

**ANALYSIS OF IHSAN VALUES AND 360-DEGREE  
EVALUATION FOR TALENT MAPPING AT MASYITHOH  
ISLAMIC HOSPITAL BANGIL**

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INFORMATION	ABSTRACT
<p><b>Correspondence:</b> bonangbro@gmail.com</p> <p><b>Keywords:</b> Mapping Tools, 360<sup>o</sup> Evaluation, Six Implementations Of Ihsan Values</p>	<p><i>Objective: Masyithoh Islamic Hospital (RSI) Bangil applies Sharia-based ethics in human resource (HR) management, with ihsan - the perfection of worshiping Allah as if one were seeing Him - as its guiding principle. Ihsan is operationalized through six indicators: Working Perfectly, Repaying Goodness with Greater Good, Preventing Harm, Future-Oriented Investment, Providing Solutions When Justice Is Not Fulfilled, and Consequence of Faith. This study examined the integration of ihsan-based indicators with 360-degree evaluation as performance appraisal and talent mapping tools.</i></p> <p><i>Methods: Using a descriptive-analytic design With One-way ANOVA test, data were collected from 119 employees through purposive sampling and three waves of talent mapping in October 2025. The 9-Box Talent Grid combined potential (ihsan behavior, analytical-creative, psychological tests) and performance (360° evaluation). Results: showed 64.7% of employees in Box 5 (expected performance, medium potential), with high ihsan potential (82.22) but lower analytical skills (69.60). Only 2.52% demonstrated high potential, while 21.2% were in risk zones. The model proved effective for talent identification, though constrained by analytical capacity, and supports recommendations for upskilling and succession planning to strengthen organizational performance.</i></p> <p><i>Conclusion: The study confirms that integrating Ihsan values with 360-degree evaluation is effective for talent mapping at Masyithoh Islamic Hospital Bangil. Employees showed strong Ihsan potential but weaker analytical skills, placing most in medium-potential categories. This model highlights the value of Sharia-</i></p>

	<i>based ethics in HR management and underscores the need for targeted upskilling and succession planning to enhance organizational performance.</i>
<b>INFORMASI</b>	<b>ABSTRAK</b>
<p><b>Korespondensi:</b> bonangbro@gmail.com</p> <p><b>Kata kunci:</b> Alat Pemetaan Talenta, Evaluasi 360 Derajat, Enam Implementasi Nilai Ihsan</p>	<p>Tujuan : Rumah Sakit Islam Masyithoh (RSI) Bangil menghadapi tantangan dalam manajemen SDM berbasis syariah, dengan ihsan sebagai nilai utama. Ihsan diwujudkan melalui enam indikator: Bekerja Sempurna, Membalas Kebaikan dengan Lebih Baik, Mencegah Kerugian, Investasi Masa Depan, Memberikan Solusi Saat Keadilan Tidak Terpenuhi, dan Konsekuensi Iman. Penelitian ini menelaah penerapan indikator ihsan sebagai dimensi penilaian kinerja, efektivitas evaluasi 360 derajat, serta integrasinya dalam pemetaan talenta.</p> <p>Metode: Desain deskriptif-analitik menggunakan One-way ANOVA, digunakan dengan 119 responden melalui purposive sampling. Data dikumpulkan dalam tiga gelombang talent mapping Oktober 2025 menggunakan 9-Box Talent Grid, yang menggabungkan potensi (tes perilaku ihsan, analitis-kreatif, psikologis) dan kinerja (evaluasi 360°).</p> <p>Hasil : menunjukkan 64,7% karyawan berada di Box 5 (kinerja sesuai harapan, potensi sedang), dengan rata-rata kinerja 82,03 dan potensi ihsan tinggi (82,22), namun keterampilan analitis rendah (69,60). Hanya 2,52% memiliki potensi tinggi, sementara 21,2% berada di zona risiko. Model ini efektif untuk identifikasi talenta, meski terbatas oleh kapasitas analitis, serta merekomendasikan program peningkatan keterampilan dan kebijakan suksesi guna memperkuat kinerja organisasi.</p> <p>Kesimpulan: Penelitian ini menegaskan bahwa integrasi nilai Ihsan dengan evaluasi 360 derajat efektif untuk pemetaan talenta di RSI Masyithoh Bangil. Karyawan menunjukkan potensi Ihsan yang kuat namun keterampilan analitis masih lemah, sehingga mayoritas berada pada kategori potensi menengah. Model ini menyoroti pentingnya etika berbasis syariah dalam manajemen SDM serta menekankan perlunya upskilling terarah dan perencanaan suksesi guna meningkatkan kinerja organisasi.</p>

## INTRODUCTION

Human resource management (HRM) in the healthcare sector is a crucial element that determines the quality of services and organizational sustainability, particularly in hospitals. In Indonesia, the healthcare sector faces increasingly complex challenges in line with population growth and higher demands for service quality. Hospitals such as Masyithoh Islamic Hospital (RSI) Bangil, which are grounded in Islamic values, are expected not only to meet medical standards but also to integrate Islamic ethical principles in managing their employees. The value of *ihsan*, as a central concept in Islam emphasizing goodness, perfection, and sincerity in work, serves as a fundamental basis for Islamic-based HRM (Toumi, 2022). *Ihsan* is defined as the effort to achieve perfection in worship and social interaction, including in the workplace, where employees are expected to perform tasks better than what is required (Ab.Wahab, 2019). According to Handayanto (2014), *ihsan* encompasses six main implementations: working perfectly (perfect), repaying goodness with greater good (reply better), preventing potential harm (reduce due), future-oriented investment (investment), providing solutions when optimal justice cannot be fulfilled (way out), and the logical consequence of faith (consequence of faith). These implementations can serve as new dimensions in performance appraisal, which is often less holistic in conventional approaches.

The problem arises from the ineffectiveness of traditional performance appraisal systems in hospitals, which tend to focus on quantitative metrics such as work targets without considering ethical aspects and employees' long-term potential. At Masyithoh Islamic Hospital (RSI) Bangil, a type-C hospital in Pasuruan, East Java, this challenge becomes more evident due to the diverse composition of employees, including healthcare professionals (nurses and midwives), supporting staff, and employment statuses such as fixed-term (PKWT) and permanent (PKWTT) contracts. Non-integrative performance appraisals result in low identification of potential talents, ultimately hindering leadership succession and service innovation. Studies indicate that in Islamic HRM, the integration of values such as *ihsan* can enhance employee engagement and organizational performance, as *ihsan* encourages proactive and ethical behavior (Suryanti, 2022). (Sukirman, 2025) asserts that without appropriate tools such as the 360-degree evaluation, which

involves feedback from multiple sources (supervisors, peers, subordinates, and self-assessment), *ihsan*-based appraisal is difficult to measure objectively.

The scale of this problem is considerable, particularly within the context of Indonesian hospitals. According to data from the Indonesian Ministry of Health, in 2024 there were more than 3,000 hospitals nationwide, with approximately 70% facing shortages of qualified healthcare professionals, including in district-level areas such as Bangil. This shortage is exacerbated by high employee turnover, reaching 15–20% in the private sector, driven by limited career development opportunities and unfair performance appraisals. In Islamic hospitals, the scale of the problem becomes even more complex due to the need to align with Sharia principles, where *ihsan* is not merely an ethical value but also a form of *amanah* (trust) in human resource management (Ab.Wahab, 2019). Nationally, talent management challenges in Indonesian hospitals include intense competition for medical talent, workforce aging, and the lack of succession programs, with only 30% of hospitals implementing tools such as the 9-Box Talent Grid (Andi Shodiq Widodo, 2024).

At Masyithoh Islamic Hospital (RSI) Bangil, with 119 employees, this scale is reflected in demographic distribution: 51.2% are young (20–30 years old), yet the majority hold a diploma-level education (D3, 49.5%), which limits innovation potential. Chronologically, this issue has developed over the past decade. In the 2010s, HRM in Indonesian hospitals focused primarily on mass recruitment to meet basic needs, with little emphasis on talent development. The COVID-19 pandemic (2020–2022) accelerated this trajectory, resulting in increased burnout and a turnover rate of 25% in the healthcare sector, including in East Java (Ryan Basith Fasih Khan, 2022) According to (talenthunts, 2025), post-pandemic regulations such as Law No. 17 of 2023 on Health demand higher HR standards, including SNARS accreditation, which requires evidence-based performance appraisal systems. At RSI Masyithoh Bangil, the chronology began in 2023 with the initial implementation of 360-degree evaluation; however, without the integration of *ihsan*, the results were suboptimal, leading to stagnation in 2024 with PKWT turnover reaching 15%. By 2025, talent mapping has become urgent to address the shortage of high-potential employees.

The impact of this problem is highly significant. The low analytical potential and creativity of employees (as revealed in an average potential test score of 69.60) has led to a decline in patient care quality, an increase in medical errors, and the risk of losing accreditation. Organizationally, the impact includes high recruitment costs (up to IDR 50 million per new employee) and growth stagnation, with only 2.52% of employees identified as high potential. At the national level, this issue contributes to Indonesia's healthcare workforce crisis, with shortages of doctors and nurses reaching 100,000 by 2025, further worsening access to services in rural areas (hospitalmanagementasia, 2025). Moreover, without *Ihsan*-based appraisal, employees experience a decline in well-being due to the lack of ethical recognition, consistent with findings that *Ihsan* mediates both well-being and performance (Zienab I. Balla, 2016).

A potential solution is the integration of the six implementations of *ihsan* values with 360-degree evaluation as a performance appraisal tool, subsequently applied within the 9-Box Talent Grid for talent mapping. The 360-degree evaluation has been proven effective in the healthcare sector for improving patient satisfaction and employee performance, as it provides comprehensive feedback (Sureda E, 2021). In hospitals, this method can measure aspects of *Ihsan* such as work perfection and harm prevention through multi-rater assessment, thereby increasing validity (Emam, 2024). Meanwhile, the 9-Box Grid, as a talent management tool, maps employees based on performance and potential, and has been successfully applied in healthcare organizations for succession planning (Erik van Vulpen, 2023). This integration at Masyithoh Islamic Hospital (RSI) Bangil can serve as an innovative model, addressing challenges such as talent shortages in Indonesian hospitals through an Islamic values-based approach (Novitaloka, 2025).

The research problems in this study are: 1) What is the potential for applying the six implementations of *ihsan* values as dimensions of performance appraisal at Masyithoh Islamic Hospital (RSI) Bangil?, 2) To what extent is the effectiveness of the 360-degree evaluation in measuring *ihsan*-based performance? 3) How can the integration of the six *ihsan* values and the 360-degree evaluation serve as valid and reliable talent mapping tools at Masyithoh Islamic Hospital (RSI) Bangil?. The objectives of this study are: 1) To analyze the potential application of the six

implementations of *ihsan* values as dimensions of performance appraisal at Masyithoh Islamic Hospital (RSI) Bangil?, 2) To evaluate the effectiveness of the 360-degree evaluation method in measuring *ihsan*-based performance. 3) To design a model integrating the six *ihsan* values and the 360-degree evaluation as talent mapping tools at Masyithoh Islamic Hospital (RSI) Bangil?.

## **METHODS**

This study employed a descriptive-analytical design with One-way ANOVA to examine talent mapping data. The research population consisted of 119 employees of Masyithoh Islamic Hospital (RSI) Bangil, comprising non-nurse/midwife healthcare workers (Category A), nurses/midwives (Category B), and supporting healthcare personnel (Category C). Participants included both permanent employees under indefinite work agreements (PKWTT) and contract-based employees under fixed-term agreements (PKWT), with variations in age and educational background. The sampling technique applied was purposive sampling, a form of non-probability sampling, based on subjects who did not hold specific positions within the hospital. Data collection was conducted after obtaining approval from the hospital director through the training division, under authorization number: 067.Eks/Riset/9/2024.

The independent variables include the six implementations of *ihsan* values (working perfectly, repaying goodness with greater good, reducing harm, investment, way out, and consequence of faith), measured through the *ihsan* behaviour test. The dependent variables are performance (360° evaluation) and potential (a combination of analytic-creative and psychological tests).

The materials and instruments used include the 360° evaluation questionnaire (Likert scale 1–4), potential tests (score range 0–100), and the 9-Box Talent Grid for mapping. The study was conducted in October 2025 at Masyithoh Islamic Hospital (RSI) Bangil, Pasuruan, East Java.

The 360-degree evaluation instrument is often vulnerable to personal biases (such as interpersonal relationships, office politics, halo effects, or emotional closeness), which may result in data that is less accurate and more focused on current

performance rather than long-term potential. This constitutes one of the major limitations when applied to talent mapping, where more objective and predictive assessments are required. To address this weakness, the approach you propose—namely, incorporating educational background analysis, employment status (fixed-term versus permanent contracts), professional criteria, and length of service as comparative or adjustment factors—represents a reasonable step and is frequently implemented in HR practices in Indonesia, particularly within large corporations and state-owned enterprises. These demographic and objective factors can serve as control or normalization variables to mitigate the impact of subjective bias inherent in 360-degree feedback.

## **RESULTS**

This study presents the results of talent mapping conducted on 119 employees of Masyithoh Islamic Hospital (RSI) Bangil through three waves in October 2025. Data were obtained from a combination of potential tests (covering ihsan behavior, analytical and creative abilities, as well as psychological aspects) and performance evaluation using the 360-degree method. Talent mapping employed the 9-Box Talent Grid, which classifies employees based on two main dimensions: performance (above expectations, meeting expectations, below expectations) and potential (low, medium, high). These results are relevant to the research objectives, namely analyzing the potential of ihsan values as dimensions of performance appraisal, evaluating the effectiveness of the 360-degree evaluation, and designing the integration of both as talent mapping tools.

In general, the distribution of employees within the 9-Box Talent Grid shows a stable pattern but indicates strategic challenges. The majority of employees are in the 'safe but stagnant' zone, with 77 employees (64.7%) in Box 5 (meeting expectations and medium potential). The average overall 360-degree evaluation score reached 82.03, categorized as meeting expectations, while the average combined potential test score was 75.9. More specifically, the average ihsan behavior test score was high (82.22, good category), reflecting employees' ethical strength; however, analytical and creative abilities were low (69.60, nearly low), representing the main weakness, followed by psychological aspects (75.91). High

potential employees are very rare, with only 3 employees (2.52%) in Boxes 8 and 9, raising concerns for leadership succession. Meanwhile, 25 employees (21.2%) are in the red zone (Boxes 1, 2, 3), at risk of becoming liabilities if not addressed, particularly 6 employees in Box 1 with both low potential and low performance.

Table 1. 9-Box Talent Grid distribution

Performance	<i>Above Expectations</i>	<b>Box 4 : 0%</b>	<b>Box 7 : 11 %</b>	<b>Box 9 : 1.5%</b>
	<i>Meeting Expectations</i>	Box 2: 6,5%	Box 5: 64,7%	Box 8 : 0,8 %
<i>Below Expectations</i>	Box 1: 5 %	Box 3: 10.5%	Box 6: 0%	
		<b>Low</b>	<b>Medium</b>	<b>High</b>
		<b>Potential</b>		

This table illustrates that there are no employees in Box 4 and Box 6, indicating the absence of anomalies such as low potential with high performance or vice versa. Overall performance is generally good, but potential tends to be low to medium, consistent with the finding that employees are able to carry out current tasks but are less prepared for more complex responsibilities. For distribution based on specific criteria, analysis was conducted on job categories, employment status, age, and education, in order to provide a comprehensive overview of the composition.

Table 2. Distribution of the 9-Box Talent Grid Based on Professional Categories

<b>9-Box Talent</b>	<b>(A) healthcare professionals (non-nurse and non- midwife)</b>	<b>(B) healthcare professionals (nurses and midwives)</b>	<b>(C) Healthcare support staff</b>
Box 9	0	2	0
Box 8	1	0	0
Box 7	1	11	2
Box 6	0	0	0
Box 5	15	32	30
Box 4	0	0	0
Box 3	3	7	3
box 2	0	3	3
box 1	0	1	5

The above Table of employees indicates that the majority are positioned in Box 5, reflecting stable performance with medium potential. However, the dominant challenge arises within Category B (nurses and midwives), where 11 employees are located in the risk zone, posing potential threats to patient care quality. Category C (health support staff) similarly demonstrates weaknesses, with 11 employees in the risk zone and a limited number of high performers, thereby reducing the strength of

hospital operational support. In contrast, Category A (non-nurse and non-midwife health workers) remains relatively stable, with no employees in the low zone, though their contribution is constrained by the scarcity of high performers. Overall, the findings highlight two critical issues: elevated risk among clinical staff and insufficient high-performing support staff. These results underscore the necessity of targeted interventions, including upskilling programs, coaching, and succession planning, to enhance service quality and strengthen organizational competitiveness.

Table 3. Distribution of Employees in the 9-Box Talent Grid by Employment Status

9-Box Talent	PKWTT	PKWT
Box 9	0	2
Box 8	0	1
Box 7	8	6
Box 6	0	0
Box 5	38	39
Box 4	0	0
Box 3	9	4
box 2	4	2
box 1	6	0

The above table explains that: The majority of employees, both PKWTT and PKWT, are positioned in Box 5 (stable with medium potential). However, the dominant issue is observed among PKWTT, which occupies nearly all of the low zones (19 employees, 15.96%), indicating high loyalty but low flexibility and limited high potential. Meanwhile, PKWT is relatively efficient with a strong presence in Box 5 (39 employees, 32.7%), yet remains vulnerable to losing top talent due to the very limited number of high performers (only 3 employees, 2.52%). Overall, the main challenges lie in the concentration of PKWTT in the low zones and the scarcity of high performers among PKWT.

Table 4. Distribution of the 9-Box Talent Grid Based on Age Categories

9-Box Talent	20-30 Th (A)	31-40 Th (B)	41-50 Th (C)	>51 Th (D)
Box 9	2	0	0	0
Box 8	1	0	0	0
Box 7	9	5	0	0
Box 6	0	0	0	0
Box 5	9	26	9	0
Box 4	0	0	0	0
Box 3	6	0	7	0

9-Box Talent	20-30 Th (A)	31-40 Th (B)	41-50 Th (C)	>51 Th (D)
box 2	2	3	1	0
box 1	0	1	2	3

A total of 51.2% of young employees (aged 20–30 years) are positioned in Box 5 (41 employees) and Box 7 (10 employees), indicating strong regeneration potential. The low-performance zone is predominantly occupied by older employees (>41 years: Box 1: 5 employees; Box 3: 7 employees).

Tabel 5. Distribution of the 9-Box Talent Grid Based on education

9-Box Talent	D4/S1 Prof (A)	S1 Non Prof (B)	D4(C)	D3 (D)	SMA(E)
Box 9	2	0	0	0	0
Box 8	0	0	0	1	0
Box 7	3	1	0	9	1
Box 6	0	0	0	0	0
Box 5	8	11	0	49	17
Box 4	0	0	0	0	0
Box 3	1	1	0	7	3
box 2	3	1	0	3	3
box 1	0	0	0	1	4

The majority of employees hold a Diploma (D3, 47.9%), consistently positioned in Box 5 (41 employees). Higher-level professions (Category A: 14.3%) show low representation in the risk zone, whereas employees with a Senior High School (SMA, Category E) background are dominant in Box 1 (4 employees), indicating the need for upskilling.

## DISCUSSION

The findings of this study reveal profound insights from the talent mapping data at Masyithoh Islamic Hospital (RSI) Bangil, which integrates ihsan values with 360-degree evaluation within the framework of the 9-Box Talent Grid. The discussion elaborates on three main aspects in accordance with the research problems: the potential application of the six implementations of ihsan values as dimensions of performance appraisal, the effectiveness of the 360-degree evaluation in measuring ihsan-based performance, and the integration of both as valid and reliable talent

mapping tools. This explanation is grounded in empirical data, Islamic human resource management theory, and expert opinions in healthcare management.

First, the potential application of the six implementations of ihsan values as dimensions of performance appraisal at Masyithoh Islamic Hospital (RSI) Bangil demonstrates strong prospects, supported by an average ihsan behavior test score of 82.22, which falls into the good category. This score reflects that hospital employees, as part of an Islamic-based institution, have internalized the principles of ihsan in their daily work ethics. Theoretically, ihsan in Islamic management is not merely a spiritual concept, but rather a foundation of high performance that motivates employees to exceed minimum expectations (Ab.Wahab, 2019).

The empirical evidence from this study aligns with the theoretical framework, in which the majority of employees (64.7% in Box 5) demonstrate performance that meets expectations with medium potential, driven by the implementation of ihsan values such as 'working perfectly' and 'repaying goodness with greater good.' For instance, demographic distribution shows that younger employees (aged 20–30 years, 51.2%) are dominant in Boxes 5 and 7, indicating that ihsan values have the potential to act as a catalyst for talent regeneration, as younger generations are more receptive to ethical values integrated with career development (Sukirman, 2025). However, this potential is constrained by low analytical and creative abilities (average score of 69.60), which represent the main weakness. Expert opinion suggests that ihsan can address this limitation by encouraging 'future investment,' whereby employees are directed to develop skills through continuous training, thus enhancing performance holistically (Handayanto, 2014).

In the context of RSI Masyithoh Bangil, the potential application of the six ihsan values in employee potential assessment is highly relevant, as the hospital can evaluate the likelihood of turnover risk among PKWT employees (44.5% of the workforce). In this regard, ihsan serves as a “way out,” functioning as a retention strategy by providing career certainty grounded in ethical justice. Furthermore, the implementation of “preventing potential harm” (reduce due) is evident from the absence of employees in Box 6 (low performance with high potential), indicating that ihsan values have effectively acted as a safeguard against performance

degradation. Overall, the potential for applying the six *ihsan* values in the workplace is significant, though institutional adaptation is required to address disparities between high *ihsan* values and low technical skills, as emphasized in Islamic HRM theory, which underscores *ihsan* as a logical consequence of faith for sustainable performance (Basalamah, 2022).

Second, the effectiveness of the 360-degree evaluation in measuring *ihsan*-based performance is proven to be relatively high, with an average performance score of 82.03, categorizing the majority of employees as 'meeting expectations.' This method is effective because it provides multi-source feedback, enabling the measurement of *ihsan* aspects that are subjective and contextual, such as interactions between employees and patients. Empirical findings show that the 360-degree evaluation successfully identified high performers (Boxes 7 and 9: 16 employees), where *ihsan* values contributed to performance above expectations, consistent with the theory that 360-degree feedback enhances assessment accuracy in the healthcare sector by reducing single-supervisor bias (Hageman MG, 2015).

At Masyithoh Islamic Hospital (RSI) Bangil, this effectiveness is evident in the dominance of nurses and midwives (Category B, 47.05%) in Boxes 7 and 9, who often embody *ihsan* in patient care, such as 'repaying goodness with greater good' through extra empathy. However, its effectiveness is limited in the risk zone (Boxes 1–3: 21.2%), where 25 employees demonstrated below-expectation performance, the majority being healthcare support staff (Category C) and older employees (>41 years). Expert opinion suggests that 360-degree evaluation is more effective when combined with ethical values such as *ihsan*, as it can mediate employee well-being and reduce resistance to negative feedback (Ryan Basith Fasih Khan, 2022).

In this context, the effectiveness of the method reaches a moderate-to-high level, as it is able to measure the 'consequence of faith' through observable behavior, but remains less sensitive to demographic factors such as lower education levels (Senior High School graduates, dominant in Box 1: 6 employees), requiring instrument adjustments to improve reliability (Soelling SJ, 2024). Moreover, compared to traditional appraisal methods, the 360-degree evaluation is more effective in hospitals because it fosters a collaborative culture, where *ihsan* as 'future

investment' can be measured through long-term contributions, as evidenced in nursing studies showing leadership improvement through 360-degree feedback (Sabrine Mohammed Emam, 2024)). This effectiveness is further supported by the absence of employees in Boxes 4 and 6, indicating that the method successfully differentiates potential and performance without extreme anomalies, although calibration is needed for the Indonesian cultural context, where *ihsan* values are often implicit (Rahmawati, 2022).

"Third, the integration of the six *ihsan* values and the 360-degree evaluation can serve as a valid and reliable talent mapping tool at Masyithoh Islamic Hospital (RSI) Bangil, as evidenced by the use of the 9-Box Talent Grid, which successfully mapped 119 employees with a distribution that reflects organizational reality. The validity of this model is demonstrated by its ability to identify rare high-potential employees (only 2.52%), consistent with healthcare talent management theory that ethical value integration enhances succession prediction ( (Erik van Vulpen, 2023). Empirical evidence shows that this integration is reliable because it encompasses both potential dimensions (*Ihsan* 82.22, psychological 75.91) and performance (82.03), with demographics such as PKWT employees dominating Boxes 7 and 9 (around 50%), indicating a risk of talent loss if not addressed.

Expert opinion suggests that tools such as the 9-Box Grid become valid when combined with Islamic values like *ihsan*, as they reduce subjective bias and enhance reliability through multi-rater evaluation, according to Branine, Mohamed, & Pollard, David (2010) in (Subur, 2023). In the context of RSI Masyithoh, this integration is valid for talent mapping because it can classify risk zones (21.2%), the majority being older PKWTT employees with lower education levels, requiring interventions such as early retirement or reskilling. Reliability is further supported by consistent distribution, where Category B (nurses/midwives) dominate the high performer group, reflecting their crucial role in healthcare services, consistent with studies emphasizing talent mapping for hospital succession (Andi Shodiq Widodo, 2024).

However, validity is limited by low analytical potential, which can be addressed by integrating 'reduce due' as a safeguard against stagnation, thereby making the model

reliable for long-term planning (Rahmawati, 2022) Theoretically, this integration creates a holistic framework that combines Islamic ethics with modern tools, where *ihsan* as a 'way out' provides flexibility in mapping, for example by recommending rotation for younger employees in Box 5 (41 employees). Other studies also state that in Indonesia, such tools are reliable for addressing talent shortages, particularly in the healthcare sector with an aging workforce (Eko Suwarno, 2022).

Finally, this integration is valid as it aligns with regulations such as Law No. 17/2023, which requires high-quality human resources, and reliable as it can be repeated every six months through talent reviews, as recommended for agile hospitals (Emam, 2024). This discussion emphasizes that the research findings are not merely descriptive data, but rather a foundation for human resource transformation at Masyithoh Islamic Hospital (RSI) Bangil. The integration of *ihsan* values with the 360-degree evaluation not only enhances the potential of performance appraisal but also creates a talent mapping tool that is adaptive to the challenges of the Indonesian healthcare sector. However, long-term success depends on the implementation of recommendations, such as analytical upskilling, to maximize the benefits of this model.

## **CONCLUSION**

Based on the first research objective, it was found that the potential application of the six *ihsan* values as dimensions of performance assessment at RSI Masyithoh Bangil is considerably high, with an average *ihsan* behavior score of 82.22, reflecting the internalization of ethical values in employee work practices. The majority of employees (64.7%) are positioned in the stable zone with performance meeting expectations, although constrained by low analytic and creative potential (69.60). Referring to the second objective, the 360-degree evaluation proved effective with an average performance score of 82.03, successfully identifying aspects of *ihsan* through multi-source feedback, including the dominance of high performers among nurses and midwives. This effectiveness is further demonstrated in the mapping of risk zones (21.2%) and high potential (2.52%), though still influenced by demographic factors such as older age and lower educational attainment. In line with the third objective, the integration of the six *ihsan* values

with the 360-degree evaluation produced a valid and reliable talent mapping model using the 9-Box Talent Grid, which comprehensively mapped employee distribution. Overall, this model supports organizational needs for enhanced talent identification, succession, and retention, while requiring reinforcement of analytic capacity for long-term optimization, accompanied by recommendations for upskilling programs and succession policies to improve organizational performance.

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