



Strategic Positioning and Competitiveness of Lembang Regional General Hospital: A Qualitative Case Study Using SWOT–IFAS/EFAS Analysis

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ABSTRACT

Indonesian public hospitals face intense market pressure to balance social mandates with operational efficiency. This study aims to analyze current business strategies, evaluate competitiveness, and formulate strategic priorities for Lembang Regional General Hospital. Employing a qualitative single case study from March to August 2026, data were gathered via triangulation using observations, document analysis, and interviews with five purposive informants. Framework thematic analysis supported by NVivo 12 Plus managed the data, while strategic positioning was mapped onto a SWOT Cartesian diagram using weighted IFAS/EFAS matrices. The empirical results reveal an operational paradox where a doubling of outpatient traffic fails to optimize inpatient care, leaving the bed occupancy rate at a suboptimal 45%. Matrix calculations yield an internal variance of +0.05 and a robust external variance of +0.96, placing the hospital firmly in Quadrant I (Growth). This precarious positioning indicates that growth is heavily subsidized by lucrative external market locations rather than internal capabilities, which are severely constrained by a small footprint. Consequently, RSUD Lembang must leverage its flexible funding to optimize service layouts and establish dedicated marketing units while planning long-term institutional relocation to a representative site.

INTRODUCTION

The healthcare service sector in Indonesia has experienced a significant paradigm shift over the last decade. The implementation of the National Health Insurance program, combined with the rapid growth of private healthcare providers, has intensified the competitive landscape (Adnyani & Dewi, 2026). Hospitals are no longer just public service providers, they must navigate a dynamic environment where technological advancements, specialized medical staff, and sophisticated facilities dictate institutional survival (Putra et al., 2026). According to Porter's Five Forces theory, competition is shaped by five major market forces: the threat of new entrants, the threat of substitute products, the bargaining power of buyers, the bargaining power of suppliers, and the intensity of competitive rivalry. In the contemporary Indonesian context, public hospitals face immense pressure as private institutions aggressively enhance

their service delivery and brand positioning to capture the growing healthcare market (Kurnianto et al., 2024).

Regional General Hospitals occupy a unique and complex position within this competitive matrix. On one hand, as government owned institutions, they bear a profound social mandate to provide accessible, affordable, and equitable healthcare to all segments of society, particularly low income groups (Putranto & Geriyas, 2026). On the other hand, the transformation of many Regional General Hospitals into regional public service agencies grants them financial and operational autonomy (Sudarsana et al., 2024). While regional public service agencies status allows hospitals to manage their revenues flexibly to improve service quality, it also demands financial self-reliance (Pratiwi & Setiawan, 2025). This dualism creates an operational paradox is regional general hospitals must maintain their public service ethos while simultaneously operating with strategic efficiency to ensure financial sustainability, creating a distinct governance challenge distinct from purely profit driven entities (Ramadhan & Wulandari, 2025).

The empirical conditions of Lembang Regional General Hospital reveal a compelling operational paradox between high public demand and low asset utilization. Performance data from 2021 to 2024 demonstrates a substantial surge in outpatient services, where annual visits grew exponentially by over 100%, rising from 28,066 visits in 2021 to 60,106 visits in 2024. This drastic increase reflects strong community trust and a high volume of healthcare demand in the region. However, this massive outpatient traffic has not effectively converted into inpatient operational efficiency. The hospital's Bed Occupancy Rate (BOR) continuously performs below the ideal national standard of 60% to 85%. Specifically, the BOR was recorded at a mere 31% in 2022, marginally increasing to 32% in 2023, and reaching 45% in 2024. Although a positive trajectory is visible, the latest figure of 45% signifies substantial asset underutilization, leaving more than half of the hospital's bed capacity idle. This underutilization points toward a critical gap in institutional competitiveness, suggesting that while the public utilizes the hospital for basic or preliminary consultations, they may still prefer competing private facilities for advanced inpatient care.

To systematically assess these conditions, this study utilizes a comprehensive strategic management framework. While Porter's Five Forces is employed to map the external competitive industry environment, the primary analytical lens relies on the combination of Internal Factor Analysis Summary (IFAS) and External Factor Analysis Summary (EFAS) matrices within a SWOT framework (Wheelen et al., 2024). This framework allows the organization to rigorously evaluate its core internal strengths and critical weaknesses alongside shifting external opportunities and threats (David & David, 2024). By cross-examining these parameters, the hospital can objectively determine its current strategic posture and chart a systematic roadmap for long term sustainability within a public service context (Subagyo, 2024).

Extensive literature has explored hospital performance and strategic positioning. Numerous studies heavily concentrate on isolated aspects of hospital administration, such as measuring individual service quality parameters (tangible, reliability, responsiveness, assurance, and empathy), analyzing the financial metrics of regional public service agencies transition, or conducting human resource assessments. For instance, recent literature

syntheses compare public and private hospital performance, noting that private hospitals are generally perceived as superior in responsiveness and amenities, capturing affluent demographics (Salsabila et al., 2023). However, these studies frequently treat operational, financial, and strategic elements as disjointed variables rather than an integrated organizational ecosystem.

Despite the abundance of hospital management literature, a critical knowledge gap remains. Very few studies have comprehensively analyzed strategic positioning by combining market force theories with structural IFAS/EFAS matrices within newly established public hospitals that operate in high density, socio-economically diverse regions such as Lembang, which encompasses local residents, thriving tourism sectors, and military installations. There is a lack of empirical evidence detailing how a new regional public service agencies hospital can strategically leverage its public mandate and young workforce to counter infrastructural limits and capture broader market segments without losing its social function.

This study addresses this empirical gap by providing a holistic, qualitative case study analysis of a young public hospital navigating an intensely competitive peri-urban environment. The novelty lies in the integration of public service regional public service agencies dynamics with private sector strategic management tools (IFAS/EFAS), offering a tailored strategic framework. The insights generated provide a practical template for policymakers and public hospital administrators on how to optimize underutilized public assets and build institutional competitiveness without compromising social welfare mandates.

Reflecting the core strategic dimensions under evaluation, this study aims to examine the current operational strategies and market positioning of Lembang Regional General Hospital. To systematically achieve this objective, the study addresses the following specific Research Questions (RQ):

- RQ1. How is the current business strategy implemented by Lembang Regional General Hospital in facing hospital competition in the surrounding area?
- RQ2. How is the competitiveness of Lembang Regional General Hospital compared to other healthcare providers in the surrounding area?
- RQ3. What business strategies can be proposed to strengthen the competitive position of Lembang Regional General Hospital in the future?

In alignment with these research questions, this qualitative case study is guided by three central research propositions:

- P1. The current business strategy implemented by Lembang Regional General Hospital is not yet optimized to effectively navigate hospital competition in the surrounding area.
- P2. The overall competitiveness of Lembang Regional General Hospital within its geographical cluster remains suboptimal.
- P3. Potential future business strategies have not been fully optimized to robustly strengthen Lembang Regional General Hospital long-term competitive position.

METHODS

This study employs a qualitative single-case study design to investigate the strategic positioning and competitiveness of Lembang Regional General Hospital. A qualitative approach is deemed most appropriate as it allows for an in-depth, contextual, and multifaceted

exploration of complex organizational dynamics within a real-life setting. The primary analytical framework integrates a SWOT analysis with weighted Internal Factor Analysis Summary (IFAS) and External Factor Analysis Summary (EFAS) matrices, mapped onto a SWOT Cartesian quadrant diagram to systematically determine the hospital's strategic posture, avoiding the structural mismatch of an Industry External (IE) Matrix.

The research was conducted at Lembang Regional General Hospital, a public hospital operating as a Regional Public Service Agency in West Bandung Regency, West Java Province, Indonesia. Data collection was officially carried out over a six-month period from March to August 2026. Informants were selected using a purposive sampling technique to ensure that the participants possessed specialized knowledge, strategic oversight, and operational experience relevant to the hospital's management. The inclusion criteria required informants to hold structural leadership positions, manage key operational units, or have direct experience with the hospital's service interface. Data sufficiency and thematic saturation were achieved with a final sample of 5 informants (4 key internal management informants and 1 patient for triangulation purposes). To protect confidentiality, job titles have been generalized. The anonymized characteristics of the informants are detailed in Table 1.

Table 1. Characteristics of Research Informants

Informant Code	Category	Perspective	Data Collection Method
Informant 1	Top Level Executive	Provides insights on macro governance and health policy.	Interview
Informant 2	Senior Administrative & HR Director	Provides insights on internal operations, facilities, and human resource management.	Interview
Informant 3	Clinical Nursing Directorate Head	Expert in clinical governance, hospital accreditation standards, and patient safety protocols.	Interview
Informant 4	Quality Assurance & Medical Committee Lead	Manages and represents the entire nursing and midwifery workforce.	Interview
Informant 5	Healthcare Service Consumer (Patient)	Provides user perspective on service quality and responsiveness.	Interview

To ensure data credibility and validity, this study employed method triangulation across four primary sources: (1) Semi structured Interviews, (2) Direct Observation, (3) Document Analysis and (4) Literature Synthesis. Qualitative transcripts and field notes were analyzed using framework thematic analysis to systematically identify, categorize, and cross-examine operational themes. The analytical process was supported by NVivo 12 Plus software, which was utilized strictly as a technical tool for qualitative data management, systematic open coding, and visual node architecture clustering. Following thematic extraction, qualitative insights were converted into weighted IFAS and EFAS matrices to compute relative strategic values. The hospital's absolute coordinate positioning was calculated using the mathematical

difference between total weighted Strengths and Weaknesses (X-axis) and the difference between Opportunities and Threats (Y-axis), directly mapped onto the SWOT Cartesian coordinate grid.

This study was conducted in strict compliance with international research ethics principles. Institutional approval and official research clearance were formally granted by the West Bandung Regency Government Health Office through Lembang Regional General Hospital, under the official decree number 400.7.22.2/053.1/Bid.SP & SDK, issued on March 5, 2026. Prior to data collection, written informed consent was obtained from all individual participants before conducting the semi-structured interviews. Informants were thoroughly briefed on the study's academic objectives, their voluntary participation, and their right to withdraw at any stage without penalty. To ensure absolute privacy and comply with data protection standards, all names, specific administrative dates, and highly distinct organizational identifiers have been fully anonymized in this manuscript, preventing any deductive disclosure of the participants' identities.

RESULTS

The primary data for this qualitative single case study were gathered from five selected informants who met the rigorous purposive inclusion criteria. The composite profile of these informants represents a comprehensive institutional ecosystem, bridging macro-level health policies, operational governance, clinical quality, and direct user experiences. The internal institutional informants possess extensive tenure within the public healthcare sector, ranging from over a decade to 20 years of continuous service. This deep administrative and clinical experience ensures high data credibility and contextual validity. Additionally, the inclusion of a recurring long-term patient serves as an external triangulation anchor to evaluate the hospital's actual service responsiveness and market competitiveness from a consumer standpoint.

Based on the framework thematic analysis supported by NVivo 12 Plus, the current operational strategies implemented by Lembang Regional General Hospital are structured around three pillars: service policy optimization, aggressive market penetration, and clinical quality enhancement.

Service Policy and Digital Transformation

The service policy at Lembang Regional General Hospital is explicitly driven by its institutional vision to become the preferred public healthcare facility by offering high quality yet affordable care. Strategically situated as the primary referral hub in the Northern West Bandung region, the management has established open-access policies for both National Health Insurance and out-of-pocket patients. This institutional directive includes a progressive quota expansion for outpatient clinics and the enforcement of strict Standard Operating Procedures in emergency and inpatient units. Furthermore, the hospital has initiated a digital transition toward an integrated Hospital Management Information System to accelerate registration processes, streamline electronic medical records, and directly minimize patient waiting times.

Market Penetration and Fiscal Performance

Over the last five years, Lembang Regional General Hospital market strategy has focused heavily on aggressive market penetration and service expansion. The effectiveness of this approach is empirically validated by a remarkable 114% growth in outpatient traffic, escalating from 28,066 visits in 2021 to 60,106 visits in 2024. The hospital has consistently captured "New Patients" annually, proving that its institutional branding and collaborative partnerships with primary healthcare facilities are working effectively. Fiscally, the strategy is geared toward maximizing financial self-reliance under its regional public service agency status. Post COVID 19 recovery strategies enabled the hospital to achieve 120% of its projected revenue targets in 2022 by optimizing internal revenue centers. While the budget realization rate consistently exceeded 85%, qualitative insights from the administrative director show that these expenditures were strictly reinvested into facility modernization and medical equipment upgrades to counter private sector competition.

Clinical Quality and Service Retention

The current strategy also leverages clinical quality as a primary driver of institutional competitiveness. Clinical performance indicators at Lembang Regional General Hospital demonstrate significant improvement in patient safety and medical intervention efficiency. This is evidenced by a drastic decline in the Gross Death Rate (GDR) from 30.19 in 2021 to 12.1 in 2025, alongside a substantial reduction in the Net Death Rate (NDR) from 21.08 to 13.8. The hospital has also maintained a stable and highly efficient average Length of Stay (LOS) of 3 to 4 days, optimizing bed turnover without compromising clinical outcomes. Crucially, the data reveals a high service retention rate, with "Returning Patients" dominating the database at 46,964 visits in 2025. This high volume of repeat utilization serves as empirical proof of strong patient satisfaction and localized loyalty to the hospital's medical staff.

Internal Strategic Factors

Based on the triangulation of semi structured interviews, direct observations, and institutional performance metrics, the internal strategic environment of Lembang Regional General Hospital is characterized by a distinct set of operational strengths and critical structural weaknesses.

1. Strengths

The hospital possesses a robust and highly productive human resource foundation, characterized by a workforce dominated by young, adaptable, and forward looking personnel. Culturally, this demographic exhibits a high readiness for organizational change. Fiscally, the hospital leverages substantial funding channels from multi-level government budgets along with a strict zero cost sharing policy for National health insurance patients, which anchors high public trust. Operationally, budgeting follows a systematic bottom up formulation, ensuring that strategic resource allocations directly accommodate grassroots operational needs to foster competitiveness.

2. Weaknesses

Structural and infrastructural limitations present severe operational bottlenecks. The hospital operates on a highly constrained land area of only 6,600 m² located within the active Lembang fault line, complicating physical expansion. Field observations confirmed that concurrent active construction for the mandatory Standard Inpatient Rooms and

outpatient facilities has severely restricted parking capacity and forced the temporary relocation of clinics, creating immediate patient discomfort. Furthermore, management skills remain unoptimized. The hospital's long-term vision, mission, and annual work programs suffer from low internal socialization, leaving frontline staff disconnected from institutional targets. Human resource evaluations remain fragmented, while civil servants are audited via the national *e-kinerja* system, the performance of the 230 non ASN staff is not yet systematically evaluated. Finally, marketing operations are virtually non-existent due to the absence of a dedicated organizational unit to manage market placement.

External Strategic Factors

The external strategic environment presents a dynamic landscape where lucrative regional market opportunities are closely coupled with aggressive, high-stakes competitive threats and regulatory pressures.

1. Opportunities

Lembang Regional General Hospital is highly favored by its exceptional geographical position situated directly on the main highway of the Lembang tourism corridor. This strategic location offers an expansive market share encompassing local peri-urban residents, thriving tourism sectors, and neighboring military/police installations. Competitively, the hospital is backed by a highly integrated and robust cooperative network with surrounding primary healthcare centers, securing a steady stream of secondary care referrals.

2. Threats and Regulatory Risks

The hospital operates within an intensely competitive regional healthcare cluster. It faces direct rivalry from long-established, nationally reputed institutions with advanced medical technology, such as Advent Hospital, dr. Salamun Air Force hospital and dr. Rotinsulu Lung Hospital. While these major competitors are constrained by high out of pocket costs and rigid public branding, smaller emerging specialized providers like *Buah Hati* Mother and child hospital and local institutional clinics present immediate threats through agile, highly personalized service delivery and strong institutional backing. Furthermore, macro-regulatory shifts demand rapid, capital intensive institutional compliance. The enforcement of the 12 criteria KRIS inpatient room standards, mandatory digital integration for electronic medical records and stringent Social Security Administration healthcare compliance require heavy initial financial investments in servers, computers, and staff tech adaptation. This regulatory volatility forces the hospital to constantly reallocate its limited regional public service agency budgets to digital hardware procurement rather than broader market expansion.

IFAS and EFAS Scores

The empirical strategic positioning of Lembang Regional General Hospital was determined through a rigorous mathematical matrix calculation based on the Internal Factor Analysis Summary (IFAS) and External Factor Analysis Summary (EFAS). The weight and rating allocations for each operational variable were derived from the consensus of the prioritized expert informants. Table 2 details the internal capabilities of the hospital. The results show that Lembang Regional General Hospital has a Total Strength score of 1.71, primarily driven by the

workforce's strong willingness to change and adapt (score 0.48). Meanwhile, the Total Weakness score stands at 1.66, heavily burdened by unoptimized managerial capabilities (score 0.37). Cumulatively, the hospital exhibits a total internal score of 3.38. The absolute mathematical difference between internal strengths and weaknesses yields a positive coordinate value of +0.05 (X-axis), indicating that the hospital's core internal advantages marginally outweigh its structural liabilities.

Table 2. Internal Factor Analysis Summary (IFAS) Matrix

	IFAS	Significance	Weight	Rating	Weighted Score
Strengths	Robust multi-level government budgetary support	23	0.11	4	0.42
	High potential, young demographic workforce	23	0.11	3	0.39
	Strong organizational willingness to change and improve	27	0.13	4	0.48
	Zero out of pocket cost policy for The National Health Insurance Program patients	25	0.12	3	0.42
	Total	98	0.49		1.71
Weaknesses	Inadequate infrastructure and highly restricted land area	21	0.10	3	0.36
	Suboptimal hospital managerial capabilities	21	0.10	4	0.37
	Uncomfortable outpatient and service delivery flows	20	0.10	3	0.31
	Depreciation and obsolescence of medical equipment	22	0.11	3	0.34
	Low work discipline and fragmented work ethics	20	0.10	3	0.28
	Total	104	0.51		1.66
	TOTAL IFAS	202	1.00		3.38
	IFAS Coordinate Difference				0.00

Source: Processed Data, 2026

Table 3 evaluates the shifting external variables. The hospital achieves a Total Opportunities score of 2.18, anchored by a robust collaborative network with surrounding primary clinics (score 0.81). The Total Threats score is calculated at 1.23, dominated by the advanced facility superiority of national competing hospitals (score 0.69). The cumulative external score is 3.41. The mathematical difference between external opportunities and threats results in a highly significant positive value of +0.96 (Y-axis), proving that the local environment

provides a vast landscape of opportunities that significantly overpowers external competitive threats.

By plotting the absolute mathematical coordinates derived from the matrix variances where the internal variance (X-axis) is +0.05 and the external variance (Y-axis) is +0.96 Lembang Regional General Hospital exact strategic alignment is mapped onto the standard SWOT Cartesian coordinate diagram (**Figure 1**).

Table 3. External Factor Analysis Summary (EFAS) Matrix

	EFAS	Significance	Weight	Rating	Weighted Score
Opportunities	Strategic highway location on the Lembang tourism corridor	22	0.20	4	0.71
	Highly integrated and strong referral networks with Puskesmas	25	0.23	4	0.81
	Expansive socio-demographic market size	22	0.20	3	0.66
Total		69	0.63		2.18
Threats	Superior medical infrastructure and service agility of competitors	23	0.21	3	0.69
	High volatility in national healthcare digital & KRIS regulations	18	0.16	3	0.54
	Total	41	0.37		1.23
TOTAL EFAS		110	1.00		3.41
EFAS Coordinate Difference					0.96

Source: Processed Data, 2026



Figure 1. Matrix SWOT of Lembang Regional General Hospital

The intersection of these two positive vectors locates the institution firmly within Quadrant I (Growth and Expansion), as visually emphasized by the directional indicator in the diagram. This quadrant represents a highly favorable Strength Opportunity (SO) strategic

posture. Although the internal score (+0.05) sits close to the central axis signaling that internal weaknesses still pose a strong drag on development the substantial positive value of the external axis (+0.96) proves that the external environment provides an expansive landscape of opportunities that heavily outweighs market threats. Therefore, the optimal operational path forward is an aggressive growth-oriented strategy, focused on scaling up public services, optimizing digital integration, and capturing underutilized regional health sectors.

DISCUSSION

This study reveals a critical operational paradox within the strategic management of Lembang Regional General Hospital. The primary empirical finding indicates a massive expansion in outpatient service utilization, which has successfully doubled within a four-year horizon. However, this high volume of patient acquisition fails to transition into inpatient care, resulting in a persistently low bed occupancy rate that falls far below national efficiency benchmarks. Additionally, the qualitative inquiry illuminates a clear internal disconnect, where organizational tools such as the hospital's long-term vision, mission, and annual action plans are heavily siloed within executive management and remain unsocialized to frontline clinical and administrative personnel, a common structural friction found in developing public healthcare systems (Putra et al., 2026).

The absolute mathematical placement of the hospital in Quadrant I of the SWOT Cartesian grid indicates an inherently favorable Growth and Expansion (Strength-Opportunity) strategic posture. However, a deeper interpretation of the data reveals that this positioning is highly precarious. The internal matrix variance sits dangerously close to the central axis, signifying that the hospital's core strengths such as budgetary channels and an adaptable young workforce are nearly neutralized by its heavy internal liabilities, specifically severe space deficits and unoptimized managerial systems. Conversely, the external matrix variance is highly robust. This means the institution's favorable strategic positioning is not driven by its internal competitive advantages, but is heavily subsidized by an external environment rich in geographical market opportunities and secure public health insurance referral streams (Putri & Wibowo, 2025).

This operational paradox both supports and qualifies contemporary healthcare management literature. The "high outpatient traffic low inpatient bed utilization" anomaly mirrors the systemic public sector bottlenecks documented in developing healthcare structures (Awofeso, 2019). Previous studies argue that this friction occurs because the public treats regional government hospitals merely as cheap entry points for primary diagnostic verification, while systematically favoring private facilities for complex, long-term inpatient treatments due to perceived superior responsiveness (Salsabila et al., 2023). Furthermore, while traditional organizational theories such as the Resource Based View (RBV) posit that a young workforce and fiscal autonomy naturally cultivate a sustained competitive advantage, this study's findings contradict that assumption. The empirical reality of Lembang Regional General Hospital demonstrates that internal human capabilities and financial decentralization become structurally constrained when an organization faces an absolute, non negotiable physical asset deficit, adding a critical spatial dimension to standard RBV frameworks (Putra et al., 2026).

Several distinct mechanisms within the local peri urban context of West Bandung Regency drive these strategic outcomes. First, the hospital sits directly on the primary highway of a high density tourism corridor, creating an expansive, highly visible socio demographic market. Second, its structural integration with a tight network of primary healthcare centers establishes a highly efficient, automated pipeline for National Health Insurance patient referrals. However, the mechanism preventing outpatient to inpatient conversion is rooted in acute physical friction: the hospital operates on an exceptionally small land footprint of 6,600 m² positioned squarely atop an active geological fault line. Ongoing construction to meet standard inpatient demands has severely compromised parking availability and forced the temporary relocation of clinics. Field observations confirm that this spatial compression manifests as physical discomfort for visitors such as severe seating shortages in waiting lounges which actively damages patient satisfaction and triggers an operational leak where ambulatory patients prefer to exit the public network to seek advanced care at nearby private institutions. matching the infrastructure bottlenecks observed during rapid digital and physical healthcare expansions in Indonesia (Sari et al., 2026).

From a governance standpoint, these findings demand a immediate shift from basic operational management to aggressive structural brand building and space optimization. Hospital executives must utilize their flexible Regional Public Service Agency financial mandate to establish a formal, dedicated marketing and public relations unit (Sudarsana et al., 2024). This unit is urgently needed to bridge the internal communication gap by systematically socializing institutional visions and annual work plans down to frontline staff, ensuring strategic alignment across all operational levels. Politically, because the current 6,600 m² plot cannot support long term healthcare infrastructure without severe crowding, the board must initiate high level policy coordination with the West Bandung Regency regional government to execute a phased institutional relocation to a representative site outside the geological risk zone (Pratiwi & Setiawan, 2025).

The results directly influence how healthcare quality and equity are experienced in the northern West Bandung region. The hospital's strict zero cost sharing policy ensures high financial accessibility and strong equity protection for low income segments utilizing the National Health Insurance framework (Putranto & Geriyas, 2026). This accessibility is backed by verified clinical quality improvements, as evidenced by the sharp drop in the hospital's Gross Death Rate (GDR) and stable, efficient lengths of stay. However, if the current infrastructure bottlenecks and waiting-room crowding are left unaddressed, the perceived quality of care will continue to decline. This will restrict the hospital to serving only the highly subsidized, low-margin demographic segments, while completely locking it out of the competitive upper middle class health market (Ramadhan & Wulandari, 2025).

This study's primary strength lies in its comprehensive data triangulation design. By successfully bridging qualitative expert interview data across five key administrative layers with concrete institutional metrics and non-participant field observations, the study eliminates subjective bias and presents a highly valid organizational diagnostic as recommended in modern qualitative case study standards (Adnyani & Dewi, 2026). The primary limitation is its focus as a qualitative single case study, meaning the explicit operational values and the unique geographical liabilities cannot be directly generalized to all public hospitals across Indonesia.

Furthermore, because data collection was completed within a specific six-month window in 2026, the study captures a cross-sectional snapshot of an active construction phase, which may overrepresent immediate visitor discomfort.

While the explicit empirical scores are site-specific, the core conceptual framework integrating qualitative thematic analysis via NVivo with structural SWOT Cartesian mapping is highly transferable. This integrated methodology can be applied by health policymakers to evaluate the institutional health and competitive posture of any peri-urban public hospital operating under a decentralized BLUD framework in developing economies (Kurnianto et al., 2024). Future research directions should employ longitudinal mixed-methods approaches to track how the gradual nationwide implementation of the 12 criteria Standard Inpatient Room mandates mathematically shifts the internal and external matrix values of government-owned healthcare providers over a multi-year period.

CONCLUSION

This study successfully fulfills its research objectives by identifying that the strategic posture of RSUD Lembang is firmly positioned in Quadrant I (Growth and Expansion) of the SWOT Cartesian quadrant diagram, yet this positioning remains highly vulnerable due to a narrow margin of internal competitive advantage. While the hospital has implemented effective market penetration strategies that successfully doubled outpatient traffic to over 60.000 visits annually, a severe operational paradox persists as this volume fails to convert into inpatient care, leaving the bed occupancy rate at a suboptimal 45%. To address these findings, it is practically recommended that the hospital management utilize its flexible Regional Public Service Agency financial mandate to establish a dedicated marketing and public relations unit tasked with actively promoting upgraded clinical milestones and socializing institutional targets to frontline staff, alongside optimizing the immediate waiting-zone layouts to alleviate current patient discomfort caused by ongoing standard inpatient room infrastructure construction. Furthermore, because the current restrictive 6.600 M² plot atop an active geological fault line severely constraints long-term development, policymakers must initiate high level coordination with the regional government for a phased institutional relocation to a representative site outside the seismic risk zone. Theoretically, this study enhances the resource based view framework by demonstrating that financial and human resource advantages can be fundamentally bottlenecked by absolute physical and spatial asset deficits, while future research should employ longitudinal mixed methods to track how the ongoing nationwide integration of standardized inpatient mandates shifts the mathematical trajectory of decentralized public healthcare providers over time.

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