

# **Solution, Access, Value and Education for Customer Centric Strategy at Ibnu Sina Hospital in Aceh, Indonesia**

<sup>1</sup>Sri Rahayu\*, <sup>2</sup>Wahyu Sulistiadi, <sup>3</sup>Hafiizhoh Fithriyyah, <sup>4</sup>Nanny  
Harmani

<sup>1</sup>Postgraduate in Public Health Science, Faculty of Public Health, Universitas Muhammadiyah Prof  
Dr Hamka

<sup>2</sup> Faculty of Public Health Universitas Indonesia

<sup>3</sup>Postgraduate Program in Nursing Science, Faculty of Nursing Science Universitas Indonesia

<sup>4</sup>Program Study of Public Health, Faculty of Health Science Universitas Muhammadiyah Prof Dr  
Hamka

\*correspondence : sri\_rahayu@uhamka.ac.id

## **ABSTRACT**

Ibnu Sina Aceh Hospital organizes sharia health services by following Syariah principles to restore the patient's physical, mental, and spiritual health, based on the requests and needs of patients as service users. Sharia health services are introduced to health service users with a marketing mix model, which is Solution, Access, Value, and Education (SAVE) approach. This study aims to determine the relationship between SAVE and customer-centric strategy formulation using a quantitative analytic and cross-sectional study design. We distributed the questionnaire randomly and collect data from 121 patients who had received health services. Descriptive statistical analysis was used to determine the correlation and the importance of patients' service needs in developing a customer-centric strategy. We found a correlation between the Sharia Solution, Access, Value, and Education variables and Customer-Centric Strategy with sig count = 0,000 and correlation coefficient = 0.715. Thus, we suggest that hospital management and health workers to plan strategies and provide Sharia health services, which centered on patient needs, and should remain committed and consistent in the service process.

**Keywords:** *Solution, Access, Value, Education, customer centric strategy*

## **1. INTRODUCTION**

Hospital is a health service with business processes that rely on health professionals for operations and development. Thus, hospitals need to know patients' wants and needs related to the

hospital's existence and development. Therefore, hospitals can prevent patients from going to other hospitals (retention), encourage patients to repurchase or reuse services, and add more people to use health services (referrals). In introducing the specifications of health service products in

hospitals, an appropriate and effective marketing strategy centered on patients' needs should make patients know and understand them as service users [1]. Social marketing is how individuals and groups get what they need and want through offers and products and services exchanges [2]. It can be concluded that the customer-centric approach is a customer-focused strategy so that the hospital can meet patient needs and multidimensional expectations.

The Special Region of Aceh Province implements a sharia system in the government or other service institutions, including hospitals' health services. The application of Islamic law in Aceh is based on Law no. 44 of 1999 regarding the Special Region of Aceh's privileges and Law No. 18 of 2001 concerning special autonomy for Nanggroe Aceh Darussalam Province. The majority of Banda Aceh's citizens are Muslims, with a total of 222,582 people [3]. Other religions are also developing, such as Christianity, Hinduism, Buddhism, and others who live side-by-side with Muslims. Ibnu Sina Aceh Hospital exists to serve the community's health needs, as one of the hospitals that have been certified as a sharia hospital. This hospital is built to fulfill the community's wants and needs as users of hospital health services and create welfare and justice for all health and non-health personnel. Therefore, the health service provided is a sharia health

service that can provide its value (customer value) for Aceh's people because the majority are Muslim and are also expected to be accepted by followers of other religions.

Ibnu Sina Aceh Hospital provides Islamic health services that follow sharia principles. Sharia principle in hospital is the internalization of Islamic values in the hospital's management and health services. The issue of Islamic health services continues to live on and is attractive to patients who want to get comprehensive services, including spiritual services. This phenomenon has resulted in the establishment of hundreds of Islamic hospitals by Islamic community organizations [4]. The hopes and expectations of Islamic health services continue to flow from time. This application is very relevant to the Islamic message, which explains that all life aspects, including hospital management, must be based on Islamic sharia, as Allah says in the Qur'an. Surah Al-Jatsiyah verse 18: "Then We make you above a sharia (rule) of affairs (religion), so follow that law and do not follow the passions of those who do not know"[5]. The rules of Islamic law regulate and guide people to the right path, create goodness in society, order good deeds, and prevent evil, especially in health services that benefit health service users.

The SAVE approach was introduced in 2013 by Richard Etnson and his colleagues [6] as one of the mixed-model marketings. This method is the solution, access, value, education model (which reflects the perspective of marketing concept approach that can accommodate customer behavior specifically amid the increasing flow of globalization and information technology and providing increased multi-dimensional customer expectations. The SAVE model also substantially increases expectations of the object, scope, and shape of information needs [7]. Customer-oriented principles of the SAVE model are following patient-based healthcare [1].

Since 2018, Ibnu Sina Aceh Hospital has started implementing health service standards based on sharia values to meet patient's needs. Knowing what the patient needs in advance, health services in the hospital can provide feedback in the form of health products/services that suit most of the patient's needs. These conclude that a patient-focused strategy is needed for the mixed-model marketing analysis. Therefore, the researcher wanted to know the correlation between the SAVE mixed-model marketing with the customer-centric strategy at Ibnu Sina Hospital, Aceh.

## 2. METHOD

This study used a cross-sectional design with a quantitative approach. The respondents were patients who had already been treated (using all service units at the Annisa Aceh Hospital) and came on the day when the questionnaire instrument was distributed by simple random sampling. Samples obtained were 121 patients who were willing to become respondents from December 2018 - January 2019. We process the data using descriptive statistics to analyze the importance of patients' service needs and a correlation test to analyze the correlation between solution, access, value, and education variables to the customer-centric strategy.

## 3. RESULTS

The economic characteristics of the respondents show that most of the respondents are using BPJS, and most of them are a low-income citizen with whose income is below Rp 3.500.000, which is still below the regional minimum wage standard in Indonesia.

**Table 1.**  
**Economic Characteristics of the Respondent**

No	Factors		N	%
1	Health insurance	Out of pocker	4	3,31
		Private insuranve	1	0,83
		<b>BPJS</b>	<b>115</b>	<b>95,041</b>
		Company insurance	1	0,83
2	Income	No income	17	14,05
		<b>&lt; Rp. 3.500.000 /month</b>	<b>78</b>	<b>64,46</b>
		Rp. 3.500.000 – Rp. 5.000.000/month	11	9,09
		Rp. 5.000.000 – Rp. 7.500.000/month	10	8,27
		Rp. 7.500.000 – Rp. 10.000.000/month	2	1,65
		Rp. 10.000.000 – Rp. 12.500.000/month	1	0,83
		> Rp. 15.000.000/month	2	1,65

Descriptive Statistic

The majority of the patients are hopeful that patients' needs and interests in

Sharia Health services and facility services will be provided in this hospital.

**Table 2.**  
**Respondents assessment on sharia variable in Solutions, Access, Value and Education**

Variable	Indicator	Very Important		Important		Not Important	
		n	%	n	%	n	%
Solutions	Services of Sharia	97	80,2	24	19,8	-	-
	Service Facilities	93	76,9	28	23,1	-	-
Access	Access of Place	95	78,5	26	21,5	-	-
	Access of Time	62	51,2	57	47,1	2	1,7
	Access of Technology	61	50,4	58	47,9	2	1,7
	Access of Insurance	73	60,3	43	35,5	5	4,1
Value	Value of Rate	90	74,4	26	21,5	5	4,1
	Value of Quality	100	82,6	21	17,4	-	-
	Value of Benefit	68	56,2	50	41,3	3	2,5
Education	Digital Information	63	52,1	54	44,6	4	3,3
	Non Digital Information	71	58,7	44	36,4	6	5,0
	Feedback	44	36,4	72	59,5	5	4,1

Table 2 shows that the Sharia health services and health facilities' indicators from the variable solutions play an essential role at the Ibnu Sina Aceh Hospital. Sharia health services have the largest percentage with 80.2%, and service facilities have

76.9% to overcome problems that patients have. Most patients need services that focus on communication and attention to patients and facilities that help the patient's comfort in the hospital environment.

Access is the patient's opinion about the needs in the process of obtaining hospital services. Value describes the overall benefits obtained from the product purchased, which is the patient's opinion regarding the need for benefits or benefits from sharia health services. Patients as respondents were asked to give their opinion on the level of importance of the value required at the Ibnu Sina Aceh Hospital.

Education is the patient's opinion regarding the need for information on

sharia products and services from the hospital. Patients are asked to provide their opinion on the level of educational importance needed in the hospital to formulate a customer-centric strategy. Based on table 2, the digital information indicators are 52.1%, non-digital information is 58.7%, and feedback is 59.5%. All indicators are very important to find out information on Islamic health care products and services and their feedback.

**Table 3. Respondents' Assessment on Customer Centric Strategy**

Variable	Indicator	Very Important		Important		Not Important		Very Unimportant	
		n	%	n	%	n	%	n	%
Customer Centric Strategy	Designing Islamic business processes that understand patient needs	86	71,1	32	26,4	2	1,7	1	0,8
	Providing positive experiences to patients at every point of sharia services	84	69,4	37	30,6	-	-	-	-
	Maintain an active dialogue with the patient	87	71,9	34	28,1	-	-	-	-
	Fostering an Islamic culture that places patients in every decision-making	81	66,9	40	33,1	-	-	-	-

Table 3 shows that all customer-centric strategy dimensions play an essential role in the Ibnu Sina Aceh Hospital. Maintaining an active dialogue

with patients has the largest percentage that shows it requires informative communication in every procedure of sharia health services.

**Table 4.**  
**The correlation of Sharia of Solutions, Access, Value dan Education with Customer-centric Strategy**

		Solution	Access	Value	Education	CCS	
Spearman's rho	Solutions	Correlation Coefficient	1,000	.390**	.585**	.349**	.366**
		Sig. (2-tailed)		0,000	0,000	0,000	0,000
		N	121	121	121	121	121
	Access	Correlation Coefficient	.390**	1,000	.740**	.591**	.566**
		Sig. (2-tailed)	0,000		0,000	0,000	0,000
		N	121	121	121	121	121
	Value	Correlation Coefficient	.585**	.740**	1,000	.674**	.715**
		Sig. (2-tailed)	0,000	0,000		0,000	0,000
		N	121	121	121	121	121
	Education	Correlation Coefficient	.349**	.591**	.674**	1,000	.493**
		Sig. (2-tailed)	0,000	0,000	0,000		0,000
		N	121	121	121	121	121
	CSS (Customer Centric Strategy)	Correlation Coefficient	.366**	.566**	<b>.715**</b>	.493**	1,000
		Sig. (2-tailed)	0,000	0,000	0,000	0,000	
		N	121	121	121	121	121

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Table 4 shows the correlation of the solutions (calculated sig value = 0.000 <0.05 and correlation coefficient = 0.366), access (calculated sig value = 0.000 <0.05 and correlation coefficient = 0.566), value (calculated sig value = 0.000 < 0.05 and correlation coefficient = 0.715) and education (calculated sig value = 0.000 <0.05 and correlation coefficient = 0.493) on the customer centric strategy. The variable value has the strongest correlation among other variables, which has correlation coefficient = 0.715.

#### 4. DISCUSSION

In the Islamic view, hospital management guidelines should be satisfying to the patients. Humans like meek personality, on the contrary, hate harsh words and bad attitudes. Humans will stay away from people like them.

#### Relationship Solutions to Customer-Centric Strategy

Table 4 Solutions shows a relationship between the solutions variable and the customer-centric strategy, which is the patient's opinion about the health problem's required solution. Respondents were asked to provide an opinion about the level of

importance of the solution needed for sharia services at the Ibnu Sina Aceh Hospital. Sharia health services and facilities are critical for patients; therefore, they should be essential in creating and developing a customer-centric strategy.

Sharia health services in hospitals are more focused on solutions than products because they offer the needs that patients need to solve problems. Solutions are a combination of products and services with attention to the customer or patient needs. Products can be seen from the aspects of services, physical buildings, and facilities, while services can be seen as how existing resources provide services in communication and information delivery to customers [8].

Sharia health services in sharia hospitals are carried out based on Sharia principles, including;

- a. Guarding the application of religion; Management staff, health, and non-health personnel must still maintain the patient's religion as long as they need the hospital's health services. Therefore, they do not have to worry because they leave or neglect Islamic religious obligations, even when they are sick.
- b. Mental care; In the Sharia service standards for patient mental care, the sharia standards for infection control and prevention and services and spiritual guidance for patients are established.

The implementation of mental care in health services in hospitals were greeting from staff in polyclinic registration and front office; the doctor/nurse reads basmallah/prays when administering drugs or actions,

Mind care; In Sharia service standards for maintaining patient intellectuality, educational services for patients and families are set. The implementation forms of mind care in hospitals' health services, among others; The waiting room for a clean polyclinic is available with Islamic education (leaflets / spiritual books), and doctors provide information on halal and haram drugs.

The safeguarding of hijab between men and women

The implementation of health services in hospitals are including wearing hijab and special clothes for breastfeeding mothers, provides fiqh education about pregnant, breastfeeding, childbirth, mothers, and contraception as one of the Islamic services (according to Islamic sharia).

Assets safekeeping; in Sharia service standards for safeguarding patient assets, sharia accounting, and financial management standards are set. The forms of implementation include; hospitals provide information on services and financing based on patient financial affordability in maintaining the assets and honor of

patients, managing procedures for underprivileged patients, and collaborating with Islamic financial institutions.

### **The Corellation between access on Customer Centric Strategy**

The access variable consists of indicators of access to the place, time, technology, and insurance. This input is vital in creating and developing a customer centric strategy.

Access is not only about the place, but more about how marketers can provide the fastest, easiest, and less costly access to the products/services offered. Access has two components: approaching the customer by making the customer reach the product as desired and creating a relationship that works well. Access is a shorthand term for a broad set of concerns centered on the degree to which individuals and groups can obtain needed services from the medical care system. Alternatively, access to health services means "the timely use of personal health services to achieve the best health outcomes. It requires 3 distinct steps: 1) Gaining entry into the health care system (usually through insurance coverage), 2) Accessing a location where needed health care services are provided (geographic availability) and 3) Finding a health care provider whom the patient trusts and can communicate with (personal relationship) [9].

The patient assesses that a health service that has a value according to standards is a health service that can meet the needs he feels and is organized in a right, timely, responsive, and able way to cure the complaints he delivers and prevent the development or spread of disease and the ease of access to health services and needs other nonhealth.

### **Relationship between Value and Customer-Centric Strategy**

Value can be defined as what customers get from the products or services they buy, whether according to their needs and wants. These benefits are measured when the customer can pay for the product and often depend on the customer's perception of a product's intrinsic benefits. These perceptions can include tangible and intangible products. Several factors influence value, including the customer's cost to use a new product or service and the cost of the customer not to choose another competitor's product or service. The costs in question can be in the form of money, time, effort, opportunity, or combinations.

Table 4 shows a relationship between the value variable and the customer-centric strategy with the calculated sig value = 0.000 < 0.05, and the



coefficient correlation = 0.715 and is the variable with the most vital relationship among the other three variables. According to Woodruff (1997, p. 142): "Customer value is a customer's perceived preference for, and evaluation of those product attributes attribute performances, and consequences arising from use that facilitate (or block) achieving the customer's goals and purposes in use situation [10].

The value variable consists of rates indicators, sharia service quality, and benefits for patients as service users, which are essential needs by patients to create and develop a customer-centric strategy [2].

a. Service rates; affordable service rates for patients with non-insurance payments. Rates are based on sharia principles, which are determined by calculating the unit cost beforehand with a defined margin to produce rates according to the socio-economic capacity of the people in Aceh, especially patients.

b. Sharia service quality; The waiting time for services is right according to the previous agreement, the health workers are on time according to the schedule and the agreement with the patient to provide health services, explain their efforts or efforts in the treatment process, and always pray to Allah Almighty to be

given the best and get halal drug information.

A quality policy contains the maintenance of aqidah, worship, morals, and muamalah. Al-Qur'an surah Al-Baqoroh verse 208; "O you who believe, enter into Islam as a whole and do not follow the steps of Satan. Surely Satan is a real enemy for you"[11]. Maintenance of service quality is a business plan that can meet customer needs.

c. Benefits; Benefit is what patients get after getting health services at the hospital, including being reminded to schedule a return control the day before by phone or electronic message, getting follow-up about the patient's condition after receiving treatment both by telephone and electronic message, and getting discounts for long-standing customer. The benefits received by patients will provide a positive value for the patient's experience after receiving services and follow-up services provided after being discharged from the hospital.

With the increasing involvement of patients in hospitals, their acceptance of healthcare services has become an integral part of shaping perceived value. This forces hospital managers to provide health services that can meet patient needs. The mixed-model marketing has undergone a sea of change in the last few decades. Every stakeholder involved in the marketing

process looks for 'Value.' The customer enters the marketing process for better 'value' for his money through 'Value to Customer.' The marketers would like to concentrate on the 'valued customer.' Any business's primary objective is to seek value from the business 'value to the marketer'. The marketer and customer would like to keep society's interest intact through 'Value to society.' Even though the new mixed-mode marketing is still conceptual, it certainly answers many modern marketers' questions that are not answered by traditional mixed-model marketing [12].

### **Correlation between Education and Customer-Centric Strategy**

Focus on education rather than promotion: providing specific information customers need rather than putting everything into advertising, public relations, and personal selling. Ettenson, 2013 said that education is the last SAVE element. Therefore, it focuses more on providing education than promoting products because education involves a two-way process such as teacher-student communication. This component provides specific information to customers and then gets feedback from them to not depend on other forms of promotion [13].

Table 4 shows that there is a relationship between the education variable and the

customer-centric strategy with the sig value = 0.000 <0.05 and the coefficient correlation = 0.493, which means that the education needed has an essential correlation in building relationships with patients in the hospital, which consists of digital, non-digital information or education, and feedback [7]. This study's results are similar to the results of a study that states that there is a significant relationship between the education mix and the effectiveness of the marketing mix [14].

Digital information is the hospital's information regarding service products to patients or customers through digital information via the web or social media. The implementations include; patients getting information about sharia health service options and doctor's practice hours via the internet. Patients also can find out about the promotion of sharia health service programs, get an overview of polyclinic examination activities in the form of photos or videos uploaded via the internet and get information about the profiles of doctors serving in the polyclinic via the website as a reference in choosing a doctor.

In the evolving digital data-rich market environment, customer-based resources, a subset of a firm's market-based resources, are becoming increasingly important as potential competitive advantage sources.

Customer information assets refer to the information of economic value about customers owned by a firm. Information analysis capabilities are complex bundles of skills and knowledge embedded in a firm's organizational processes employed to generate customer knowledge from customer information assets [15].

It can be said that hospitals are in a unique position to connect with consumers through gadgets because nowadays, consumers spend more time accessing smart phones looking for things related to health. Thus, hospitals can enter the digital area to engage consumers more.

a. Nondigital information; not all information can be conveyed digitally, so patients get the latest information about health through hospital sharia health articles or healthy Islamic ways of life.

b. Feedback; Patients are given the freedom to hold direct consultations, including "doctor consultation" through a website that is directly answered by specialists. Hospital also holds educational seminars for the general public about Sharia health. Patients can provide suggestions and critics through the website or electronic message, get quick feedback, and provide suggestions and criticism. Patients can have interactive communication with health workers about their problems and feel involved in

interaction rather than just being the subject of product-oriented marketing because they have basic needs. They want to be treated as the most important person in the staff's mind. They always want to be informed, invited to discuss, and actively participate in their treatment [16].

Promotions or providing the information must be informative, not comparative, not exaggerating, based on a factual basis and the code of ethics of Indonesian hospitals and upholding Islamic morals' morals.

## 5. CONCLUSIONS AND SUGGESTIONS

Approach to solutions, access, value, and education significantly correlate with the customer-centric strategy with the highest correlation coefficient. The SAVE marketing mix model is relatively good in marketing service products in sharia hospitals. The customer-centric strategy implemented with sharia values is suitable and desirable for hospitals in Aceh supported by sharia services and service facilities. This approach can provide input in the formulation of a customer-centric strategy by involving patients as customers in every vital decision making. In maintaining the customer-centric strategy, the Sharia service process stages need to be maintained with sharia certification.

Therefore the implementation of sharia hospitals must be systematic, transparent, and describes the stages following Sharia principles.

### ACKNOWLEDGMENT

Thanks to The Institute of Research and Community Services, University of Muhammadiyah Prof Dr Hamka and University of Indonesia for sponsoring this research.

### References

- [1] N. K. Agustiani, "Pengaruh Bauran Pemasaran Solutions , Access , Value , dan Education Terhadap Strategi Customer-centric di Poliklinik Eksekutif Rumah Sakit Hermina Depok," Universitas Indonesia, 2017.
- [2] P. Kotler, *Marketing Management , Millenium Edition*, Millenium. New Jersey: Englewood Cliffs, New Jersey : Prentice Hall., 2002.
- [3] Pemerintah Kota Banda Aceh, "AGAMA," *Pemerintah Kota Banda Aceh*, 2020. .
- [4] W. Sulistiadi and S. Rahayu, "Potensi penerapan maqashid syariah dalam rumah sakit syariah di indonesia," *Batusankar International Conference I, Universiitas Islam Negeri Padang*, no. October 2016, Sumatra Barat, Indonesia, pp. 683–690, Oct-2016.
- [5] Al-Qur'an, "Surat Al-Jatsiyah ayat 18." Kementrian Agama Republik Indonesia, Jakarta, p. 500, 2019.
- [6] E. A. Inanloo, A. Zarei, and M. J. Zeinolabedini, "Examination of SAVE marketing mix situation in public libraries of Tehran," *Libr. Pholosopy Pract.*, pp. 1–16, 2018.
- [7] B. Sojkin, "Determinant Factors Of The Marketing Activity Of Scientific And Research Institutions," *minib 15, Mark. Sci. Res. Organ.*, vol. 15, no. 1, pp. 19–32, 2015.
- [8] L. Ellis, "A Roadmap to Improve Customer-Centricity in Health Care," *Harvard University*, 2016. .
- [9] National Healthcare Quality Report, "Access to Healthcare." Rockville (MD): Agency for Healthcare Research and Quality: October 2020, 2013.
- [10] G. T. Yamamoto, "Understanding Customer Value Concept : Key To Success." Maltepe University, Faculty of Economics and Administrative Sciences, Business Department, 81540 DRAGOS/İSTANBUL, TÜRKİYE, pp. 547–552, 2007.
- [11] Al-Qur'an, "Surat Al-Baqarah Ayat 208." Kementrian Agama Republik Indonesia, Jakarta, p. 32, 2019.

- [12] B. R. Londhe, "Marketing Mix for Next Generation Marketing Marketing Mix for Next Generation Marketing," *Procedia Econ. Financ.*, vol. 11, no. December, pp. 335–340, 2014.
- [13] R. Ettenson, E. Conrado, and J. Knowles, "Rethinking the 4 P's Harvard Business Review." *Harvard Business Review*, 2013.
- [14] Rejikumar and A. Aswathy, "Redefining the Marketing Mix to Sustain under Growing Customer Skepticism- Empirical Evidence from Kerala," *Bus. Rev. Res. J. Kerala Manag. Assoc.*, vol. 1, no. April-June, 2015.
- [15] R. Varadarajan, "Customer information resources advantage , marketing strategy and business performance : A market resources based view ☆," *Ind. Mark. Manag.*, vol. 89, no. January, pp. 89–97, 2020.
- [16] K. Torpie, "Customer service vs. Patient care," *Patient Exp. J.*, vol. 1, no. 2, pp. 6–8, 2014.