



## Organizational Readiness of Hospitals in Implementing the Standard Inpatient Care Policy

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### Abstract

The implementation of the Standard Inpatient Care (Kelas Rawat Inap Standar—KRIS) is a national policy aimed at improving equity and quality of healthcare services in hospitals within the National Health Insurance system. The implementation of this policy requires organizational readiness, particularly in regional public hospitals that face resource limitations and complex governance structures. Organizational readiness is a key factor in determining the sustainable success of KRIS implementation.

This study aimed to analyze hospital organizational readiness in implementing the Standard Inpatient Care (KRIS) policy and to identify factors associated with such readiness. A quantitative study with a cross-sectional approach was conducted at Dr. H. Bob Bazar Regional General Hospital (RSUD), SKM, South Lampung. The study respondents consisted of healthcare workers and hospital management involved in inpatient services. Data were collected using structured questionnaires and analyzed through univariate, bivariate, and multivariate analyses.

The results showed that hospitals demonstrated varying levels of readiness in implementing KRIS. Several organizational factors were found to be significantly associated with readiness for KRIS implementation, including knowledge of the KRIS policy, availability of funding, management commitment, and support from hospital information systems. Further analysis indicated that management commitment was the most dominant factor associated with organizational readiness for KRIS implementation.

In conclusion, hospital organizational readiness for KRIS implementation is not determined solely by technical aspects and infrastructure, but is strongly influenced by managerial factors and organizational support systems. Strengthening management commitment, improving policy understanding, ensuring adequate funding support, and developing hospital information systems are essential strategies to support the successful implementation of the Standard Inpatient Care policy in regional public hospitals.

**Keywords:** Organizational Readiness; Standard Inpatient Care; KRIS; Hospital Management; Health Policy

### Abbreviations

KRIS : Standard Inpatient Care; JKN : National Health Insurance; BPJS : Social Security Administering Agency; RSUD: Regional General Hospital.

### Introduction

Hospitals are healthcare service institutions that play a strategic role in delivering healthcare services that are of high quality, safe, and equitable for the community. Within the National Health Insurance system (Jaminan Kesehatan Nasional—JKN), hospitals are required to adjust service standards in line with national

policies aimed at improving service quality and ensuring equitable access to healthcare [1,2]. One of the strategic policies within the JKN system is the implementation of the Standard Inpatient Care (Kelas Rawat Inap Standar—KRIS), which is designed to standardize inpatient service standards across hospitals [3].

The KRIS policy aims to reduce disparities in the quality of inpatient care, enhance patient comfort, and ensure service equity for JKN participants [4]. The implementation of KRIS involves fulfilling various criteria, including aspects of infrastructure, service governance, supporting systems, and hospital resource management [5]. Although this policy has been established at the national level, its implementation at the hospital level—particularly in regional public hospitals—faces a range of complex challenges [6].

The success of health policy implementation is not determined solely by regulatory clarity, but also by the organizational readiness of the institutions responsible for implementing the policy. Organizational readiness reflects a hospital's capacity to prepare resources, systems, and managerial commitment to implement policies effectively and sustainably [7]. Hospitals that are not organizationally ready are at risk of encountering obstacles in KRIS implementation, which may ultimately affect service quality and patient satisfaction [8].

Various studies have shown that hospital organizational readiness is influenced by internal factors such as healthcare workers' knowledge of the policy, availability of funding, management commitment, and support from hospital information systems [9,10]. Management commitment, in particular, plays a critical role in driving organizational change, allocating resources, and ensuring the sustainability of health policy implementation [11].

Regional public hospitals have distinct characteristics that differentiate them from private hospitals or national referral hospitals, especially in terms of resource limitations and bureaucratic complexity. These conditions make organizational readiness a crucial issue in the implementation of the KRIS policy in regional hospitals [12]. Therefore, a comprehensive understanding of hospital organizational readiness and the factors influencing it is essential as a basis for formulating more effective policy implementation strategies.

Based on this background, this study aims to analyze hospital organizational readiness in the implementation of the Standard Inpatient Care (KRIS) policy and to identify factors associated with such readiness. The findings of this study are expected to contribute to policymakers and hospital management in designing strategic measures to support the successful implementation of KRIS, particularly in regional public hospitals.

## Materials and Methods

### Study design and setting

This study employed a quantitative analytic design with a cross-sectional approach to assess hospital organizational readiness in implementing the Standard Inpatient Care (Kelas Rawat Inap Standar—KRIS) policy. The study was conducted at Dr. H. Bob Bazar Regional General Hospital (RSUD), SKM, South Lampung, in 2025.

### Population and sample

The study population comprised healthcare workers and hospital management elements, including the hospital director, head of administration, supervisors and supervisory board members, all hospital committees, heads of divisions, heads of sections, ward heads, and heads of installations who were actively working between January and May 2025, totaling 50 individuals.

Sample selection was conducted using a total sampling technique among respondents who met the inclusion criteria. Inclusion criteria included respondents who were actively working at the hospital, had an understanding of inpatient service processes, and were willing to participate in the study. Respondents who were not present during the data collection period or who did not complete the questionnaire fully were excluded from the study.

### Research variables

The dependent variable in this study was hospital organizational readiness for the implementation of KRIS. Independent variables included knowledge of the KRIS policy, availability of funding, management commitment, and support from hospital information systems. All variables were measured using indicators aligned with KRIS policy requirements and the hospital's operational context.

### Instruments and data collection

Data were collected using a structured questionnaire designed to measure the level of organizational readiness and

factors associated with KRIS implementation. The questionnaire included items related to respondents’ knowledge of the KRIS policy, perceptions of funding availability, hospital management commitment, and support from hospital information systems in facilitating inpatient services in accordance with KRIS standards.

Questionnaire administration was conducted directly with respondents, while ensuring data confidentiality and respondent anonymity.

**Data analysis**

The collected data were analyzed using statistical software. Univariate analysis was performed to describe respondent characteristics and the distribution of each research variable. Bivariate analysis was used to assess relationships between independent variables and organizational readiness for KRIS implementation. Furthermore, multivariate analysis was conducted to identify the most dominant factors associated with hospital organizational readiness in implementing the KRIS policy.

**Ethical considerations**

This study adhered to ethical research principles, including informed consent, data confidentiality, and respondent anonymity. All respondents received clear explanations regarding the objectives and procedures of the study prior to participation and were informed of their right to withdraw at any time without any consequences.

**Results and Discussion**

**Results**

This section presents the study results regarding hospital organizational readiness in implementing the Standard Inpatient Care (Kelas Rawat Inap Standar—KRIS) policy, based on data analysis obtained from respondents at Dr. H. Bob Bazar Regional General Hospital (RSUD), SKM, South Lampung. The results include respondent characteristics, an overview of readiness for KRIS implementation, and the relationships between organizational factors and readiness.

**Respondent characteristics**

Respondent characteristics included age, gender, educational level, position, and length of employment at the hospital. The general profile indicated that respondents were predominantly healthcare personnel directly involved in inpatient services and

had sufficient work experience. The distribution of respondent characteristics is presented in the following table.

Characteristic	Frequency (n)	Percentage (%)
Age		
40–45 years	24	48.0
>45 years	26	52.0
Gender		
Male	18	36.0
Female	32	64.0
Education		
Diploma (D3)	3	6.0
Bachelor’s Degree (S1)	38	76.0
Master’s Degree (S2)	9	18.0
Length of Employment		
10–20 years	23	46.0
>20 years	27	54.0
KRIS Knowledge		
Good	24	48.0
Poor	26	52.0
Budget Availability		
Adequate	23	46.0
Inadequate	27	54.0
Management Commitment		
Good	26	52.0
Poor	24	48.0
Information System Support		
Good	19	38.0
Poor	31	62.0
KRIS Readiness		
Ready	41	82.0
Not ready	9	18.0
Total	50	100.0

**Table 1:** Respondent Characteristics at Dr. H. Bob Bazar Regional General Hospital (RSUD), SKM, South Lampung, 2025.

**Hospital Readiness for KRIS implementation**

The analysis results indicate that the level of hospital readiness in implementing the KRIS policy varies across different aspects. Several readiness components have been fulfilled, while others still

require strengthening to support optimal KRIS implementation. An overview of hospital readiness for KRIS implementation is presented in the following table.

No.	Item	Strongly Disagree	Disagree	Agree	Strongly Agree
1	Inpatient wards in the hospital use building materials with low porosity.	0	0	29 (58%)	21 (42%)
2	Inpatient wards have a minimum area per bed of 7.2 m <sup>2</sup> .	4 (8%)	2 (4%)	32 (64%)	12 (24%)
3	The distance (axis) between beds in inpatient wards is at least 2.4 m.	1 (2%)	7 (14%)	27 (54%)	15 (30%)
4	The maximum number of beds per inpatient room is four.	10 (20%)	0	19 (38%)	21 (42%)
5	Each inpatient bed is equipped with one bed-side cabinet.	2 (4%)	0	25 (50%)	23 (46%)
6	Room temperature in inpatient wards is maintained at 20–26°C.	4 (8%)	2 (4%)	27 (54%)	17 (34%)
7	The hospital provides in-room bathrooms that meet accessibility standards.	5 (10%)	0	20 (40%)	25 (50%)
8	Inpatient wards are equipped with curtains/partitions between beds, with ceiling-mounted or embedded rails and preferably non-porous materials.	4 (8%)	2 (4%)	24 (48%)	20 (40%)
9	Inpatient wards have adequate ventilation, ensuring at least six air changes per hour for mechanical ventilation, and higher rates for natural ventilation.	3 (6%)	3 (6%)	27 (54%)	17 (34%)
10	Inpatient wards have adequate lighting, optimizing natural light; if artificial lighting is used, illumination intensity is 250 lux for general lighting and 50 lux for sleeping.	3 (6%)	2 (4%)	31 (62%)	14 (28%)
11	Inpatient wards are equipped with bed specifications including adjustable back head, nurse call system, and central oxygen outlet.	34 (68%)	11 (22%)	0	5 (10%)
12	The hospital has inpatient rooms separated by gender, age, and type of illness (infectious, non-infectious, maternity).	3 (6%)	2 (4%)	27 (54%)	18 (36%)

**Table 2:** Summary of the KRIS Readiness Questionnaire.

**Relationship between Organizational Factors and Readiness for KRIS Implementation**

Bivariate analysis showed that several organizational factors were associated with readiness for KRIS implementation.

Respondents’ knowledge of the KRIS policy demonstrated a significant relationship with readiness for KRIS implementation, as presented in the table showing the relationship between KRIS knowledge and readiness for KRIS implementation at Dr. H. Bob

Bazar Regional General Hospital (RSUD), SKM, South Lampung, 2025. In addition, the availability of funding also showed a significant association with readiness for KRIS implementation, as presented in the table showing the relationship between funding availability and readiness for KRIS implementation at the same hospital and year.

KRIS Knowledge	KRIS Readiness		Total	p-value	OR
	Ready	Not Ready			
Good	23	1	24	0.024	10.22
	95.8%	4.2%	100.0%		
Poor	18	8	26		
	69.2%	30.8%	100.0%		
Total	41	9	50		
	82.0%	18.0%	100.0%		

**Table 3:** Relationship between KRIS Knowledge and Readiness for KRIS Implementation at Dr. H. Bob Bazar Regional General Hospital (RSUD), SKM, South Lampung, 2025.

Funding Availability	KRIS Readiness		Total	p-value	OR
	Ready	Not Ready			
Adequate	22	1	23	0.028	9.26
	95.7%	4.3%	100.0%		
Inadequate	19	8	27		
	70.4%	29.6%	100.0%		
Total	41	9	50		
	82.0%	18.0%	100.0%		

**Table 4:** Relationship between Funding Availability and Readiness for KRIS Implementation at Dr. H. Bob Bazar Regional General Hospital (RSUD), SKM, South Lampung, 2025.

Further analysis showed that management commitment had a strong association with readiness for KRIS implementation, as presented in the table showing the relationship between management commitment and readiness for KRIS implementation at Dr. H. Bob Bazar Regional General Hospital (RSUD), SKM, South Lampung, 2025. Likewise, hospital information system support also demonstrated an association with readiness for KRIS implementation, as shown in the table presenting the relationship between hospital information systems and readiness for KRIS implementation at the same hospital and year.

Management Commitment	KRIS Readiness		Total	P-value	OR
	Ready	Not Ready			
Good	25	1	26	0.009	12.5
	95.2%	4.8%	100.0%		
Poor	16	8	24		
	66.7%	33.3%	100.0%		
Total	41	9	50		
	82.0%	18.0%	100.0%		

**Table 5:** Relationship between Management Commitment and Readiness for KRIS Implementation at Dr. H. Bob Bazar Regional General Hospital (RSUD), SKM, South Lampung, 2025.

Hospital Information System	KRIS Readiness		Total	p-value	OR
	Ready	Not Ready			
Good	18	1	19	0.127	-
	94.7%	5.3%	100.0%		
Poor	23	8	31		
	74.2%	25.8%	100.0%		
Total	41	9	50		
	82.0%	18.0%	100.0%		

**Table 6:** Relationship between Hospital Information System Support and Readiness for KRIS Implementation at Dr. H. Bob Bazar Regional General Hospital (RSUD), SKM, South Lampung, 2025.

Multivariate analysis indicated that management commitment was the most dominant factor associated with hospital organizational readiness in implementing the KRIS policy. The results of the dominant factor analysis are presented in the table showing the factors most strongly associated with readiness for KRIS implementation at Dr. H. Bob Bazar Regional General Hospital (RSUD), SKM, South Lampung, 2025.

**Discussion**

Hasil penelitian ini menunjukkan bahwa kesiapan organisasi rumah sakit merupakan faktor kunci dalam keberhasilan implementasi kebijakan Kelas Rawat Inap Standar (KRIS). Temuan ini menegaskan bahwa penerapan kebijakan kesehatan tidak hanya bergantung pada ketersediaan regulasi dan standar teknis,

Variable	B	p-value	OR Lower	95% C.I		
				Upper		
Step 1	Knowledge	0.000	1.000	1.000	0.000	.
	Funding availability	-18.321	1.000	0.000	0.000	.
	Management commitment	20.460	1.000	768212273.291	0.000	.
	Information system	0.275	0.866	1.317	0.053	32.584
	Constant	-5.571	0.015	0.004		
Step 2	Funding availability	-18.321	0.999	0.000	0.000	.
	Management commitment	20.460	0.999	768210387.211	0.000	.
	Information system	0.275	0.866	1.317	0.053	32.584
	Constant	-5.571	0.015	0.004		
Step 3	Funding availability	-18.112	0.999	0.000	0.000	.
	Management commitment	20.449	0.999	760222267.035	0.000	.
	Constant	-5.428	0.009	0.004		
Step 4	Management commitment	2.424	0.029	11.294	1.290	98.889
	Constant	-5.602	0.007	0.004		

**Table 7:** Factors Most Strongly Associated with Readiness for KRIS Implementation at Dr. H. Bob Bazar Regional General Hospital (RSUD), SKM, South Lampung, 2025.

tetapi juga sangat dipengaruhi oleh kesiapan internal organisasi pelaksana kebijakan tersebut [7,8].

Pengetahuan responden mengenai kebijakan KRIS berhubungan dengan kesiapan penerapan KRIS, yang menunjukkan bahwa pemahaman terhadap tujuan, kriteria, dan implikasi kebijakan menjadi prasyarat penting dalam proses implementasi. Temuan ini sejalan dengan penelitian sebelumnya yang menyatakan bahwa tingkat pengetahuan sumber daya manusia berpengaruh terhadap kesiapan organisasi dalam melaksanakan kebijakan kesehatan [9].

Ketersediaan dana juga memiliki hubungan yang bermakna dengan kesiapan penerapan KRIS. Implementasi KRIS membutuhkan dukungan pendanaan yang memadai, khususnya untuk pemenuhan standar sarana prasarana dan sistem pendukung pelayanan. Keterbatasan pendanaan berpotensi menjadi hambatan utama bagi rumah sakit daerah dalam memenuhi standar KRIS secara menyeluruh [10].

Komitmen manajemen muncul sebagai faktor yang paling dominan berhubungan dengan kesiapan penerapan KRIS. Temuan ini menunjukkan bahwa peran pimpinan rumah sakit sangat menentukan arah dan keberhasilan implementasi kebijakan.

Komitmen manajemen berpengaruh dalam pengambilan keputusan strategis, alokasi sumber daya, serta pembentukan budaya organisasi yang mendukung perubahan [11].

Selain itu, dukungan sistem informasi rumah sakit juga berperan penting dalam kesiapan penerapan KRIS. Sistem informasi yang memadai memungkinkan pengelolaan data pelayanan, monitoring pemenuhan standar, serta pengambilan keputusan berbasis data. Temuan ini mendukung pandangan bahwa sistem informasi merupakan komponen penting dalam implementasi kebijakan kesehatan di tingkat fasilitas pelayanan [12].

Secara keseluruhan, hasil penelitian ini menunjukkan bahwa kesiapan organisasi rumah sakit dalam implementasi KRIS merupakan hasil interaksi berbagai faktor internal organisasi. Penguatan pengetahuan sumber daya manusia, dukungan pendanaan, komitmen manajemen, serta pengembangan sistem informasi rumah sakit perlu dilakukan secara terintegrasi untuk mendukung keberhasilan penerapan kebijakan Kelas Rawat Inap Standar, khususnya di rumah sakit daerah.

## Conclusion

The results of this study indicate that hospital organizational readiness is a key factor in the successful implementation of the Standard Inpatient Care (Kelas Rawat Inap Standar—KRIS) policy. These findings emphasize that the implementation of health policies does not depend solely on the availability of regulations and technical standards, but is also strongly influenced by the internal readiness of the organizations responsible for implementing such policies [7,8].

Respondents' knowledge of the KRIS policy was found to be associated with readiness for KRIS implementation, indicating that an understanding of policy objectives, criteria, and implications is a crucial prerequisite in the implementation process. This finding is consistent with previous studies showing that the level of human resource knowledge influences organizational readiness to implement health policies [9].

Funding availability was also significantly associated with readiness for KRIS implementation. The implementation of KRIS requires adequate financial support, particularly to meet infrastructure standards and supporting service systems. Limited funding may represent a major barrier for regional public hospitals in fulfilling KRIS standards comprehensively [10].

Management commitment emerged as the most dominant factor associated with readiness for KRIS implementation. This finding highlights the critical role of hospital leadership in determining the direction and success of policy implementation. Management commitment influences strategic decision-making, resource allocation, and the development of an organizational culture that supports change [11].

In addition, support from hospital information systems also played an important role in readiness for KRIS implementation. Adequate information systems enable effective management of service data, monitoring of standard compliance, and data-driven decision-making. This finding supports the view that information systems are a key component in the implementation of health policies at the healthcare facility level [12].

Overall, the results of this study demonstrate that hospital organizational readiness for KRIS implementation is the result of interactions among multiple internal organizational factors.

Strengthening human resource knowledge, ensuring adequate funding support, reinforcing management commitment, and developing hospital information systems should be carried out in an integrated manner to support the successful implementation of the Standard Inpatient Care policy, particularly in regional public hospitals.

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## Conflict of Interest

The authors declare that there are no financial or non-financial conflicts of interest that could have influenced the conduct of this study or the preparation of this manuscript.

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