

Unlocking sustainable competitive advantage in healthcare: How workplace values, service culture, and capabilities drive excellence in hospitals

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Abstract: The study investigates the way in which Christian hospitals integrate faith-based values into their management structures in order to develop distinctive service competencies and gain long-term competitive advantage in increasingly competitive healthcare markets. Phenomenological qualitative inquiry entailed conducting in-depth interviews with ten Indonesian Christian hospital senior leaders. Thematic analysis was employed to analyze recurring patterns and relationships between spiritual bases, integration processes, and competitive outcomes. Four integration mechanisms are identified by the study: mission-based leadership, spiritual community building, values-based care provision, and open-ended stakeholder dialogue. These mechanisms build distinctive service capabilities that bridge spiritual foundations and competitive success. Christian values, when incorporated into organizational practices through a structured approach, create one-of-a-kind competitive strengths with the hospital retaining its spiritual mission orientation and nature. Hospital administrators must effectively balance mission accomplishment with economic sustainability. The conceptual framework presents prescriptive recommendations for faith-based healthcare organizations to leverage their religious identity as an asset in challenging healthcare settings.

Keywords: *Faith-based healthcare, Resource-based view, Service-driven capabilities, Serving culture, Sustainable competitive advantage, Workplace spirituality.*

1. Introduction

Healthcare facilities across the globe are experiencing immense pressure to provide quality care amidst rising costs, technological innovation, changing consumer demand, and growing competition [1, 2]. In such challenging environments, religious-affiliated healthcare facilities serve a niche role with spiritual values integrated with clinical services provision [3]. These organizations, typically established to encourage religious beliefs related to compassionate healing, also face two opposing tasks, one of preserving their unique purpose in response to being sensitive to market forces [4, 5].

Christian hospitals are a considerable part of healthcare systems around the world, delivering between 8-15% of healthcare in some Asian nations and as much as 30% of healthcare delivery in sub-Saharan Africa, with a considerable contribution to North America and Europe [6, 7]. Christian hospitals have traditionally been distinguished by unique care models based on holistic healing, spiritual care, and community involvement [5, 8].

However, as healthcare continues to become more corporatized and competitive, Christian-based hospitals are faced more and more with their more conservative ways of working [9]. Market pressures require standardization and efficiency, which may erode the unique characteristics that have hitherto distinguished faith-based healthcare [10]. This tension also poses some fundamental questions regarding how Christian-based hospitals can balance their unique purpose with capabilities required to maintain competitive edge.

The idea of sustainable competitive advantage, for example, the capacity of an organization to sustain superior performance in the long run on the basis of unique competencies, has been widely discussed in strategic management literature [11, 12]. Nevertheless, few studies have analyzed how religious organizations, especially hospitals, build and utilize their own distinctive spiritual origins as strategic resources [13]. This literature deficit is relevant considering the significant amount of health care provided by faith-based organizations globally and increased research in workplace spirituality as a rich source of organizational capacities [14, 15].

The research addresses this literature deficit through examination of how extensively Christian-based hospitals take advantage of their religious heritage to cultivate unique service-related capacities to generate sustainable competitive advantage. In particular, it examines the relationship between workplace spirituality and serving culture to build service-oriented capacities that enhance competitive advantage. By analyzing Indonesian Christian hospitals, it provides insights into a setting where faith-based health care is functioning in a largely non-Christian world, with unique challenges and possibilities for spiritual integration.

Based on the resource-based view (RBV) of strategic management, where unique, valuable, and inimitable resources serve as sources of competitive advantage [12] this research posits spiritual underpinnings as strategic assets. This research investigates whether and how Christian hospitals are able to transform such intangible spiritual resources into tangible capability that drives competitive advantage. The results add to the body of literature in healthcare management and general knowledge of spirituality in the workplace by revealing the channels through which spiritual values influence organizational competencies and competitive expertise.

2. Literature Review

2.1. Resource-Based View and Dynamic Capabilities

The resource-based view (RBV) has been a prevailing theoretical lens for explaining organizational sustainable competitive advantage via the strategic deployment of valuable, rare, inimitable, and non-substitutable resources [12]. The model has been applied more in healthcare organizations amidst increasing competition and resource shortages [16]. RBV argues that competitive advantage does not come merely from market position but from capabilities and resources the firm acquires and utilizes [11].

More recent RBV extensions have focused on dynamic capabilities—the capacity of an organization to integrate, build, and reconfigure competencies to deal with changing environments [11]. These capabilities allow organizations to continuously adapt while retaining their unique core [17]. For healthcare organizations grappling with changing regulatory environments, technological disruption, and changing patient expectations, these dynamic capabilities are more important than ever [18].

In the case of faith-based healthcare, religious foundations can be unique assets that, if implanted in organizational systems in a right manner, constitute new capabilities. Kamassi, et al. [19] concluded that cultural resources in faith-based organizations, if congruent with strategic goals, can lead to organizational performance. Likewise, Morgan [4] presented the view that religious values as part of organizational culture can facilitate the creation of capabilities that the competitors cannot imitate easily, and hence lead to sustainable advantage.

2.2. Workplace Spirituality in Healthcare Settings

Workplace spirituality has attracted increasing organizational research since researchers identify its potential impact on employees' engagement, organizational commitment, and performance outcomes [15, 20]. Workplace spirituality in healthcare settings has been defined as organizational culture acknowledging employees' interior lives, nurturing meaningful work, and offering ways of community bonding [21].

Three general constructs of workplace spirituality have been found in recent studies: meaningful work (contribution and purpose), sense of community (connection and belonging), and congruence with organizational values (alignment between organizational and individual beliefs) [22]. These constructs seem especially applicable to healthcare environments, where work directly affects human health and tends to attract individuals driven by high levels of service motives [23].

Research has indicated that spiritual organizations have higher employee engagement, lower turnover intention, and better patient satisfaction [23, 24]. Another study by Chauhan and Madden [24] also confirmed that workplace spirituality has a positive impact on patient satisfaction through increased empathy and emotional intelligence among caregivers. These results indicate that workplace spirituality can be an important organizational asset that leads to excellent service provision in health care.

But to introduce spirituality into modern healthcare organizations is a very serious challenge, such as the potential for religious and secular values to come into conflict and to synthesize spiritual values with evidence-based interventions [25]. Such tensions can be especially challenging for Christian hospitals operating in pluralistic cultures, where they are caught between preserving their unique faith identity and serving diverse patient populations [3].

2.3. Serving Culture and Service-Driven Capabilities

Serving culture is an organizational norm wherein members value more the serving of others' needs, such as patients, colleagues, and the broader community [26]. Serving culture moves beyond standard customer service norms to an integrated focus on service as part of a higher-level organizational value. Serving culture in healthcare organizations is realized in patient-focused care practices, team-based work environments, and community involvement [27].

Yang, et al. [28] in their research connected serving culture with improved health care service quality in health care organizations by developing certain service-led capabilities. Capabilities are viewed as the ability of an organization to combine various resources in a way that enables value co-creation through interactions in numerous ways [29]. Capabilities that constitute them include relational, ethical, individual, empowered, concerted, and developmental interaction capabilities.

Research by Liu and Papsiene [30] found that health-care organizations with strong serving cultures were better positioned to innovate in response to evolving patient needs and environmental demands. Likewise, research by Kasim, et al. [31] hypothesized that service-capabilities mediate the relationship between organizational culture and performance outcome in health-care environments. The implication here is that serving culture can enable the creation of strategic capabilities leading to competitive advantage.

For Christian hospitals, serving culture can be especially deep, since service is a fundamental value in Christianity [32]. Yet, there has been limited research on how Christian hospitals operationalize these values of service into tangible organizational capabilities that create competitive advantage in today's healthcare settings.

2.4. Sustainable Competitive Advantage in Faith-Based Healthcare

Sustainable competitive advantage (SCA) in healthcare involves an organization's capacity to sustain better performance for an extended period by creating distinctive competencies [33]. In Christian hospitals, SCA involves striking a balance between fulfilling the mission and sustaining finances within more competitive marketplaces [9].

Some of the SCA dimensions in healthcare organizations were identified in recent studies by Khan, et al. [34] as economic performance, service quality, social impact, and strategic positioning. The social and quality dimensions are usually high in faith hospitals through their mission-driven strategy to create unique service propositions [35].

Studies have identified that religious-based health organizations can achieve competitive advantage through differentiation of services according to their religious beliefs Usman, et al. [36]. Shabbir, et al. [32] study indicated that these organizations can use their spiritual identity to create distinctive value propositions for targeted patient segments. These results suggest spiritual orientation can be a source of competitive advantage for religious-based hospitals.

Nonetheless, operationalization of spiritual values into long-term competitive advantage demands good integration of spiritual values into organizational systems and processes [37]. This is extremely challenging for faith hospitals operating in complicated healthcare environments, especially where religious diversity is present [38].

2.5. Research Gap and Objectives

Whereas correlational relationships between spirituality of faith-based hospitals, serving culture, and organizational performance have been shown by existing studies, underlying processes by which such relationships may happen have scarcely been explored [20, 39]. Existing studies have predominantly sought to ascertain statistical relationships between spiritual attributes and performance variables without exploring underlying processes [20, 39]. Furthermore, quantitative approaches have been utilized in the majority of studies that would not be capable of detecting the intangible mechanisms by which spiritual values are being converted to organizational capabilities. Wu, et al. [25] explain that "quantitative methods alone often fail to illuminate the complex pathways through which spiritual values become operationalized in organizational contexts", and thus more specific qualitative studies are needed to reveal such translation processes.

This study bridges these gaps by employing a qualitative approach in investigating how Christian-based hospitals adopt workplace spirituality and service culture in developing service-capable teams and achieving sustainable competitive edge. The research aims to find out the core mechanisms by which Christian-based hospitals instill spiritual values into organizational systems; examine the extent to which workplace spirituality and serving culture contribute to the development of service-oriented competencies in the institutions; and determine how such competencies translate into sustainable competitive advantage within Indonesia's healthcare industry.

This approach responds to the demands of scholars like Peterson, et al. [38] who contend that it is essential to understand "the concrete organizational processes through which faith-based institutions translate their spiritual foundations into distinctive capabilities that enhance competitive positioning". By focusing on Indonesian Christian hospitals operating in a largely non-Christian environment, the research offers an insight into how religiously linked organizations interpret religious diversity while leveraging their distinct spiritual identity as a strategic resource [35].

3. Methodology

3.1. Research Design and Approach

This study used a qualitative phenomenology method to investigate Christian-based hospital healthcare leaders' lived experience. The method is well suited to investigating profound phenomena in the natural setting and enables in-depth interrogation of how spiritual values manifest in organizational practice [40]. Phenomenology allowed us to grasp the very essence of participants' experience of spiritual integration and reveal underlying processes and structures at play.

3.2. Research Setting

The study was done in Indonesia, the largest Muslim country in the world, where Christian-oriented hospitals are about 15% of all healthcare facilities [35]. The setting is thus of interest to see how faith-based hospitals are able to sustain their unique spiritual identity despite treating patients from diverse backgrounds.

The Indonesian health system has undergone radical changes in recent years, such as the introduction of universal health coverage, which introduced new competitive pressures to all the hospitals [41].

3.3. Sampling and Participants

We did purposive sampling in order to gain the participants with real experience and exposure to the research phenomenon. Sample was 10 senior executives (7 men and 3 women) of Christian-based hospitals from various places in Indonesia. Participants were hospital directors (n=6) and senior administrators who were engaged in planning, human resource, or services quality (n=4). The selection criteria demanded that the participants possess a minimum of five years of leadership experience in Christian-based hospitals and must be actively engaged in strategic management processes.

The sample hospitals were of different sizes (100-500 beds), age (established between 1950-2000), and religious affiliation with a particular Christian denomination (Protestant and Catholic). All participating hospitals were fully accredited by the Indonesian Hospital Accreditation Commission, which is evidence of compliance with national standards of quality.

3.4. Data Collection

Data were gathered using semi-structured in-depth interviews from March - April 2024. The interview guide consisted of open-ended questions covering major research themes: the embedding of spiritual values in organizational practices, building service-oriented capabilities, and striving for competitive advantage. Representative questions were: "How are Christian values reflected in strategic decision-making within your hospital?", "What are the mechanisms that allow for spiritual values to be translated into everyday functioning?", "How is your hospital's Christian heritage impacting its service delivery approach?", "What unique capabilities has your hospital established that make a contribution to competitive advantage?", and "What are the challenges you have in sustaining your Christian identity competing in the healthcare market?" These types of questions were intended to draw out rich descriptions of how spiritual values are made operational within organizational settings.

Interviews were undertaken in Indonesian by health management and religious context trained interviewers using 60–90-minute interview sessions. The conversations were tape-recorded with permission from participants and subsequently transcribed verbatim for detailed analysis. To augment interview data and enhance triangulation, we obtained relevant organizational documents such as mission statements, strategic plans, and annual reports that provided necessary contextual background. This extensive multi-method strategy allowed for deeper insight into how spiritual values get internalized in organizational systems and get reworked into unique capabilities.

3.5. Data Analysis

We used thematic analysis with Braun and Clarke [42] six-stage process: familiarization with the data, initial coding, identification of themes, review of themes, defining the theme, and writing up. The circular process allowed systematic pattern and meaning identification within the data.

Initial coding was separately done by two researchers based on NVivo computer software, and there were constant meetings to examine codes and overcome discrepancies. In the process of coding, there was use of inductive as well as deductive methods and allowance for theory-guided analysis and the derivation of new theory.

We then grouped similar codes together into possible themes, checking these themes against the coded extracts and full dataset to check for uniqueness and consistency.

To maximize trustworthiness, we utilized a range of techniques, such as investigator triangulation (multiple researchers coding the same data), member checking (informal feedback on preliminary results from a chosen sample of participants), and peer debriefing (discussing findings with peers who were not involved in the research). We also engaged in reflexivity through routine research team discussion of our positionality and potential biases.

4. Results

Our analysis revealed that Christian-based hospitals have four main mechanisms through which spiritual values are incorporated into organizational forms: mission-focused leadership, spiritual community, values-driven delivery of care, and stakeholders' collective participation. All these mechanisms promote the articulation of unique service-capabilities that can be a source of competitiveness. Figure 1 captures the identification of such factors.

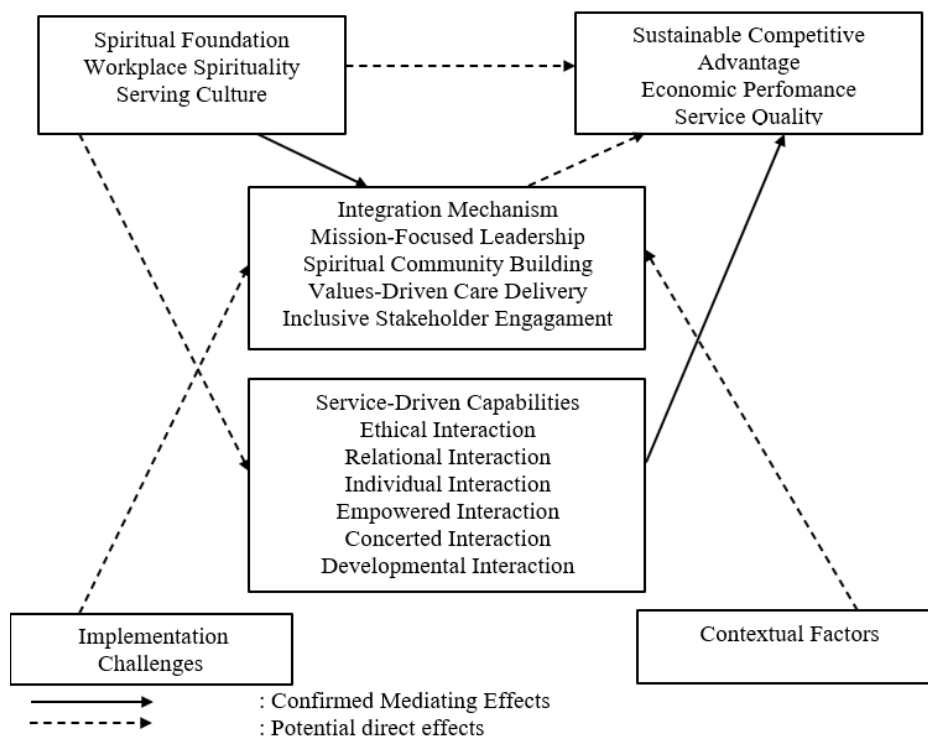


Figure 1.
Research Framework: Integration of Spiritual Values and Sustainable Competitive Advantage.

4.1. Mission-Centered Leadership

Members of the forum repeatedly highlighted the need for leadership in bringing Christian values into organizational practices. Leaders of Christian-based hospitals were portrayed as "mission carriers" who internalize and articulate the institution's spiritual ethos. This mission-oriented leadership expresses itself in three main practices:

First, leaders spell out a powerful spiritual vision that relates healthcare delivery to wider Christian principles:

"Our leadership group starts every strategic planning session by looking back on our founding principles. We regularly challenge ourselves to ask how our decisions fit into our mission to serve with compassion as an expression of our Christian faith. This is not a ritual—it actually informs the way we go, sometimes leading us to make decisions that may be counterintuitive from a strictly business perspective." (P3, Hospital Director)

Second, they embody Christian values in their interactions with staff, patients, and community members, establishing what a number of participants described as a "leadership contagion effect" that reinforces the spiritual culture:

"Leaders need to walk the talk. When employees see directors taking time to attend morning prayer or talk with patients outside of clinical necessity, it authenticates that our Christian values are not simply something we hang on a wall. I've seen how this modeling changes the workplace culture over time. New hires who may initially be cynical about our spiritual focus often become some of its biggest champions after witnessing it lived out genuinely by leadership." (P7, Service Quality Manager)

Third, leaders put in place accountability systems that blend spiritual measures with traditional performance measures:

"We've created a balanced scorecard incorporating spiritual outcomes—how well we're caring for underserved populations, patient satisfaction with spiritual care, and staff sense of mission accomplishment."

"These metrics ensure our Christian values remain central to our operations. They're reviewed with the same rigor as our financial and clinical indicators during board meetings, sending a clear message about our priorities." (P1, Hospital Director)

These leadership practices contribute to the development of ethical interaction capabilities, enabling the organization to engage with stakeholders in ways that reflect core Christian values of integrity, justice, and compassion.

4.2. *Spiritual Community Cultivation*

Members outlined multi-dimensional initiatives intended to foster a workplace spiritual community promoting both organizational effectiveness and employee health. Some examples of such initiatives are:

Holistic spiritual formation programs that facilitate employees to engage their work to greater purpose and meaning:

"We give ongoing spiritual retreats and reflection sessions to all employees, independent of their own faith tradition. These experiences teach workers how their work is part of our Christian healing ministry and deepens the holy nature of healthcare. The interesting thing is that these experiences often release a higher level of commitment and creativity in staff—people begin to view their jobs differently, not as occupations but as callings." (P6, Human Resources Director)

Collaborative practice settings that promote mutual support and shared responsibility:

"We've redesigned our work processes to facilitate interdisciplinary collaboration and shared decision-making. This approach is an expression of our Christian belief that healing is a community process involving the talents of many individuals. We've consciously abandoned hierarchical models that focus power with physicians to more participatory models that honor the contributions of all team members." (P9, Hospital Director)

Rituals and practices strengthening community identity and spiritual values

"Morning prayer every day, weekly reflection meetings, and monthly community service projects give rhythm to our organization that regularly reconnects employees to our Christian roots. These are not add-ons but essential parts of our organizational life. We've found these practices especially valuable during times of high stress or organizational transition—they give us stability and remind us of our greater purpose." (P2, Operations Manager)

Such community development programs facilitate relational and concerted interaction capacities to enhance the capacity of the organization to establish healthy relationships with patients and organize effective delivery of services across professional and departmental lines.

4.3. *Values-Based Care Delivery*

The players described how Christian values shape unique models of patient care that make their hospitals stand out from others. These include:

Holistic care models addressing the physical, emotional, and spiritual aspects of health:

"We've constructed care pathways that include spiritual assessment as part of physical and psychological assessment. This way, we can attend to the complete human being in ways secular hospitals don't. It's not about forcing religion but understanding that spiritual health is an integral part of health for so many patients. We've seen improved recovery rates when patients' spiritual needs are catered to." (P5, Clinical Services Director)

Individualized service encounters that respect patient autonomy and dignity:

"Our staff are educated to deliver care which is respectful of individual patients' values and beliefs. This means more in-depth work with patients to identify what they want and incorporate this into care plans. It's more time at the beginning, but we've discovered it cuts down on complications and grievances later in the care pathway. Patients very clearly tell us they feel 'seen' in our hospital, as they haven't been seen elsewhere." (P4, Patient Experience Manager)

Ethical decision-making models that inform complicated clinical dilemmas:

"We've put together ethics committees to assist clinicians with tough choices based on principles rooted in our Christian heritage. These models give consistency and permit flexibility to cope with special patient situations. They've been especially helpful in end-of-life care dilemmas, where technical capacity and human values tend to meet in complicated ways." (P8, Hospital Director)

These value-based care models improve individuals and empowered interaction capacity, allowing the organization to tailor care experiences and involve patients as active collaborators in the healing process instead of passive recipients of services.

4.4. Comprehensive Stakeholder Engagement

Volunteers highlighted how their hospitals take the Christian mission beyond clinical walls in an extensive involvement with various stakeholders. This interaction comes in the form of:

Community outreach activities addressing social determinants of health:

"We run mobile clinics in underprivileged areas and offer health education in neighborhood schools and churches."

These initiatives spread our Christian healing ministry outside hospital walls and show our support for community health. They enable us to reach back and deal with underlying causes of health issues instead of treating symptoms. They also generate goodwill that is converted into support from the community in times of adversity." (P3, Hospital Director)

Partnerships with churches and community organizations:

"We've formed formal alliances with local churches to complement spiritual care services and establish support systems for patients upon discharge. These alliances deepen our connection to the communities we serve and bring resources that we couldn't bring on our own. They're especially helpful for patients with chronic illnesses who require ongoing care." (P10, Community Relations Manager)

Environmental stewardship practices that embody Christian values in creation care:

"As a demonstration of our Christian faith in good stewardship of the environment, we've embraced sustainable waste management, energy conservation practices, and building design. These practices decrease our impact on the environment while proving our integral comprehension of health. They also translate to huge cost savings that can be redirected into patient care." (P9, Hospital Director)

These stakeholder interaction methods improve developmental interaction competences, allowing the organization to develop and maintain knowledge and capabilities that enhance service provision over time through ongoing learning and adjusting to the needs of the community.

4.5. Service-Driven Capabilities and Competitive Advantage

Members explained how the embedding of Christian values through these processes leads to the growth of unique service-led capabilities that build competitive advantage. These capabilities show themselves in a number of ways:

First, Christian hospitals build greater capacity for delivery of care on a one-to-one basis addressing integrated patient needs:

"In being able to deliver care that involves the physical, emotional, and spiritual aspects, we deliver a unique patient experience preferred by many patients compared with the more technologically-based process of secular hospitals. Such integrated approach to care produces improved scores on patient satisfaction and enhanced loyalty from patients. We have been witnessing sustained increases in self-referrals from word-of-mouth advice of former patients." (P5, Director of Clinical Services)

Second, such hospitals build better community relationships that support patient acquisition and retention:

"Our strong roots in the local community and alignment with Christian faith traditions establish natural patient referral networks and loyalty that would be hard to duplicate for new market entrants. We enjoy decades of trust established through steady presence and service. When new entrants come into our market with high-tech marketing campaigns, we discover our community relationships act as a buffer against patient loss." (P2, Operations Manager)

Third, Christian hospitals are more adaptable to evolving healthcare settings through value-centered innovation:

"Our clear mission and values give us a solid foundation for innovation. When new challenges come along, we can quickly come up with innovative solutions while staying true to our core Christian identity."

In the COVID-19 pandemic, for instance, we rapidly transformed our service models while keeping our spiritual care available through online platforms. This flexibility enabled us to uphold our unique approach even in extreme pressure." (P7, Service Quality Manager)

Participants also recognized serious challenges in converting Christian values into long-term competitive advantage. These challenges are:

Balancing mission fulfillment with financial sustainability:

"We at times battle to maintain our unique Christian orientation in satisfying the efficiency criteria essential for profitability. This tradeoff demands continued consideration and out-of-the-box problem-solving. To illustrate, we've been confronted with difficult decisions regarding lines of service consistent with our calling that are costly. We're ever on the lookout for novel ways that permit us to deliver service to high-needs groups without jeopardizing our financial situation." (P1, Hospital Director)

Informing value propositions to various constituencies:

"Describing our Christian uniqueness in terms that are meaningful to patients of different faiths is a continuing challenge. We need to show the applicability of our values to individuals of other beliefs. We've learned to highlight universal values such as compassion, integrity, and human dignity that appeal widely while being true to our Christian roots." (P9, Hospital Director)

Creating measures that reflect spiritual aspects of service quality:

"Traditional healthcare measures do not fully measure the spiritual elements of our care provision. We're striving to create measurement systems that take these critical dimensions of Christian healthcare into account.

This is important not just for internal quality improvement but also to show our unique value to external stakeholders such as insurers and government agencies." (P4, Patient Experience Manager).

5. Discussion

5.1. Theoretical Implications

Our research advances existing knowledge regarding the workplace spirituality-competitive advantage relationship by uncovering distinct implementation paths suitable for Christian-based hospitals. While extant research has shown correlational connections between spiritual workplace factors and organizational performance [20, 39] this study elucidates the pathways by which such relationships emerge in Christian-based hospitals.

The found mechanisms—mission-driven leadership, spiritual community building, values-driven care provision, and full stakeholder integration—constitute specific organizational processes that map abstract Christian values to concrete capabilities. The mechanisms correspond with newer theoretical

contributions in the resource-based view, where the centrality of organizational processes is stressed as they transform resources into capabilities [11, 17].

Our findings suggest that workplace spirituality and serving culture contribute to competitive advantage primarily through their impact on service-driven capabilities. This mediating role of capabilities supports previous research by Liu and Papsiene [30] and Kasim, et al. [31] who found that organizational culture influences performance outcomes through the development of specific capabilities. Our research builds on this work by outlining the specific capabilities that Christian-based hospitals cultivate through spiritual integration, such as ethical, relational, individual, empowered, concerted, and developmental interaction capabilities.

Our research also helps to clarify how faith-based hospitals reconcile spiritual identity with market pressures. Although earlier studies have indicated possible tensions between mission achievement and financial success [9] our research finds certain strategies that hospitals use to balance these tensions, such as integrated performance measures and value-driven innovation strategies. These results are consistent with recent research on hybrid organizations that seek both social and economic goals [43].

In addition, our study underscores the role of context in determining the practice of spiritual values. Christian hospitals in Indonesia function in a largely non-Christian population, thus needing to adapt their spiritual bases to suit different stakeholders. This conclusion aligns with recent recommendations for more focus on contextual influences in workplace spirituality studies [14, 25].

5.2. Practical Implications

Our conclusions provide some empirical implications for leaders of religiously affiliated health organizations wishing to appropriate their religious identity as an intellectual property asset. To start, these organizations can spend on programs aimed at increasing the capacity of their leaders in defining and exhibiting spiritual values. As evident through our research findings, mission-centric leadership forms the very essence in fostering spirituality and capability development.

Second, faith hospitals ought to establish strong spiritual formation programs for all staff members irrespective of their own faith tradition. Such programs should assist employees in linking their work to the institution's overall spiritual mission and in creating a sense of community that improves service provision. This strategy needs careful planning to ensure that it is inclusive while still being true to the organization's unique faith tradition.

Third, these hospitals must craft service models that specifically integrate spiritual values and yet conform to modern healthcare requirements. As exemplified in our research, values-driven service models can build unique patient experiences that set faith-based hospitals apart from others. This entails breaking down intangible spiritual concepts into tangible care procedures and staff practices.

Fourth, faith-based hospitals ought to develop performance measurement systems that capture both traditional healthcare metrics and spiritual aspects of care. Such combined metrics may enable hospitals to stay mission-aligned while showing value to external constituencies. Constructing valid and reliable measures of spiritual care quality is a vital frontier for faith-based healthcare.

Lastly, these institutions ought to utilize their spiritual identity in external communications and marketing. By articulating their unique value proposition clearly, faith-based hospitals are able to recruit patients and employees who share their mission and values. This involves advanced communication strategies that highlight universal elements of spiritual care while staying true to particular faith traditions.

6. Conclusions, Limitations, and Directions for Future Research

6.1. Conclusions

Christian hospitals in Indonesia incorporate spiritual values within their operational systems in four distinct mechanisms: mission-driven leadership, spiritual community development, values-driven delivery of care, and multi-stakeholder engagement. These mechanisms create unique service-oriented capabilities that build competitive advantage in the changing healthcare environment.

But executing Christian values as sustainable competitive edge demands sound organizational systems bridging spiritual fundamentals and operational quality. Christian-hospital organizations will need to deal with substantial hurdles, such as maintaining mission realization in conjunction with fiscal viability, conveying their value proposition to stakeholders, and defining measures that are capable of catching spiritual aspects of service quality.

By recognizing and practicing the mechanisms identified in this study, faith hospitals can potentially capitalize on their religious identity as a strategic resource that generates value for patients, workers, and society. This practice enables these organizations to preserve their unique mission while responding to the evolving needs of modern healthcare delivery.

As healthcare systems worldwide are compelled by growing pressure to provide value-based care in response to total patient needs, Christian-based hospital experiences serve as crucial lessons for all healthcare organizations. The incorporation of spiritual principles that prioritize compassion, community, and holistic well-being can offer a path toward humanizing and sustainable healthcare within ever-more competitive settings.

6.2. Limitations

Our research has a number of limitations that need to be noted. Firstly, the qualitative method, as rich as it is in describing organizational process, means the findings are not generalizable. The sample of 10 Christian hospital leaders from Indonesia might not reflect the complete range of faith-based healthcare experiences around the world. Second, our research was centered on the views of hospital leaders. This could potentially miss potential disconnects between values as espoused and practice as seen by frontline staff, patients, or community members. Leaders' views are open to social desirability bias and may therefore stress idealized over real implementation of spiritual values.

Third, the cross-sectional design does not allow for consideration of how spiritual integration processes change over time. Organizational capabilities and competitive advantage development usually take place over the long term, which our methodology could not observe directly. Fourth, competitive performance outcomes were not measured in our study. Although participants provided accounts for how spiritual integration promotes competitive positioning, we didn't have objective performance measures to support the perceptions.

6.3. Directions for Future Research

These constraints imply a number of avenues for future research. First, studies might use mixed-methods designs to test the relationships established in this study in larger samples of faith-based hospitals. Quantitative studies might explore correlations between the adoption of particular integration mechanisms and quantifiable performance outcomes. Second, subsequent studies could include the views of multiple stakeholders, such as frontline workers, patients, and members of the community. The multi-stakeholder approach would offer a more complete picture of how spiritual integration influences service delivery and competitive advantage at various organizational levels.

Third, longitudinal studies would examine how religion-based hospitals evolve their spiritual strategies with responses to dynamic healthcare settings. This longitudinal perspective would shed light on the dynamic process of spiritual integration and capacity development over time. Fourth, cross-faith and cross-national comparative studies might determine common patterns and unique characteristics in how different religious values shape organizational abilities and competitive edge in healthcare environments. Such studies would add to a more sophisticated understanding of faith-based healthcare worldwide. Lastly, future research may aim to create and verify measurement tools for the spiritual aspects of healthcare quality. These measures would allow for more systematic assessment of the connection between spiritual integration and organizational performance.

7. Scientific and Practical Implications

7.1. Scientific Implications

This study contributes to knowledge of how intangible spiritual assets build organizational capabilities and competitive advantage in healthcare environments. Through the identification of particular integration mechanisms and their respective capabilities, the research offers a more refined theoretical framework for the examination of the interplay between workplace spirituality and organizational performance. This framework extends resource-based view theory by shedding light on how faith-based organizations translate their unique spiritual assets into concrete competitive capabilities.

The research also adds to the growing body of literature on hybrid organizations that aim for both economic and social goals. Through the analysis of how Christian-based hospitals manage the conflict between fulfilling their mission and market forces, the research offers insight into how organizations can preserve their unique identity while responding to competitive contexts.

Furthermore, the research contributes to methodological strategies in researching spirituality within organizational settings through illustrating the potential of phenomenological research in revealing the lived experience of organizational leaders involved in spiritual integration. Such a method yields nuances and intricacies that could be lost in quantitative research centered on correlational relationships.

7.2. Practical Implications

For health care leaders, this study offers an operational model for drawing on spiritual foundations as strategic resources. The integration mechanisms identified provide tangible routes for bringing abstract spiritual values into concrete organizational capabilities that improve competitive advantage.

To policy makers, the research points out the unique contributions of faith-based healthcare organizations to healthcare systems. Such an understanding can guide policy choices on the role of faith-based institutions in meeting public health goals, especially in environments with religious diversity. For healthcare managers, the study proves that incorporating spiritual aspects into leadership training is imperative. Tomorrow's healthcare leaders must be prepared not just in technical and managerial knowledge but also in expressing and utilizing values-driven strategies for delivering care.

Transparency:

The authors confirm that the manuscript is an honest, accurate, and transparent account of the study; that no vital features of the study have been omitted; and that any discrepancies from the study as planned have been explained. This study followed all ethical practices during writing.

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