SWOT analysis with quantitative tools such as the IFE and EFE matrices, the IE positioning matrix, and the QSPM provides a comprehensive, evidence-based foundation for strategy selection. In the Indonesian healthcare context, [Trisnantoro \(2005\)](#) notes that public and private hospitals face an increasingly regulated environment under the BPJS Kesehatan system, necessitating strategic adaptability and proactive environmental scanning. Furthermore, [Fikri et al. \(2024\)](#) demonstrate that internal and external environmental analysis using SWOT, IFE, and EFE frameworks constitutes a foundational managerial strategy tool for health service organizations in Indonesia, enabling evidence-based strategic positioning in an increasingly competitive healthcare landscape.

This study addresses the following research objectives: (1) to identify and assess the internal strengths and weaknesses of Hospital X; (2) to identify and assess the external opportunities and threats facing the hospital; (3) to determine the hospital's strategic positioning using the IE matrix; and (4) to formulate and prioritize strategic alternatives using QSPM. The findings are expected to contribute to the hospital's 2026 strategic plan and to provide a replicable analytical model for similar Type D private hospitals in Indonesia.

2. Literature Review

2.1 Internal Environmental Analysis

Internal environmental analysis involves a systematic assessment of an organization's resources, capabilities, and core competencies to identify strategic strengths and weaknesses. [Barney \(1991\)](#) introduced the Resource-Based View (RBV), which posits that sustainable competitive advantage derives from resources that are valuable, rare, inimitable, and non-substitutable (VRIN). In the healthcare context, such resources include medical human capital, physical infrastructure, information systems, brand equity, and organizational culture. The Internal Factor Evaluation (IFE) matrix, as operationalized by [David and David \(2017\)](#), provides a structured tool for weighting and scoring these internal factors, generating a composite score that indicates the strength of the organization's internal position relative to its weaknesses.

Tangible assets in hospitals include physical facilities, medical equipment, financial capital, and human resources, while intangible assets encompass brand reputation, organizational culture, knowledge management systems, and information technology capabilities. Research by [Griffith and White \(2007\)](#) demonstrates that hospital performance is significantly predicted by intangible organizational capabilities, including leadership quality, service culture, and adaptive capacity, underscoring the importance of comprehensively assessing both tangible and intangible internal dimensions.

2.2 External Environmental Analysis

External environmental analysis examines macro-environmental and competitive forces that present opportunities or threats to an organization. The PESTLE framework (Political, Economic, Social, Technological, Legal, and Environmental) provides a structured lens for macro-environmental scanning ([Johnson et al., 2008](#)). Applied to healthcare organizations, PESTLE analysis captures dimensions such as health policy and insurance regulation (Political), community purchasing power and hospital financing (Economic), demographic trends and health behavior (Social), telemedicine and health information technology (Technological), compliance with healthcare regulations and licensing (Legal), and environmental health management (Environmental).

Porter's Five Forces model ([Porter, 1980](#)) complements PESTLE by analyzing the competitive dynamics within an industry, encompassing the threat of new entrants, bargaining power of suppliers, bargaining power of buyers, threat of substitute products or services, and rivalry among existing competitors. In the hospital sector, these forces manifest through barriers to entry such as capital requirements and regulatory licensing, supplier power in pharmaceutical and medical device markets, payer power exercised by insurance bodies such as BPJS Kesehatan, the availability of substitute care providers (clinics, Puskesmas), and competitive intensity in overlapping service catchment areas. The External Factor Evaluation (EFE) matrix synthesizes these environmental factors into a weighted score that reflects the organization's external strategic position.

2.3 SWOT Analysis and Strategic Formulation

SWOT analysis integrates internal and external environmental assessments to generate strategic alternatives across four quadrants: Strengths-Opportunities (SO) strategies leverage internal advantages to exploit external opportunities; Weaknesses-Opportunities (WO) strategies address internal limitations through external opportunity exploitation; Strengths-Threats (ST) strategies deploy internal strengths to mitigate external threats; and Weaknesses-Threats (WT) strategies adopt defensive positions to minimize vulnerabilities ([Hunger & Wheelen, 2012](#)). In hospital strategic planning, SWOT-based strategies must account for the sector-specific complexity of balancing clinical quality, regulatory compliance, financial sustainability, and community health impact.

The Quantitative Strategic Planning Matrix (QSPM), developed by [David and David \(2017\)](#), provides an objective, analytically rigorous method for prioritizing strategic alternatives by computing Total Attractiveness Scores (TAS) for each strategy based on its relevance to identified SWOT factors. The QSPM addresses the subjectivity inherent in qualitative strategic selection, enabling evidence-based priority ranking to guide resource allocation and implementation sequencing.

2.4 IE Matrix and Strategic Positioning

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The Internal-External (IE) matrix positions an organization in one of nine cells based on IFE and EFE scores, corresponding to three zones: Grow and Build (Cells I, II, IV), Hold and Maintain (Cells III, V, VII), and Harvest or Divest (Cells VI, VIII, IX). An organization positioned in Quadrant V, with both IFE and EFE scores in the medium range (2.0 to 2.99), is advised to adopt hold-and-maintain strategies focused on market penetration and product development, without committing to aggressive expansion that could overextend limited resources ([David & David, 2017](#)). This positioning is particularly relevant for resource-constrained Type D private hospitals in semi-rural Indonesian settings.

3. Research Method

3.1 Research Design

This study adopts a descriptive-analytical research design within the qualitative and quantitative traditions of strategic management. The research is situated in a single-organization case study, with Hospital X as the unit of analysis. This approach is consistent with [Yin's \(2018\)](#) case study methodology for organizational research, where the bounded organizational context allows for in-depth examination of complex strategic phenomena.

3.2 Data Collection

Data were gathered through three complementary methods: (1) secondary data analysis, drawing on hospital administrative records, patient visit statistics, financial reports, and regional health demographic data from the Central Statistics Agency (BPS) of the regency; (2) in-depth interviews with hospital management, including the Director, Division Heads of Services, Finance, Human Resources, and Marketing; and (3) direct observation of facilities, patient flow, equipment condition, and operational processes. The combination of these methods ensured data triangulation and enhanced the credibility of findings ([Creswell, 2014](#)).

3.3 Data Analysis

Data analysis proceeded through a structured sequential framework: (1) Internal and External Factor Identification, in which raw analytical findings were condensed into key strength, weakness, opportunity, and threat statements; (2) IFE Matrix Construction, wherein internal factors were weighted according to their relative importance (weights summing to 1.0) and rated on a scale of 1-4 based on the organization's performance (4 = major strength, 1 = major weakness); (3) EFE Matrix Construction, with external factors weighted and rated (4 = superior response, 1 = poor response); (4) IE Matrix Positioning, plotting the IFE and EFE scores to determine strategic zone; (5) SWOT Cross-Analysis, generating SO, WO, ST, and WT strategic alternatives; and (6) QSPM Analysis, scoring each strategic alternative's attractiveness (AS) relative to each SWOT factor, computing TAS values, and ranking alternatives by total score.

4. Findings and Discussions

4.1 Internal Environmental Analysis

The internal environmental analysis of Hospital X was conducted across eight key variables: vision and mission, organizational management, human resources, finance, marketing, information systems, facilities and infrastructure, and service products. Condensed analytical findings are presented in Table 1 below.

Table 1. Internal Factors of Hospital X

Category	Factor	Condensed Analysis	Weight	Score
Strength	Vision & Mission	Clear organizational vision and mission providing strategic direction	0.08	0.32
Strength	Organizational Management	Lean, efficient structure enabling rapid decision-making	0.08	0.24
Strength	Information Systems	Integrated hospital information system (SIMRS)	0.04	0.12
Strength	Facilities	New, clean, and modern hospital building	0.04	0.12
Strength	Shareholder Support	Strong and committed shareholder backing	0.08	0.32
Strength	Brand Affiliation	Parent Hospital brand creates positive perception for Hospital X	0.08	0.32
Weakness	Human Resources	Limited specialist capacity; difficulty recruiting specialists to the area	0.07	0.14
Weakness	Finance	Weak financial condition; cash flow heavily dependent on BPJS payments	0.07	0.07
Weakness	Marketing	Low brand awareness; weak referral network maintenance	0.05	0.10
Weakness	Information Systems	SSO module not yet optimally utilized	0.03	0.06
Weakness	Infrastructure	High mineral content in water supply damaging equipment; non-compliant rooms per Permenkes 40/2022	0.06	0.12
Weakness	Service Products	Absent high-demand specialist services (cardiology, urology, rehabilitation)	0.07	0.07
Weakness	Service Products	Incomplete ancillary services (laboratory and radiology)	0.05	0.10
Weakness	Human Resources	Suboptimal specialist attendance commitment and gesture communication standards	0.10	0.25
IFE Total Score				2.55

The IFE total weighted score of 2.55 (scale 1.0-4.0) indicates a medium-level internal position, slightly above the midpoint of 2.50. This finding suggests that while Hospital X possesses meaningful organizational strengths, particularly in its institutional brand affiliation, shareholder commitment, and integrated information systems, these are partially offset by significant weaknesses in human resource capacity, financial condition, and service product completeness. This pattern is consistent with the developmental stage of a relatively young Type D hospital operating in a resource-limited rural-periphery healthcare market.

The RBV perspective ([Barney, 1991](#)) suggests that the hospital's most valuable and potentially inimitable resource is its institutional affiliation with Parent Hospital, which confers brand legitimacy and quality standards that individual de novo hospitals would find difficult to replicate. However, the hospital's limited financial capital constrains its ability to invest in the specialist human resources and medical equipment necessary to fully leverage this affiliation advantage. This internal tension between brand-derived potential and resource-constrained execution represents the central strategic challenge for Hospital X.

4.2 External Environmental Analysis

4.2.1 PESTLE Analysis

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The PESTLE analysis reveals a complex external environment characterized by both significant opportunities and substantial threats, as summarized in Table 2.

Table 2. PESTLE Analysis Summary for Hospital X

Dimension	Opportunities	Threats
Political	IDRG tariff and competency-based hospital policy implementation (Permenkes); JKN program providing stable patient volume	Increasingly strict BPJS Kesehatan regulations; Regional government policy in an adjacent district restricting referral access to other regions
Economic	Potential for tourist and private-pay patient market in the regional area; COB (Coordination of Benefits) revenue potential	Low community purchasing power for private-pay services; High operational costs due to remote location; Fluctuating global economic conditions
Social	Dominant productive-age and elderly demographic with regular healthcare needs; Strong JKN uptake ensuring service demand	Late-stage, curative health-seeking behavior increasing resource intensity; Low Non-JKN patient potential; Low health literacy and unrealistic patient expectations
Technological	High smartphone and internet penetration enabling digital health services; Telemedicine and AI-assisted diagnostics opportunities	Uneven digital infrastructure in catchment area; Low digital literacy limiting online queue adoption
Legal	Competency-based hospital accreditation driving quality improvement	BPJS claim regulations affecting cash flow; Risk of non-compliance sanctions
Environmental	Geographic strategic positioning as nearest referral center for three sub-districts	Mineral-rich water supply damaging medical equipment; Climate-related disease burden requiring facility preparedness

The political dimension is dominated by the BPJS Kesehatan regulatory environment, which simultaneously presents both opportunities (stable, predictable patient volume) and threats (regulatory stringency affecting claims and cash flow). This dual character is well-documented in Indonesian hospital strategic management literature ([Trisnantoro, 2005](#)), where BPJS policy shifts can create significant operational disruptions for hospitals heavily dependent on JKN revenue.

Technologically, widespread smartphone and internet access among community members creates a favorable environment for digital health adoption, consistent with [Famila et al. \(2025\)](#), who identify digital human resource development and hospital management transformation as critical enablers of service competitiveness in Indonesian hospitals. However, realization of this potential requires intentional investment in digital infrastructure and staff capacity, which currently remains a gap.

4.2.2 Porter's Five Forces Analysis

The competitive dynamics of Hospital X's external environment are further examined through Porter's Five Forces framework ([Porter, 1980](#)), as presented in Table 3.

Table 3. Porter's Five Forces Analysis

Force	Intensity	Description
Threat of New Entrants	LOW	High capital requirements, complex licensing, and remote location logistics create substantial barriers to entry for new hospital competitors in the catchment area.
Bargaining Power of Suppliers	HIGH	Limited access to pharmaceutical and medical device suppliers in the remote area, combined with small operational scale, reduces the hospital's negotiating leverage. Suppliers charge premium prices due to delivery distance.
Bargaining Power of Buyers	HIGH	BPJS Kesehatan, as the dominant payer, exercises significant tariff-setting power. Individual patients have limited direct bargaining power but exert indirect pressure through referral choices.
Threat of Substitutes	MODERATE	Community health centers (Puskesmas), independent clinics, and solo physician practices serve as substitutes for basic services. Complex and specialist services remain within the hospital's domain.
Industry Rivalry	LOW-MODERATE	No equivalent hospital competitor within the immediate service area. Competitive pressure arises from hospitals in the nearest urban center that accept BPJS referrals.

4.2.3 EFE Matrix Results

The EFE matrix analysis incorporated six opportunity factors and eight threat factors, as presented in Table 4.

Table 4. External Factor Evaluation (EFE) Matrix

External Factor	Type	Weight	Rating	Score
Implementation of competency-based hospital policy, IDRG tariffs, and KRIS room standards	O	0.10	2	0.20
High smartphone and internet access among community members	O	0.05	3	0.15
Population of 151,267 in three target sub-districts convertible to loyal patients	O	0.10	3	0.30
No equivalent competitor within service area	O	0.07	4	0.28
Majority of patients covered by JKN enabling stable, predictable service volume	O	0.10	4	0.40
Strategic location: patients prefer Hospital X over distant urban alternatives	O	0.07	4	0.28
Increasingly strict BPJS Kesehatan regulations	T	0.10	1	0.10
Regional government policy restricting inter-district referral access	T	0.07	1	0.07
Low adoption of online queue system by community	T	0.04	2	0.08
Late-stage, curative-only health-seeking behavior (high drug and ALOS costs)	T	0.07	2	0.14
Low Non-JKN patient potential	T	0.04	1	0.04
Low community purchasing power for private-pay services	T	0.04	2	0.08
Higher supplier prices due to delivery distance	T	0.08	2	0.16
Low education level: health misinformation, patient non-compliance	T	0.07	2	0.14

EFE Total Score
2.42

The EFE total weighted score of 2.42 falls slightly below the midpoint of 2.50, indicating that Hospital X's current strategies are below average in their responsiveness to external environmental factors. The highest-scoring opportunities include JKN patient volume stability (score: 0.40), geographic competitive advantage (0.28), and population size potential (0.30). These findings collectively confirm that the hospital's primary external advantage is its positional monopoly as the sole hospital of its type in the catchment area, serving a predominantly JKN-insured population.

4.3 IE Matrix Positioning

Plotting the IFE score (2.55) on the horizontal axis and the EFE score (2.42) on the vertical axis positions Hospital X in Quadrant V of the IE matrix. Quadrant V corresponds to the Hold and Maintain strategic zone, recommending strategies of market penetration and product development without aggressive diversification. This positioning indicates that the hospital should focus on consolidating and optimizing its current service lines, strengthening internal systems, and gradually expanding service capabilities aligned with market demand, rather than pursuing broad strategic expansion that would overextend limited financial and human resources.

This IE positioning is consistent with strategic management recommendations for emerging hospitals in resource-constrained environments, where phased capability building is prioritized over simultaneous multi-front expansion ([Griffith & White, 2007](#)). The Quadrant V positioning also suggests that significant improvements in either internal management effectiveness (raising IFE) or external environment responsiveness (raising EFE) could advance the hospital toward the more favorable Quadrant II (Grow and Build) zone in subsequent planning cycles.

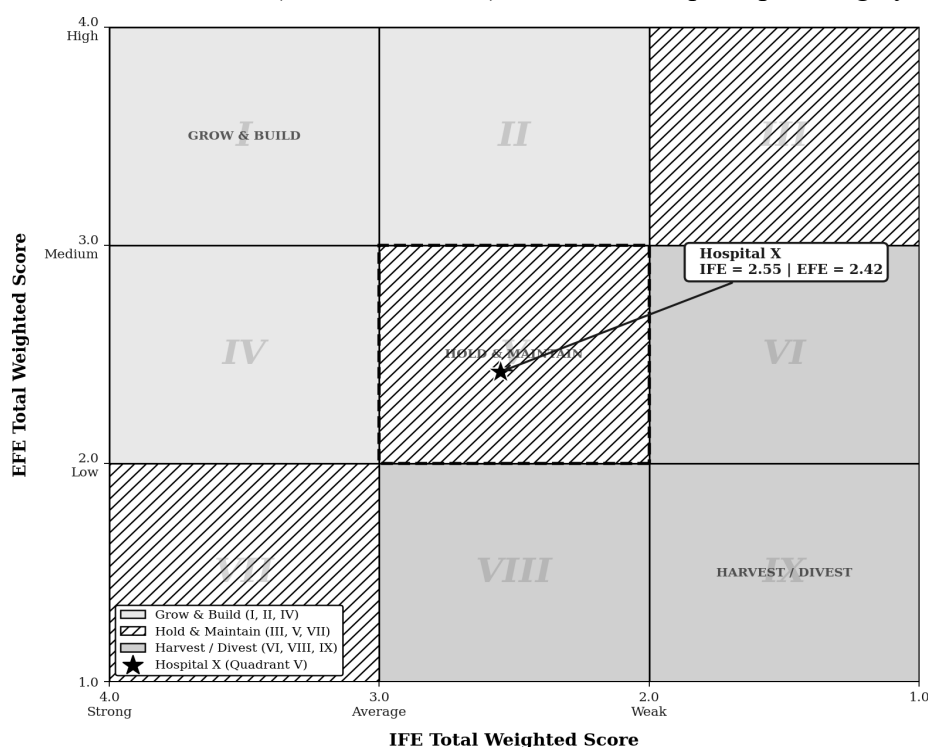


Figure 1. IE Matrix Strategic Positioning of Hospital X

4.4 SWOT Strategic Analysis

Cross-analysis of the internal and external factors generated 33 strategic alternatives distributed across the four SWOT quadrants. Table 5 presents the consolidated SWOT strategic matrix.

Table 5. SWOT Cross-Analysis Strategic Matrix

SO Strategies (Strength-Opportunity)	WO Strategies (Weakness-Opportunity)
1. Recruit required medical staff aligned with competency-based hospital standards 2. Procure medical facilities aligned with market demand 3. Develop digital ecosystem for health promotion and services (digital marketing, online queuing, PACS, LIS, CRM) 4. Apply Parent Hospital quality standards (communication, gesture, speed, safety) 5. Implement Clinical Authority for hospitalization and surgical indications 6. Co-branding with Parent Hospital to convert population into loyal patients 7. Community-based health promotion program 8. Build strong referral network ecosystem 9. Enhance JKN service efficiency	1. Recruit required medical staff aligned with competency-based hospital standards 2. Volume- and trend-based HR recruitment 3. Cash flow management and strict budget-based cost control 4. Competency development through internal and external training 5. Priority maintenance of vital equipment 6. Procure facilities and medical equipment aligned with market needs 7. Apply Clinical Pathway (CPW) for quality and cost control
ST Strategies (Strength-Threat)	WT Strategies (Weakness-Threat)
1. Community-based health promotion 2. Strengthen Casemix team and BPJS claim audit with regular DPJP socialization 3. Expand cooperation with local companies 4. Increase JKN patient class-upgrade conversion 5. Maximize COB revenue (BPJS TK, Jasa Raharja, private insurance) 6. Build relationships with local government 7. Negotiate with suppliers on pricing and delivery	1. Debt restructuring and vendor communication 2. Procure facilities and medical equipment aligned with market and competency standards 3. Negotiate with suppliers on pricing and delivery 4. Recruit required medical staff aligned with competency-based standards 5. Volume- and trend-based HR recruitment 6. Competency development through training 7. Cash flow management and cost control 8. Apply CPW (quality and cost control) 9. Community health promotion

4.5 QSPM Analysis and Strategic Prioritization

The QSPM analysis evaluated 21 strategic action programs derived from the SWOT cross-analysis. Each program was scored for its attractiveness relative to all SWOT factors, yielding Total Attractiveness Scores (TAS) that enabled objective priority ranking. Table 6 presents the top 10 strategic priorities.

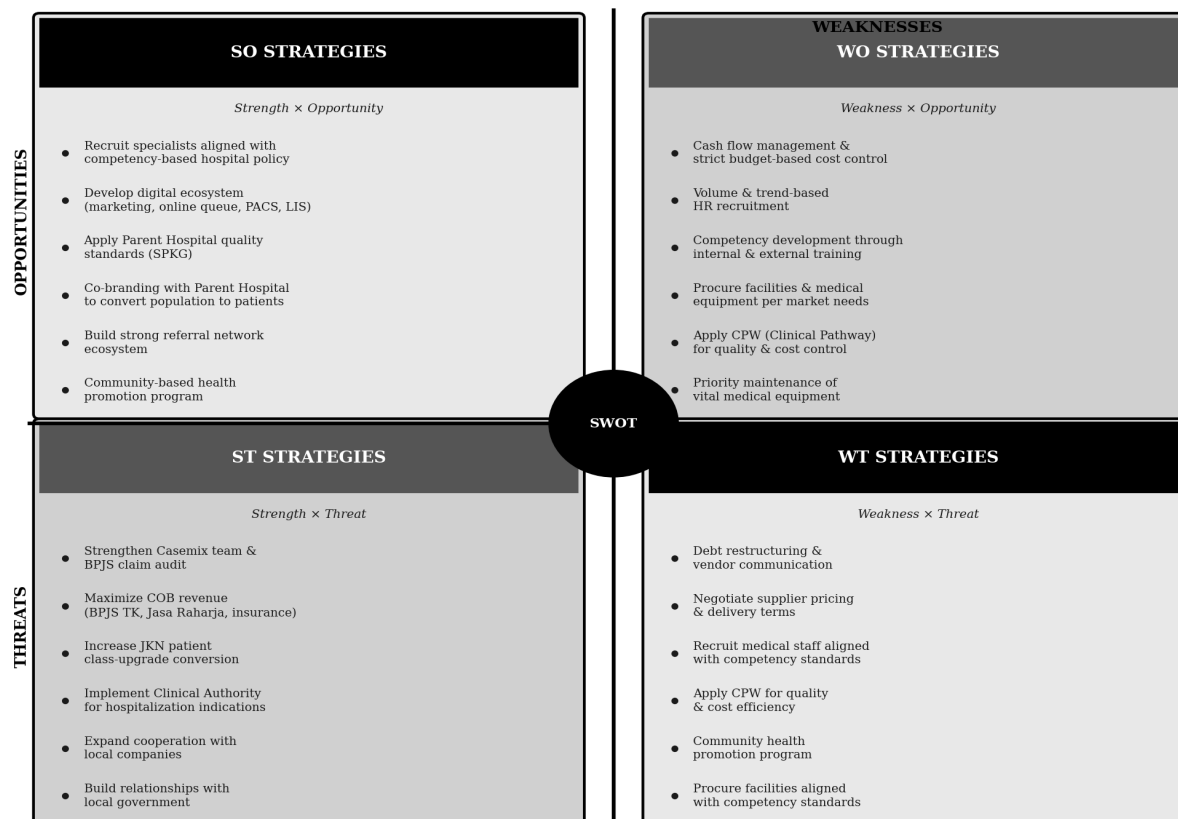


Figure 2. SWOT Cross-Analysis Strategic Matrix Hospital X

Table 6. Top 10 Priority Strategies from QSPM Analysis

Rank	Strategic Initiative	BSC Perspective	TAS
1	Cash flow management and cost control with strict budgeting	Financial	3.76
2	Building a strong referral network ecosystem	Customer	3.61
3	Applying Parent Hospital quality standards (Communication, Gesture, Speed, Safety, Ease)	Internal Process	3.59
4	Implementing Clinical Authority for hospitalization and surgical indications	Internal Process	3.52
5	Recruiting required medical staff for market demand and competency-based hospital standards	Learning & Growth	3.50
6	Strengthening Casemix team and BPJS claim audit with regular DPJP socialization	Financial	3.49
7	Implementing CPW (quality and cost control pathway)	Internal Process	3.46
8	Enhancing JKN service efficiency	Financial	3.45
9	Priority maintenance of vital medical equipment	Internal Process	3.43
10	Volume- and trend-based HR recruitment	Learning & Growth	3.42

The QSPM results reveal a clear strategic priority cluster around financial sustainability and operational efficiency, with cash flow management receiving the highest TAS (3.76) followed closely by referral network development (3.61). This finding aligns with the hospital's IE Quadrant V positioning, where hold-and-maintain strategies center on consolidating current

market position rather than aggressive expansion. The dominance of financial and service quality strategies in the top rankings reflects the dual pressure that Type D private hospitals face: maintaining operational solvency under BPJS payment delays while simultaneously improving service quality to retain and expand their patient base.

The co-branding strategy with Parent Hospital (TAS: 3.38) and digital ecosystem development (TAS: 3.19) appear in the middle tier of priority rankings, suggesting these are important but require prerequisite improvements in financial stability and human resource capacity before full implementation. This sequencing logic is consistent with [Kotter's \(1995\)](#) organizational change framework, which argues that foundational capability building and short-term wins must be established before scaling transformational initiatives, as premature expansion without consolidating internal readiness is a leading cause of strategic failure.

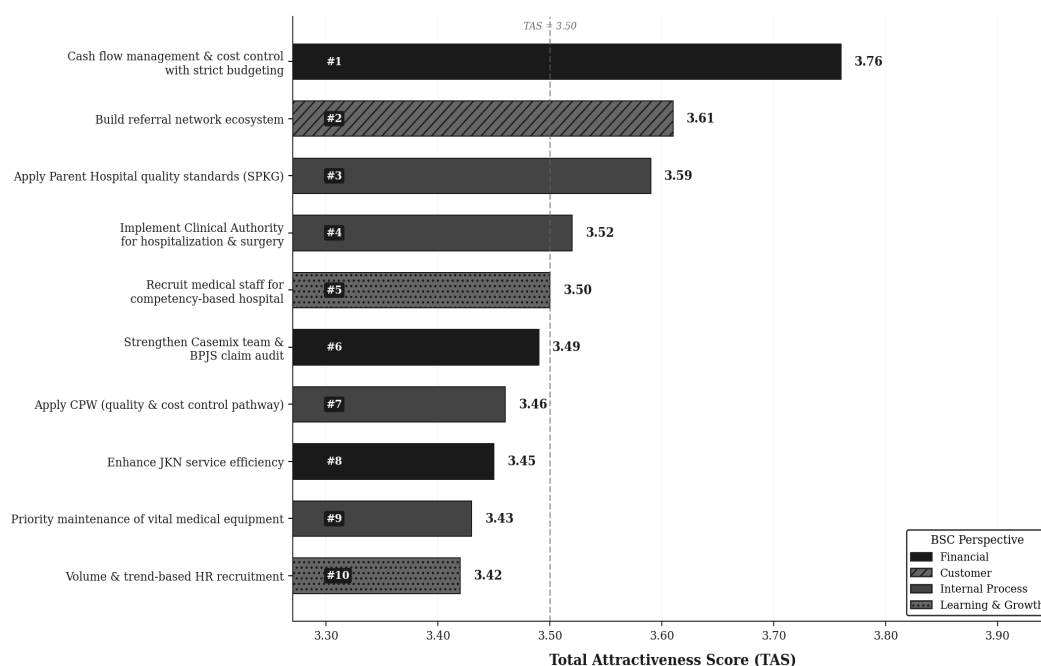


Figure 3. QSPM Priority Ranking

5. Conclusion

This study has systematically analyzed the internal and external environmental conditions of Hospital X using an integrated multi-method strategic management framework encompassing PESTLE analysis, Porter's Five Forces, IFE and EFE matrices, IE matrix positioning, SWOT cross-analysis, and QSPM. The central findings can be summarized as follows.

Internally, Hospital X occupies a medium position (IFE = 2.55) with institutional brand affiliation, integrated information systems, and strong shareholder support as key strengths, offset by critical weaknesses in specialist human resource capacity, financial liquidity, service product completeness, and marketing effectiveness. Externally, the hospital faces a moderately unfavorable environment (EFE = 2.42) characterized by JKN patient volume stability and geographic competitive advantage as primary opportunities, against regulatory stringency, low community purchasing power, and high supplier costs as dominant threats.

IE matrix positioning in Quadrant V confirms that the appropriate strategic direction is a hold-and-maintain approach focused on market penetration and product development. The top three

QSPM-ranked strategies, specifically cash flow management and cost control (TAS = 3.76), referral network ecosystem development (TAS = 3.61), and Parent Hospital quality standard application (TAS = 3.59), provide a clear and actionable strategic priority sequence for hospital management for the 2026 planning period.

From a theoretical perspective, this study contributes to the growing body of literature on strategic environmental analysis in Indonesian healthcare organizations, particularly for Type D private hospitals in semi-rural settings. The integrated application of IFE/EFE/IE/QSPM within a single hospital case demonstrates the practical feasibility and analytical power of this framework for institutional strategic planning.

Future research should examine the implementation outcomes of these strategic priorities, particularly the measurable effects of referral network development and digital ecosystem investment on patient volume, revenue diversification, and service quality indicators. Longitudinal comparative studies across multiple Type D hospitals in similar geographic settings would further enrich the evidence base for the strategic management of rural private hospitals in Indonesia.

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