Difference in SWOT Analysis Factors: A Systematic Review

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Article Information	Abstract
	Introduction: SWOT analysis can be used to assess the position of an organization that has considered internal and external conditions. The objective of this systematic review is to find out the differences in SWOT analysis carried out by health service facilities outside Indonesia and the other country. **Method:** A systematic review used the PRISMA method. The search keywords used strategic management, hospitals, health facilities, health services, and the SWOT analysis obtained from Google Scholar, Science Direct, ProQuest, and PubMed. The articles analyzed were fully accessible and published in 2010-2020. **Result:** The main difference of the analysis was in Indonesia the SWOT analysis was aimed at hospital organizations and few were oriented towards special services which had similar indicators on internal and external factors. Meanwhile, outside Indonesia, SWOT analysis was directed at specific health services so that it had different in internal and external factors of the indicator. **Discussion:** The difference analysis illustrated that the needs of an organization were different in strategic management development. **© 2021 Journal of Ners and Midwifery**

INTRODUCTION

The quality of hospital services is needed to ensure customer satisfaction. Service quality can be achieved using a good plan. Planning in hospital as an organization is often referred to as strategic management (Trisnantoro, 2005). Hospital strategic management as a strategic planning model for a hospital or health service, are followed by appropriate implementation and control. The strategic planning model focuses on the vision and analysis of external and internal factors which are often called SWOT analysis (Strength, Weakness, Opportunity, and Threat) that can influence the achievement of goals. Internal factors describe the strengths and weaknesses of the hospital or health service and analysis of external factors describes opportunities and threats from outside the hospital or health service. Existing external and internal factors must be analyzed to formulate future strategies. Ref?

SWOT analysis based on strategic planning can be more rational and precise which is clear, anticipatory, and long-term. Strategic planning requires skills to predict external changes and identify internal capabilities. The SWOT analysis of hospitals in Indonesia is similar, for example in Tangerang Hospital (Wiyanto et al., 2018) and Barito Hospital, South Kalimantan (Wijaya & Dharmmesta, 2011)general factor oriented and geographically distinct. SWOT analysis among hospitals outside Indonesia is directed at specialized services, for example, careers for chronic diseases (Giusti et al., 2020) and pediatric (Eizaga Rebollar et al., 2020).

A SWOT analysis does not have to be carried out on a large scale, it is best if the analysis is carried out on a situation that is both substantial and in-depth (WHO, 2016). The description above shows the differences between strategic planning and the development efforts undertaken. The aim of this study is to describe the factors that differentiate the preparation of a SWOT analysis for hospitals or health services in Indonesia and outside Indonesia.

MATERIALS AND METHODS

The preparation of this article review used the PRISMA method.

Article Search Strategy

Articles were obtained using electronic media. The search for the articles was focused from 2010 to 2020. The journal database used in reviewing articles outside of Indonesia was Science Direct, ProQuest, and PubMed, while Indonesian articles were in Google Scholar. Keywords used to obtain the journals were SWOT analysis, health facilities, health services, hospitals, and strategic management.

Article Selection

The selection of journal articles were based on article titles and abstracts. The article design used refers to actual research if it is not a systematic review or article review. The PRISMA method recommended the used of inclusion and exclusion criteria. The inclusion criteria were include (1) original article, (2) the journals published between 2016-2020, (3) SWOT analysis targets, namely hospitals or specific health services, and (4) complete articles available. While the exclusion criteria included (1) a journal in the form of a systematic review or review of articles and (2) the objectives of the SWOT analysis in education, industry and business, marketing.

Extraction of Articles and Appropriate Quality

The journals obtained and collected then extracted the information including the type of research carried out, the objectives of the analysis, and the availability of complete articles. The assessment of the quality of articles or journals were carried out by providing a score based on the inclusion criteria that have been prepared. If it meets the criteria then it is given a value of one (1), if it does not meet the criteria then it is given a value of zero (0).

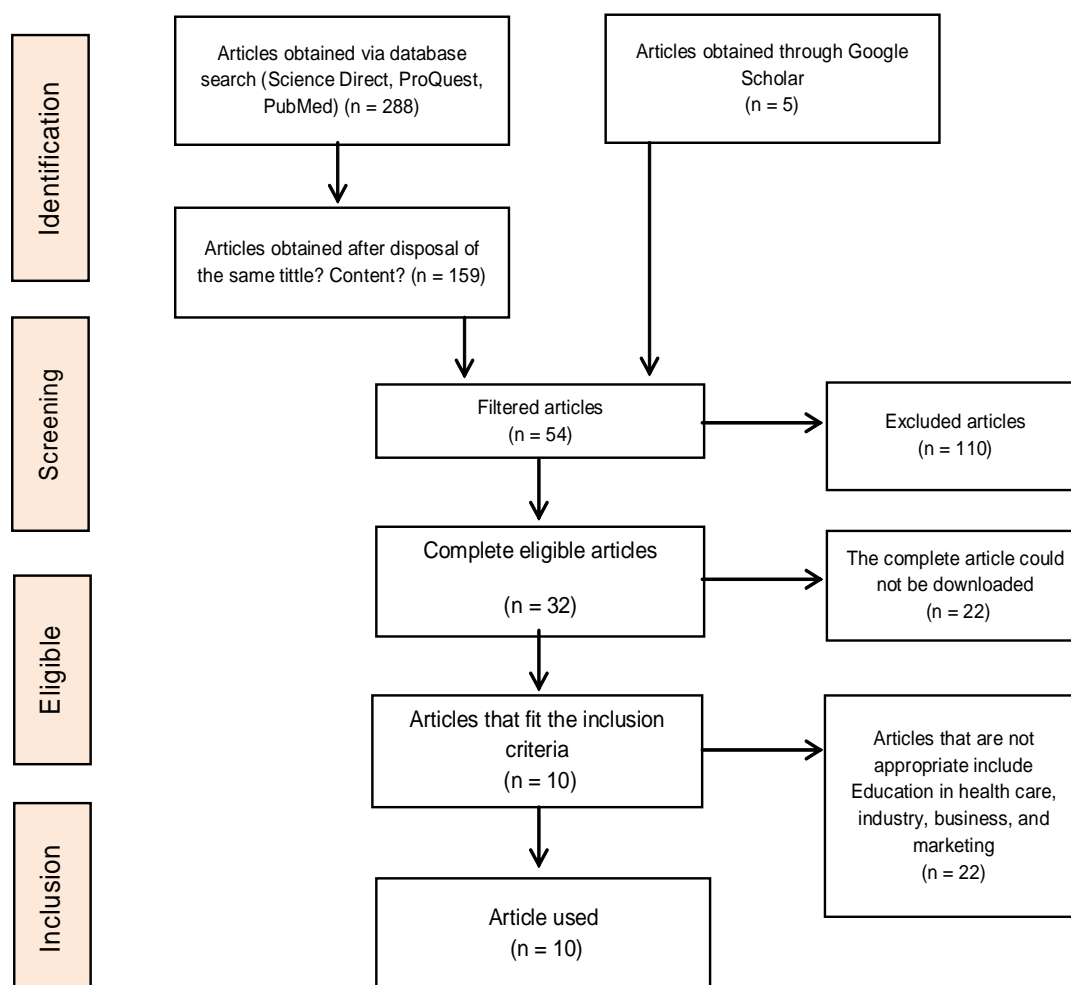The method of selecting articles is illustrated in Figure 1.

Figure 1 Process of screening articles into inclusion for systematic review

RESULTS

The results journals obtained from Google Scholar, Science Direct, ProQuest, and PubMed use the keyword SWOT analysis, hospital or specialty health services, and complete articles resulted in dozens of journals. Search narrowed down by adding publication criteria between 2016 to 2020. After being selected, there were only 10 articles. An explanation of each journal is shown in Table 1.

Table 1 Results of journals on the keywords of SWOT analysis and hospitals or health services

Title, Author, and Year of the Journal	Type of Research	Explanation of Research Results
Competitive Strategies in Facing AEC (Wiyanto et al., 2018)	Qualitative	IFAS includes infrastructure, maintenance, human resources, tamping capacity, and socialization. EFAS includes location, customer loyalty, new services, cooperation, competitors, infrastructure, health financing, and the community economy.

The Development Strategy for the Pharmacy Installation of RSUD Datoe Binangkang in Bolaang Mongondow Regency Using SWOT Analysis (Ardiany et al., 2020)	Qualitative	IFAS includes location, SOP, type of service, infrastructure, and communication. EFAS includes local government support, one stop service, health financing, human resources, customer demands.
The Marketing Strategy of RSUD Prof. Dr. HM Chatib Quzwain Sarolangun Jambi in 2018 (Bajri & Sulistiadi, 2019)	Qualitative	IFAS includes human resources, service rates, location, and types of services. EFAS includes cooperation, local government support, employee performance, service fees, location, and community economy.
Strengths – Weaknesses –Opportunities – Threats Analysis for a Pediatric Anesthesia Program (Eizaga Rebollar et al., 2020)	Explorative	IFAS includes teamwork ability, work team adaptability, skills, clinical variation, lack of clinical protocol, and loss of professional morale. EFAS includes the need for strong scientific evidence, numerous scientific associations, the development of a safety culture, productivity pressures, lack of research on quality and safety, and a lack of safety culture.
Health impact assessment in Nigeria: An initiatives whose time has come (Chilaka &Ndioho, 2019)	Descriptive	IFAS includes the willingness to know and implement health impact assessments, awareness, involvement, human resources, and political support. EFAS includes awareness raising, global orientation, search for solutions, financing, time, political conditions, and the socio-economic community.
Expanding the reach of global health radiology via the world's first medical hybrid airship: A SWOT analysis(Paramalingam et al., 2020)	Descriptive	IFAS includes transportability, service suitability, service coverage, environmental impact, inequality in the population served, referral networks, and operational costs. EFAS includes involving local communities, advances in health technology, efforts to integrate local health services, weather, low levels of community education, and dependence on financial donors.
Implementing a Clinical Research Department to Support Pediatric Studies: A SWOT Analysis(Thajer et al., 2020)	Qualitative	IFAS includes communication, customer service, organizational processes, productivity, resources employed, staff qualification, employee commitment, transparency, location, insufficient financing, investment costs, strict hierarchy, and quality degradation. EFS includes market capability, market growth, staff availability, national and international collaboration, political factors, regulatory changes, and dependability.
Robot-assisted surgery in India: A SWOT analysis (Bora et al., 2020)	Explorative	IFAS includes the number of patients served, economic growth, good reporting of surgery, the ability to conduct training and supervision, increased ability of surgeons, increased health insurance, high investment, dependence on technology, and there is no data on the benefits of robotic surgery EFAS includes expanded service coverage, medical tourism, the latest systems, fear of missing out on technology, compromises for training, and risk of infection.

Iran's Health System Transformation Plan: A SWOT analysis(Olyaeemanesh et al., 2018)	Descriptive	IFAS includes reducing referrals outside the hospital, reducing informal costs, reducing the number of Caesarean sections, reviewing service rates, increasing the number of specialist doctors, providing emergency services by air, implementing standardized protocols, using scientific evidence data, using new technology, providing incentives for health workers, late payments, limited implementation for workers at risk, late approval of nursing service rates, unavailability of post-hospital follow-up services, limited payment strategies for resources, ineffective dialogue between insurance and the private service sector, no development towards medical tourism, and failure of fact-based decision making. EFAS includes policy support from the government and parliament,
Hematopoietic stem cell transplantation activity worldwide in 2012 and a SWOT analysis of the Worldwide Network for Blood and Marrow Transplantation Group including the global survey(Niederwieser et al., 2016)	Qualitative	IFAS includes the availability of a global network of services, continuous services for transplants between countries, the presence of professionals who have authority from WHO, countries that do not make efforts to do development, faded stem cell technology, no competitors, there are organizations that have limited funding, limited information , it takes a long time from data collection to dissemination, there is no regulatory agency in the country, and no quality management system. EFAS includes being able to become a professional database provider and have authority, as a promoter of global collaboration, can identify the needs needed, as a predecessor to the quality management system, be the first model, have an international training program, limited costs at all levels, the risk of losing independence,

DISCUSSION

The quality of health services is the main goal that must be maintained continuously while providing services to consumers. Consumers in question are consumers of internal and external stakeholders, so that consumers have a commitment to promote services that have been received. The dimensions of the minimum quality of hospital health services include safety, affordability, technical competence, effectiveness, comfort, easy access, efficiency, continuity of service, and availability steady contraception (Kemkes RI, 2008). The quality of hospital health services can be identified from the accreditation it has (Kemkes RI, 2017, 2020).

Quality of health services as the ultimate goal of hospital services can be achieved if it has management strategic. Strategic management as a tool that describes the achievements that have been achieved and future planning according to the vision

set. Hospital strategic management is useful for (1) developing into the future by understanding the present, (2) the basis for planning, implementing, and controlling systems with clear indicators, (3) measuring the level of human resource commitment, (4) compiling future scenarios, and (5) realize that it doesn't work alone (Trisnantoro, 2005).

Strategic management to describe the current state of the hospital and plan for the future requires a strategic analysis. The strategic analysis of the hospital is known as a SWOT or TOWS analysis, namely Strength, Weakness, Opportunity, and Threats (Angwin et al., 2011). Also referred to as SVOR analysis, namely Strength, Vulnerable, Opportunity, and Risks (Mesly, 2017). The strategic analysis process in order to get good results needs to be carried out the scanning, monitoring, forecasting, and assessing the stages (Ginter et al., 2018). Scanning, namely identifying important issues,

monitoring, namely collecting data according to categories, forecasting, namely predicting the future according to categories, and assessing the stage, which is conducting evaluations for future planning.

Analysis to assess the strengths and weaknesses of an organization's internal factors is called IFAS (internal factors analysis strategy). The analysis recognizes factors outside the organization which are known as opportunity and threat factors called EFAS (external factor analysis strategy). IFAS and EFAS are adjusted to the organization or health service whose strategic planning will be determined in order to achieve the quality of health services promised to consumers. Hospitals in the process of being established are expected to have services that are grouped into four, namely (a) medical services; (b) nursing and midwifery services; (c) medical support services; and (d) non-medical support services (Kemkes RI, 2019). The four existing services are further broken down into more specific services consisting of a minimum of three services.

The strategy analysis that can be identified for each service in the hospital is unique, has different problems, characteristics, and efforts. However, the strategic analysis of hospitals in Indonesia has something in common, namely that it is carried out at the hospital level. There is a difference when compared to hospitals outside Indonesia which have been oriented towards specialization services and even try to make new services that are not owned by other hospitals. The differences are depicted in Table 1.

The factors analyzed in geographically different hospitals in Indonesia have similarities between IFAS and EFAS. IFAS and EFAS are the same on one-stop service factors, regulations, cooperation, communication, human resources, infrastructure, evaluation activities, cooperation, local government support, employee performance, service rates, location, and community economy. While there are different factors, there are hospitals that make SOP and vision as IFAS and EFAS factors (Ardiany et al., 2020; Bajri & Sulistiadi, 2019; Husna et al., 2011; Wijaya & Dharmmesta, 2011; Wiyanto et al., 2018). Hospitals outside Indonesia strategic analysis is not carried out on large organizations such as hospitals, but is carried out on specific services owned and even shows the latest services to be provided. Thus, the factor strategy analysis in IFAS and EFAS is also different (Niederwieser et al., 2016; Chilaka & Ndioho, 2019; Eizaga Rebollar et al., 2020; Bora et al., 2020; Paramalingam et al., 2020; Thajer et al., 2020). The differences in strategy analysis at the organizational level and factors in IFAS and EFAS will inevitably result in different strategies and efforts. Different strategies according to organizational levels can lead to superior service specialties and as an attraction for consumers and customers of each hospital, and even become the pride of internal hospital stakeholders.

The strategic analysis of each hospital should have different factors because hospitals are located in areas that have different cultures. External factors that influence the success of an organization are the political, economic, socio-cultural, technological, natural and policy environment (Wittmann & Reuter, 2004). Factors in the environment that influence include available energy sources, values adopted by the community, community mobility, lifestyle, economic turnover that occurs, population income, level of security, and political stability. If, the hospital is able to identify and have different organizational needs to achieve the predetermined vision, the hospital develops adaptively and highly effective in strategic management.

Strategic management is meant to prepare a plan according to internal and external conditions in which the hospital is located. Highly adaptive and effective conditions in strategic management can use a strategic shock absorber method, which consists of four activities that work in an integrated manner. The four activities are accuracy, agility, momentum, and foresight (Sampler, 2015). Accuracy is defined as providing estimates according to the target; allows detailing and specificity. Agility provides speed and flexibility in terms of strategic options. Momentum is to provide continuity and minimize disruption to the organization. Foresight is giving the ability to understand and scan the external environment.

CONCLUSION

Based on the results of this systematic review of strategic analysis in Indonesia and outside of Indonesia, there were different levels of organization and service specificity. In Indonesia tends to have the same strategic analysis factor while outside of Indonesia according to the specificity services to create different services according to community needs.

REFERENCE

Angwin, D., Cummings, S., & Smith, C. (2011). *The Strategy Pathfinder/ : Core Concepts and Live Cases* (2nd ed.). John Wiley and Sons Inc.

Ardiany, W. M., Citraningtyas, G., & Mpila, D. A. (2020). Strategi Pengembangan Instalasi Farmasi RSUD Datoe Binangkang di Kabupaten Bolaang Mongondow Menggunakan Analisis SWOT. *PHARMACON*, *9*(3), 390–396. https://doi.org/10.35799/PHA.9.2020.30023

Bajri, A., & Sulistiadi, W. (2019). Srategi Pemasaran RSUD Prof. Dr. HM Chatib Quzwain Sarolangun Jambi Tahun 2018. *Jurnal Administrasi Rumah Sakit Indonesia*, *5*(2), 104–114.

Bora, G. S., Narain, T. A., Sharma, A. P., Mavuduru, R. S., Devana, S. K., Singh, S. K., & Mandal, A. K. (2020). Robot-assisted surgery in India: A SWOT analysis. *Indian Journal of Urology*, *36*(1), 1–3. https://doi.org/10.4103/iju.IJU-220-19

Chilaka, M. A., & Ndioho, I. (2019). Health impact assessment in Nigeria: An initiative whose time has come. *Journal of Public Health in Africa*, *10*(2), 68–72. https://doi.org/10.4081/jphia.2019.1014

Eizaga Rebollar, R., García Palacios, M. V., Fernández Mangas, M. del C., Arroyo Fernández, F. J., Márquez Rodríguez, C. M., Carnota Martín, A. I., Morales Guerrero, J., & Torres Morera, L. M. (2020). Strengths–Weaknesses–Opportunities–Threats Analysis for a Pediatric Anesthesia Program. *Pediatric Quality and Safety*, *5*(1), e254. https://doi.org/10.1097/pq9.0000000000000254

Ginter, P. M., Duncan, W. J., & Swayne, L. E. (2018). *Strategic management of health care organizations* (8th ed.). Wiley. http://library1.nida.ac.th/termpaper6/sd/2554/19755.pdf

Giusti, A., Maggini, M., & Colaceci, S. (2020). The burden of chronic diseases across Europe: What policies and programs to address diabetes? A SWOT analysis. *Health Research Policy and Systems*, *18*(1). https://doi.org/10.1186/s12961-019-0523-1

Husna, N. D., Hakim, L., & Kristina, S. A. (2011). Analisis SWOT Dalam Perumusan Strategi Peningkatan Kepuasan Pasien Rawat jalan Instalasi Farmasi Rumah Sakit X Samarinda. *Jurnal Manajemen Dan Pelayanan Farmasi*, *1*(3), 153–157. https://www.e-jurnal.com/2018/07/analisis-swot-dalam-perumusan-strategi.html

Kemkes RI. (2008). *Keputusan Menteri Kesehatan Republik Indonesia Nomor/ : 129/Menkes/SK/II/ 2008 Tentang Standar Pelayanan Minimal Rumah Sakit*. http://manajemenrumahsakit.net/wp-content/uploads/2012/08/PMK-No-129-tahun-2008-tengan-SPM-RS-lengkap.pdf

Kemkes RI. (2017). *Peraturan Menteri Kesehatan Republik Indonesia Nomor 34 Tahun 2017 Tentang Akreditasi Rumah Sakit* (p. 11). https://persi.or.id/wp-content/uploads/2020/11/pmk342017.pdf

Kemkes RI. (2019). *Peraturan Menteri Kesehatan Republik Indonesia Nomor 30 Tahun 2019 Tentang Klasifikasi dan Perizinan Rumah Sakit*. http://hukor.kemkes.go.id/uploads/produk_hukum/PMK_No__30_Th_2019_ttg_Klasifikasi_dan_Perizinan_Rumah_Sakit.pdf

Kemkes RI. (2020). *Peraturan Menteri Kesehatan Republik Indonesia Nomor 12 Tahun 2020 Tentang Akreditasi Rumah Sakit* (p. 14). https://jdihn.go.id/files/898/PMK No. 12 Th 2020 ttg Akreditasi Rumah Sakit.pdf

Mesly, O. (2017). *Project feasibility/ : tools for uncovering points of vulnerability* (1st ed.). Taylor & Francis Group: CRC Press.

Niederwieser, D., Baldomero, H., Szer, J., Gratwohl, M., Aljurf, M., Atsuta, Y., Bouzas, L. F., Confer, D., Greinix, H., Horowitz, M., Iida, M., Lipton, J., Mohty, M., Novitzky, N., Nunez, J., Passweg, J., Pasquini, M. C., Kodera, Y., Apperley, J., … Gratwohl, A. (2016). Hematopoietic stem cell transplantation activity worldwide in 2012 and a SWOT analysis of the Worldwide Network for Blood and Marrow Transplantation Group including the global survey. *Bone Marrow Transplantation*, *51*(6), 778–785. https://doi.org/10.1038/bmt.2016.18

Olyaeemanesh, A., Behzadifar, M., Mousavinejhad, N., Behzadifar, M., Heydarvand, S., Azari, S., Martini, M., Bakhtiari, A., & Bragazzi, N. L. (2018). Iran's Health System Transformation Plan: A SWOT analysis. *Medical Journal of the Islamic Republic of Iran*, *32*(1), 1–7. https://doi.org/10.14196/mjiri.32.39

Paramalingam, R., England, R., Mollura, D., & Koff, D. (2020). Expanding the reach of global health radiology via the world's first medical hybrid airship: A SWOT analysis. *Journal of Global Health*, *10*(1). https://doi.org/10.7189/JOGH.10.010374

Sampler, J. L. (2015). *Bringing Strategy Back: How Strategic Shock Absorbers Make Planning Relevant in a World of Constant Change*. John Wiley and Sons Inc.

Thajer, A., Sommersguter-Reichmann, M., & Löffler-Stastka, H. (2020). Implementing a Clinical Research Department to Support Pediatric Studies: A SWOT Analysis. *International Journal of Environmental Research and Public Health*, *17*(17), 1–16. https://doi.org/10.3390/ijerph17176211

Trisnantoro, L. (2005). *Aspek Strategis Manajemen Rumah sakit*. Andi Offset.

WHO. (2016). Chapter 3 Situation analysis of the health sector. In *Strategizing national health in the 21st century: a handbook* (p. 64).

Wijaya, C., & Dharmmesta, B. S. (2011). Analisis Internal

Dan Eksternal Kesiapan RSUD H. Abdul Azis Marabahan Untuk Penerapan Badan Layanan Umum Daerah. *Jurnal Manajemen Dan Pelayanan Farmasi*, *1*(3), 171–179.

Wittmann, R. G., & Reuter, M. P. (2004). *Strategic Planning: How to deliver maximum value through effective business strategy*. Kogan Page.

Wiyanto, Malika, S., Soekarjono, E., & Hasmanto, B. (2018). Strategi Bersaing Dalam Rangka Menghadapi MEA (Studi Kasus RS Bhakti Asih Karang Tengah -Tangerang). *Jurnal Pemasaran Kompetitif*, *1*(3), 93–111. http://openjournal.unpam.ac.id/index.php/JPK/article/view/1146.