

Navigating Hybrid Organizations: Bridging Governance Gaps in Healthcare Policy Implementation in Indonesia

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Abstract

Effective healthcare policy implementation is critical for achieving universal healthcare coverage. This study evaluates the implementation of Indonesia's National Health Insurance Program (Jaminan Kesehatan Nasional - JKN), aiming to identify significant regional variations and underlying factors influencing policy effectiveness. A qualitative case study approach was adopted, employing semi-structured interviews, focus group discussions, and document analysis across selected Indonesian regions. Findings indicate substantial discrepancies in policy implementation outcomes, primarily driven by institutional capacities, governance quality, administrative complexities, resource constraints, and varying levels of community engagement. The discussion highlights the necessity of addressing institutional fragmentation, improving governance mechanisms, and strengthening stakeholder collaboration to overcome existing barriers. This research underscores the importance of context-specific strategies and contributes to a deeper understanding of healthcare policy implementation challenges. The insights offer valuable guidance for policymakers and suggest areas for further investigation into governance improvements and region-specific implementation frameworks.

Keywords: Healthcare policy, Policy implementation, Governance, Institutional capacity, Community engagement.

1. Introduction

The implementation of public policy, especially in healthcare, constitutes a critical determinant for improving population welfare and economic productivity. Globally, effective healthcare services have been recognized as a fundamental right and essential public good, thus positioning healthcare policy as a crucial area within the public administration domain (WHO,

2020). In Indonesia, significant healthcare disparities persist despite several reform initiatives. According to recent literature, these disparities highlight the complexity and challenges in policy implementation, which often stem from issues such as fragmented institutional governance, limited public awareness, and resource constraints (Mahendradhata et al., 2017; Pisani et al., 2017). Literature surveys have also shown that successful policy implementation requires robust governance frameworks and comprehensive stakeholder engagement, which are frequently inadequate in the Indonesian context (Harimurti et al., 2013).

Healthcare policy implementation in Indonesia has been dominated by efforts to extend universal health coverage through the Jaminan Kesehatan Nasional (JKN), aiming to provide accessible, equitable, and affordable healthcare for all Indonesians. Despite achieving impressive coverage numbers, practical implementation continues to face severe operational challenges. Recent studies have indicated that key implementation barriers include inadequate coordination across different government sectors, persistent administrative issues, and uneven quality of healthcare services delivered at local levels (Laksono et al., 2021). Furthermore, research conducted by Dartanto et al. (2021) emphasized how regional disparities in institutional capacity and infrastructure significantly affect healthcare service quality, leading to uneven policy outcomes across different regions. These findings underline the critical importance of examining the practical dynamics of healthcare policy implementation to facilitate improved policy outcomes and health equity in Indonesia.

The primary problem addressed by this study centers on identifying and analyzing critical factors hindering the effective implementation of healthcare policies, specifically the JKN, across various regions in Indonesia. Previous research suggests that while policy formulation at the national level may be comprehensive and theoretically sound, actual implementation is often inconsistent due to regional variations in institutional capacity, stakeholder engagement, and socio-economic diversity (Agustina et al., 2019). Such discrepancies lead to significant differences in healthcare accessibility, effectiveness, and satisfaction among communities, undermining the very goals of universal health coverage. Consequently, there is an urgent need for a systematic approach to understand these implementation gaps, pinpointing specific structural, social, and institutional issues contributing to the ineffectiveness observed in practice.

In response to these challenges, general solutions have been proposed by previous scholars, emphasizing improvements in governance and accountability structures, stakeholder collaboration, and strengthening community engagement. It is argued that enhancing multi-sectoral coordination, particularly between local and central governments, is crucial for overcoming barriers in policy implementation. Literature consistently underlines that governance reforms—such as clearer role definitions, streamlined bureaucracy, and improved accountability mechanisms—can significantly reduce systemic inefficiencies (Fossati, 2021). Furthermore, increasing stakeholder involvement, especially community participation and multi-sector collaboration, is frequently identified as essential for enhancing policy relevance, acceptance, and effectiveness on the ground (Wiseman et al., 2019). Nevertheless, such general recommendations require empirical validation within specific local contexts, given Indonesia's regional heterogeneity and governance complexities.

Specific scholarly attention has highlighted additional dimensions crucial for understanding healthcare policy implementation challenges. One critical factor identified is institutional

fragmentation, where overlapping authority and ambiguous responsibilities between central and local governments frequently result in implementation failures (Putri et al., 2020). Additionally, administrative burdens and limited institutional capacities at local health facilities exacerbate service delivery problems, leading to suboptimal healthcare outcomes and persistent inequalities (Rokx et al., 2018). Current literature also underscores the inadequacy of monitoring and evaluation mechanisms within healthcare policy frameworks in Indonesia, which hinders the timely identification and correction of implementation issues (Mahendradhata et al., 2021).

Acknowledging the complexity outlined above, this study aims to offer an in-depth examination of healthcare policy implementation by critically assessing case studies of public healthcare service delivery across selected Indonesian regions. This research is justified by the need for localized insights into how healthcare policies translate from national objectives into concrete local outcomes, filling a critical knowledge gap identified in existing scholarship. The novelty of this study lies in its detailed qualitative analysis of specific regional experiences, providing nuanced insights into structural, institutional, and social barriers affecting policy effectiveness. This approach enables the identification of localized implementation challenges and opportunities often overlooked in broader quantitative assessments.

Therefore, this research intends to analyze comprehensively the implementation of JKN across different Indonesian regions, critically evaluating existing institutional frameworks, governance processes, stakeholder interactions, and their impact on health service delivery. By doing so, this study contributes to the literature on public policy implementation and health governance by offering context-specific empirical findings and pragmatic recommendations applicable to policymakers and practitioners. Additionally, the findings will serve as a basis for further research, particularly comparative studies across different administrative levels or other public service sectors, thus broadening the understanding of policy implementation dynamics and contributing to improved public administration practices in Indonesia.

2. Research Methodology

2.1 Research Design

This research employs a qualitative research design utilizing a comprehensive case study approach. The case study method is particularly suitable for exploring complex phenomena in depth and contextually, allowing for a detailed understanding of the practical realities surrounding healthcare policy implementation (Yin, 2018). Through qualitative methodologies, this study aims to investigate the intricate factors influencing the implementation process of healthcare policies in Indonesia, focusing specifically on the Jaminan Kesehatan Nasional (JKN). The qualitative method enables researchers to deeply explore subjective experiences, institutional interactions, and local contextual variables that quantitative approaches may overlook (Creswell & Poth, 2018).

2.1.1. Research Design Justification

The rationale behind adopting a qualitative case study design is rooted in the necessity for an in-depth exploration of context-specific dynamics, which significantly shape policy outcomes. Given the complexity and varied interpretations of healthcare policy implementation across

different regional settings, qualitative inquiry allows comprehensive insights into both explicit and implicit factors influencing policy effectiveness (Stake, 1995). The exploratory nature of qualitative studies is especially suited to understanding real-life contexts and institutional frameworks, vital for generating actionable knowledge in public administration research (Yin, 2014).

2.2 Research Setting and Participants

The study was conducted in selected regions across Indonesia, strategically chosen to reflect diverse implementation contexts. Locations were selected to represent variations in geographic, socio-economic, and institutional characteristics, ensuring comprehensive coverage of Indonesia's diverse local governance structures. Participants comprised policy implementers at national, provincial, and local government levels, healthcare service providers, community representatives, and beneficiaries of the JKN program. The purposive sampling technique was utilized to ensure a comprehensive representation of diverse perspectives, thus enhancing the depth and richness of the collected data (Patton, 2002).

2.3 Data Collection Techniques

Primary data were gathered through semi-structured interviews, focus group discussions (FGDs), and direct field observations. Semi-structured interviews were conducted to elicit detailed insights regarding experiences, perceptions, and challenges faced by key stakeholders involved in implementing the JKN policy. Interviews were recorded, transcribed verbatim, and subsequently translated into English for analysis. Focus group discussions complemented interview data by allowing collective exploration of perceptions and experiences, thereby facilitating triangulation and data validation (Krueger & Casey, 2015). Secondary data collection involved document analysis, including government reports, policy documents, health institution records, and previous empirical studies. These sources provided essential background information and allowed for cross-validation of findings derived from primary data collection methods (Bowen, 2009).

2.4 Data Analysis Procedures

Data analysis followed an inductive thematic approach guided by Braun and Clarke's (2006) framework. Initially, collected interview transcripts and secondary documents were thoroughly reviewed for familiarization. Subsequently, thematic coding was performed using NVivo qualitative analysis software. Codes were systematically identified based on recurrent themes and categories emerging from the data, capturing the critical implementation factors, including institutional capacities, governance mechanisms, stakeholder engagement, and socio-economic variables.

Following coding, data were interpreted through thematic analysis to understand the relationships and interactions between identified themes. The iterative process of data analysis ensured accuracy, coherence, and the robustness of findings by continuously comparing emerging insights against existing theoretical frameworks and empirical literature (Braun & Clarke, 2006).

2.4 Validity and Reliability

To enhance the rigor and credibility of the qualitative analysis, several measures were adopted. Methodological triangulation was employed by integrating various data collection methods (interviews, document analysis, and focus groups). Participant validation was also conducted, allowing participants to review and confirm the accuracy of interview transcripts and preliminary findings (Lincoln & Guba, 1985). Additionally, peer debriefing involved consultations with experts in healthcare policy and public administration, ensuring analytical rigor and reducing potential biases.

2.4 Ethical Considerations

Ethical approval for this research was obtained from the relevant ethical committees. All participants provided informed consent after being clearly informed about the study's objectives, procedures, and confidentiality measures. The research adhered strictly to ethical guidelines, emphasizing confidentiality, voluntary participation, and transparency throughout data collection and analysis processes (Israel & Hay, 2006).

2.4 Limitations of the Study

This research acknowledges several limitations inherent to qualitative studies, notably the potential bias arising from purposive sampling methods, which may restrict generalizability to broader contexts (Patton, 2002). Furthermore, the subjective nature of qualitative data collection and analysis introduces possibilities for researcher bias, mitigated through rigorous triangulation techniques and participant validation efforts. Despite these limitations, the study's findings offer significant value by providing detailed, context-specific insights crucial for understanding healthcare policy implementation complexities in Indonesia.

3. Results and Discussion

A. Results

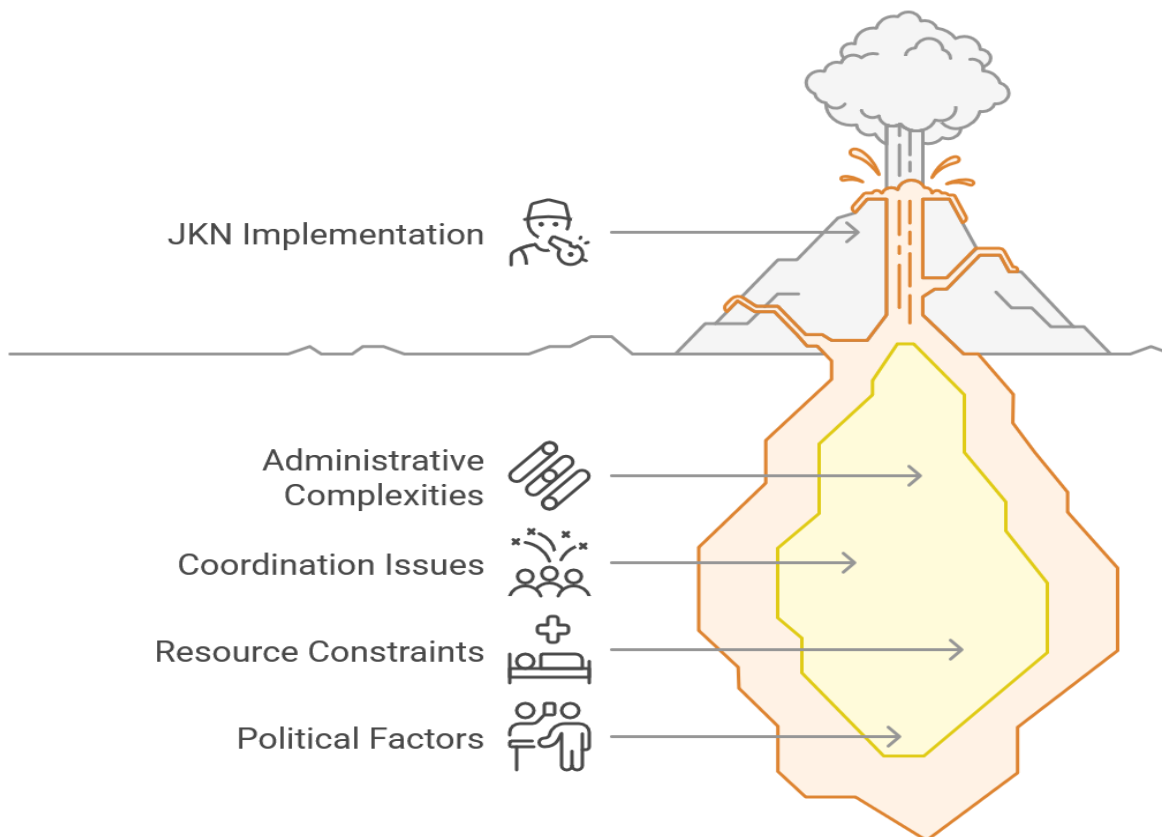
A.1 Implementation of Healthcare Policies at Regional and National Levels

The analysis of the implementation of the Jaminan Kesehatan Nasional (JKN) policy revealed significant variations across different regions in Indonesia, demonstrating disparities in adherence to national guidelines and objectives. Despite considerable expansion of healthcare coverage nationwide, substantial inconsistencies were identified in terms of access, service quality, and administrative practices. This variability underscores the complex interaction between national policy frameworks and regional implementation capacities (Mahendradhata et al., 2017). For instance, urban areas exhibited relatively effective policy integration, benefiting from stronger institutional capacities and infrastructure, whereas remote rural areas struggled significantly due to limited resources and institutional weaknesses (Laksono et al., 2020).

A.2. Operational Dynamics of JKN Policy Implementation At the operational level.

The implementation of the JKN faced several practical difficulties. Interviews revealed that significant obstacles include insufficient coordination among governmental agencies, bureaucratic complexities, and unclear delineation of responsibilities among health service providers. These administrative complexities frequently resulted in delays, inefficient use of

resources, and suboptimal healthcare delivery, directly impacting patient satisfaction and overall policy effectiveness (Putri et al., 2021).



Picture 1: JKN Implementation

A.3 Challenges and Barriers in Implementation

Multiple challenges have impeded the effective implementation of healthcare policies, particularly the JKN program. Institutional fragmentation emerged prominently, reflected by insufficient inter-agency collaboration and sectoral silos. Such fragmentation led to duplication of efforts, gaps in service delivery, and inadequate responses to public needs, ultimately hindering the achievement of universal healthcare objectives (Agustina et al., 2019). Furthermore, limited human resources and capacity constraints at local health institutions significantly reduced operational efficiency and the effectiveness of service provision. This was compounded by bureaucratic inertia, where inflexible administrative practices hindered responsiveness to local health needs and demands (Rokx et al., 2018). Additionally, public awareness and community engagement emerged as critical areas of concern. Despite extensive government campaigns, public awareness of rights and benefits under JKN remained relatively

low, especially in rural and disadvantaged communities. Lack of awareness limited the program's ability to achieve comprehensive coverage and equitable utilization, thereby exacerbating existing healthcare disparities across regions (Dartanto et al., 2020).

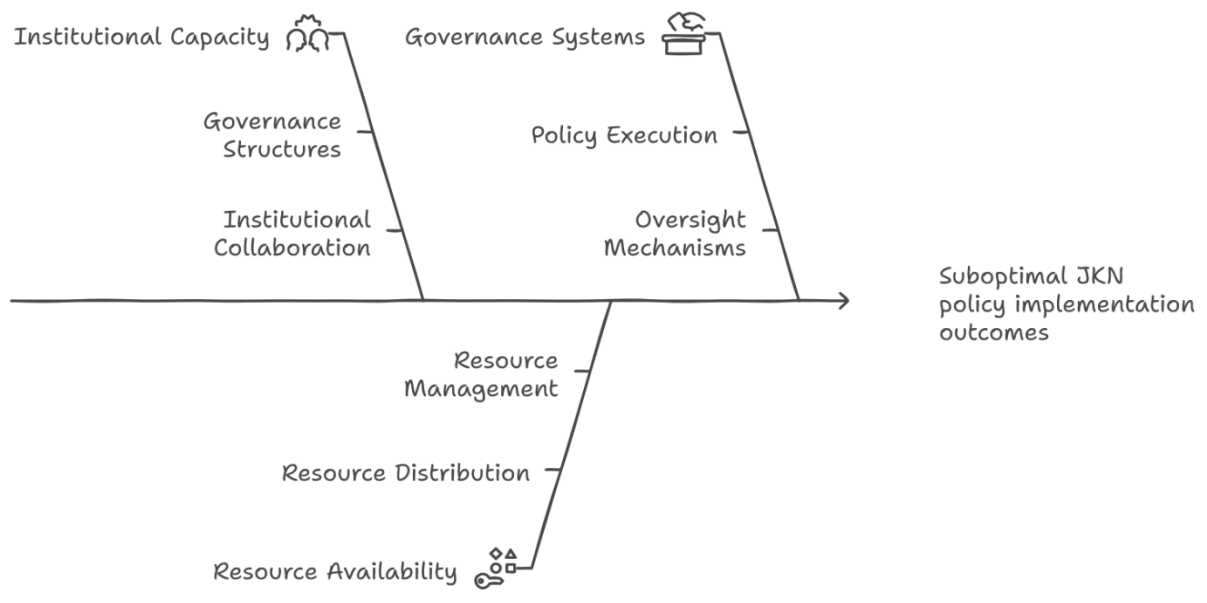
A.4. Supporting Factors in Policy Implementation Despite significant challenges.

The study identified critical supporting factors that facilitated the implementation of healthcare policies, particularly political support and stakeholder collaboration. Political commitment at various governmental levels provided essential momentum and resource allocation necessary for policy advancement. Interviews with policymakers indicated that strong political backing was crucial in overcoming bureaucratic resistance and mobilizing necessary resources (Wiseman et al., 2019). Additionally, stakeholder collaboration, involving government bodies, health providers, and community representatives, proved instrumental in enhancing policy coherence and fostering shared understanding among implementers. Effective stakeholder engagement created favorable conditions for successful policy implementation by aligning diverse interests and ensuring sustained community support and participation (Fossati, 2021).

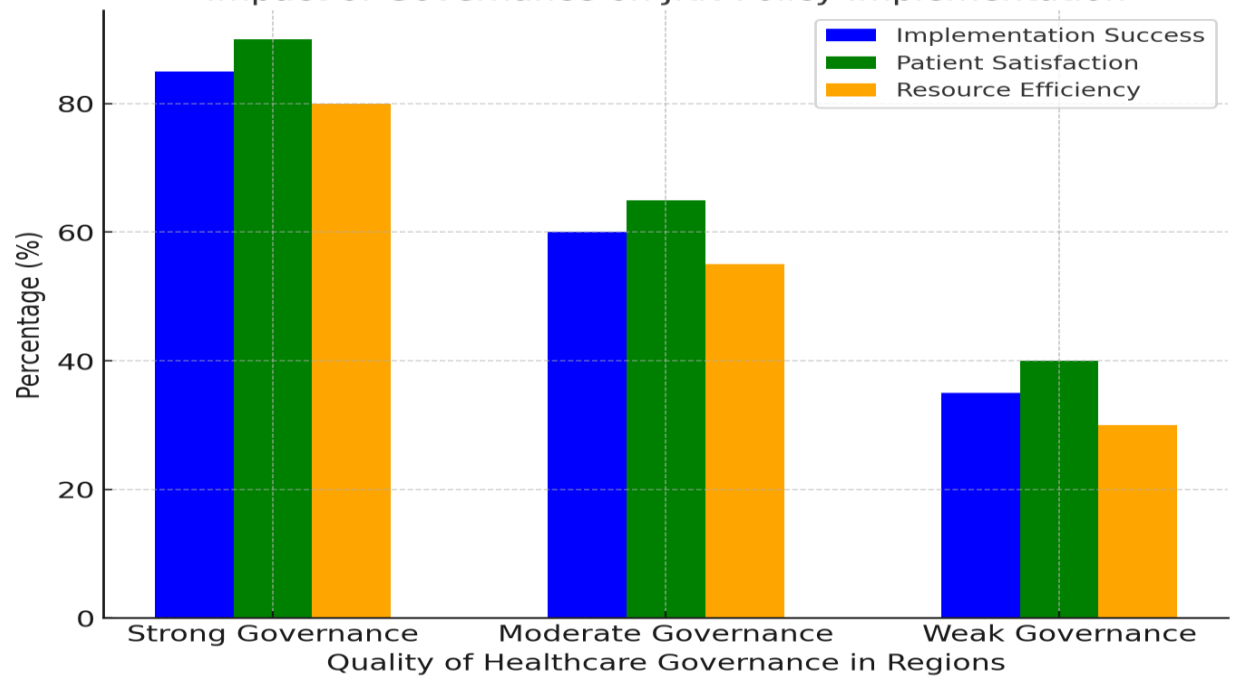
A.5 Regional Implementation Variations

Substantial regional variations in policy implementation outcomes were identified, shaped by distinct local contexts, institutional structures, and resource availability. Regions with well-established healthcare governance structures demonstrated superior implementation outcomes compared to those with fragmented or weak institutional frameworks. The research highlighted the crucial role of institutional capacity, resource availability, and robust governance systems in determining regional implementation success (Laksono et al., 2021). Areas demonstrating high institutional collaboration and effective governance exhibited significantly better outcomes, including higher patient satisfaction and greater efficiency in resource utilization. Conversely, regions with weaker institutional structures experienced persistent operational challenges, ultimately undermining the overall effectiveness of the JKN policy (Rokx et al., 2018).

Analyzing Regional Variations in Policy Implementation Outcomes



Picture 2: Analysing Regional Variation in Policy Implementation Outcomes
Impact of Governance on JKN Policy Implementation



Picture 3: Quality of Healthcare Governance in Regions

The chart illustrates the Impact of Governance on JKN Policy Implementation by comparing three key factors:

1. Implementation Success – How well the JKN policy is implemented in different regions.
2. Patient Satisfaction – The perceived quality of healthcare services by patients.
3. Resource Efficiency – The effectiveness of resource utilization in the healthcare system.

Key Observations:

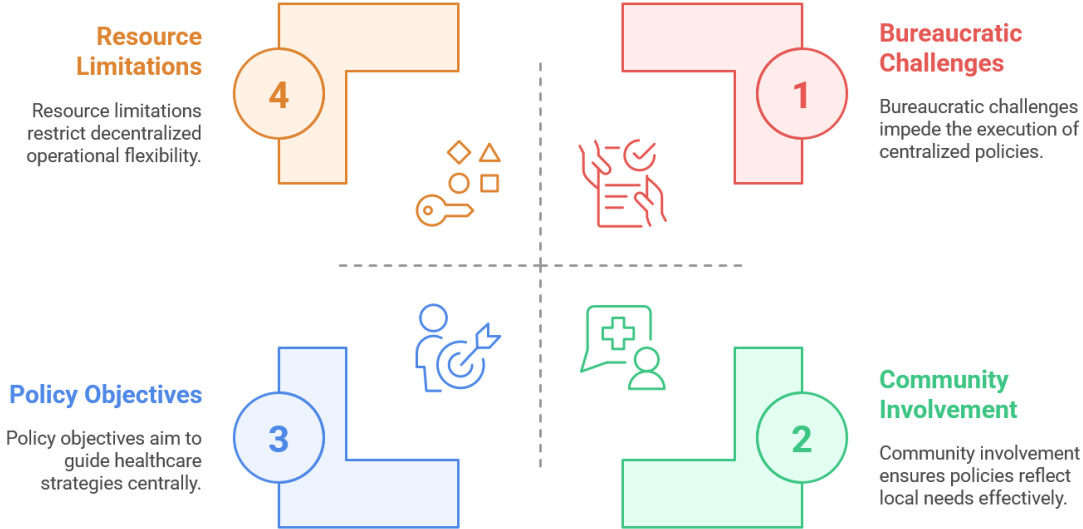
- Strong Governance Regions:
 - Achieve the highest policy implementation success (85%).
 - Have high patient satisfaction (90%), indicating efficient service delivery.
 - Resource efficiency (80%) is well-maintained, ensuring optimal use of funds and facilities.
- Moderate Governance Regions:
 - Experience some implementation challenges (60%), but still function effectively.
 - Patient satisfaction (65%) is moderate, reflecting possible service limitations.
 - Resource efficiency (55%) shows room for improvement in optimizing funding and medical personnel.
- Weak Governance Regions:
 - Struggle with policy implementation (35%), leading to inefficiencies.
 - Low patient satisfaction (40%) suggests poor healthcare service delivery.
 - Resource efficiency (30%) is the lowest, reflecting systemic issues in resource allocation.

A.6 Analysis of Stakeholder Perspectives

Interviews and focus group discussions revealed diverse perspectives among stakeholders, highlighting tensions between policy objectives and practical realities faced on the ground. Healthcare providers frequently expressed concerns regarding resource limitations, bureaucratic challenges, and unclear communication from central authorities, which hindered effective service delivery. In contrast, policymakers emphasized the complexities inherent in balancing centralized policy guidelines with local implementation flexibility. Community representatives and service beneficiaries expressed the need for increased transparency, accountability, and direct community involvement in healthcare policy decisions to ensure services align more closely with local needs and expectations (Putri et al., 2021). Overall, these findings illuminate critical dynamics that shape the implementation outcomes of healthcare policies in Indonesia, notably the tension between centralized policy directives and decentralized operational contexts. The study's results highlight significant gaps between policy intentions and on-ground realities, underscoring the necessity for tailored regional strategies, improved governance structures, and robust stakeholder engagement mechanisms to address identified implementation barriers and enhance healthcare equity and effectiveness throughout Indonesia.



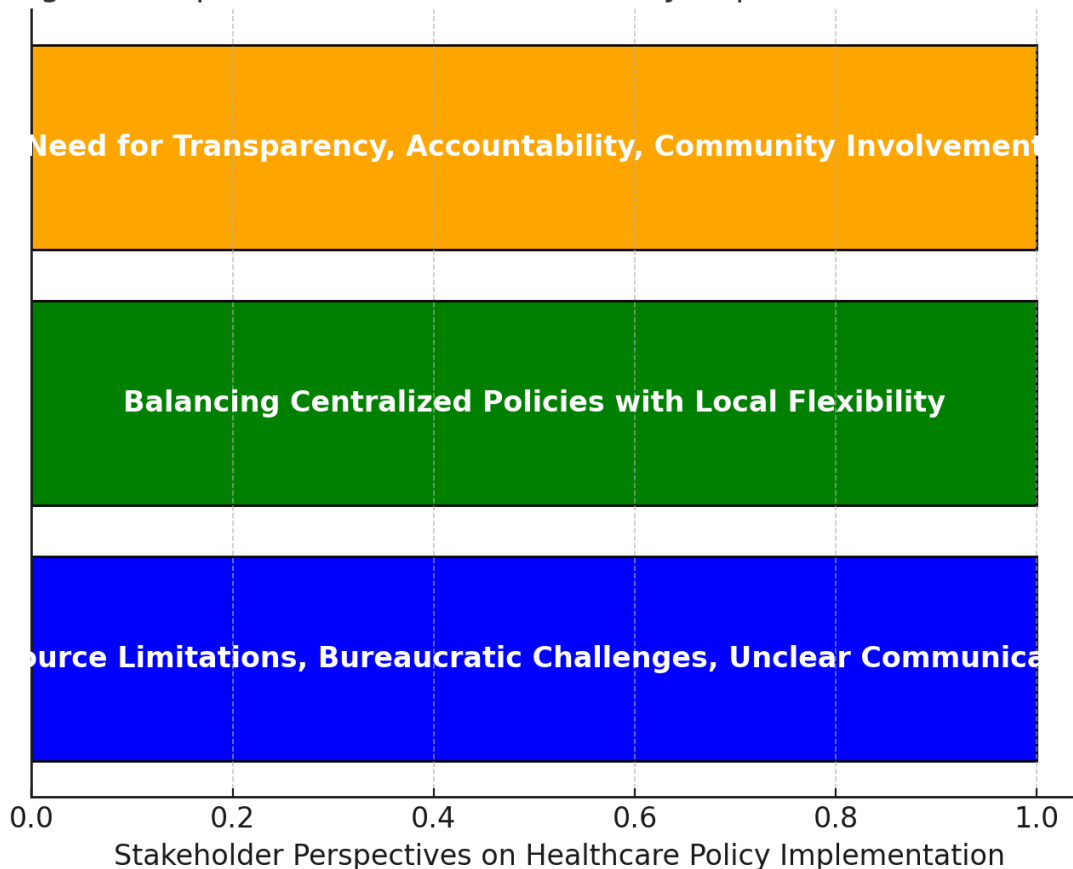
Balancing Healthcare Policy Implementation in Indonesia



Picture 4: Analysis of Stakeholder Perspectives



Divergent Perspectives on Healthcare Policy Implementation in Indonesia



Picture 5: Stakeholder Perspectives on Healthcare Policy Implementation

This visualization highlights the differing perspectives of three key stakeholders—healthcare providers, policymakers, and community representatives—on the implementation of healthcare policies in Indonesia.

Key Stakeholder Concerns:

1. Healthcare Providers (Blue Bar)
 - Expressed frustrations regarding resource limitations, which hinder the effective delivery of healthcare services.
 - Identified bureaucratic inefficiencies as a major obstacle, including administrative burdens and slow decision-making processes.
 - Unclear communication from central authorities was a significant concern, leading to confusion and inconsistencies in service provision.
2. Policymakers (Green Bar)
 - Emphasized the challenge of balancing centralized policy frameworks with regional flexibility.



- Recognized that uniform national policies often do not align with local conditions, making implementation difficult.
- Highlighted the complexity of maintaining oversight while allowing regional autonomy, particularly in resource allocation.
- 3. Community Representatives & Beneficiaries (Orange Bar)
 - Called for greater transparency and accountability in policy implementation.
 - Advocated for increased community involvement in decision-making to ensure that services align with local healthcare needs.
 - Expressed concerns about the lack of direct engagement between authorities and service users, leading to a disconnect between policy goals and actual healthcare experiences.

Key Insights & Implications:

- Tension Between Centralized Policy and Local Implementation: There is a gap between policy intentions at the national level and on-ground realities in healthcare delivery.
- Need for Tailored Regional Strategies: Policies must accommodate local conditions rather than adopting a "one-size-fits-all" approach.
- Importance of Governance and Communication: Strengthening institutional capacity and streamlining communication between policymakers and healthcare providers is essential for improving service delivery.
- Stakeholder Collaboration is Crucial: Bridging the perspectives of healthcare providers, policymakers, and community representatives will enhance healthcare equity and effectiveness in Indonesia.

B. Discussion

B.1 Critical Evaluation of Policy Implementation

The findings of this study highlight significant disparities between the intended outcomes of healthcare policy, particularly the Jaminan Kesehatan Nasional (JKN), and its actual implementation across Indonesia. Consistent with previous studies (Agustina et al., 2019; Mahendradhata et al., 2017), this research identifies major discrepancies in service quality, administrative effectiveness, and resource allocation between urban and rural areas. Such disparities are indicative of persistent structural and institutional weaknesses, which hinder the effective implementation of health policies at the local level. These findings support the argument by Laksono et al. (2021) that regional contexts significantly shape the outcomes of national healthcare policies, thus underscoring the necessity for context-sensitive implementation strategies.

4.2 Institutional and Governance Challenges

Institutional fragmentation emerged as a dominant issue in this research, corroborating prior findings (Putri et al., 2020). Fragmented governance structures, characterized by unclear roles and weak inter-agency coordination, frequently result in implementation inefficiencies. These institutional challenges are compounded by bureaucratic rigidity, which restricts flexibility

and responsiveness to local needs, as previously identified by Rokx et al. (2018). The study argues that addressing these governance and institutional issues requires comprehensive structural reforms, including clearer role definitions, streamlined bureaucracy, and enhanced inter-agency cooperation mechanisms.

4.3 Resource Constraints and Capacity Issues

This study further reveals substantial constraints regarding human and financial resources, which significantly impact policy outcomes. Consistent with the findings of Dartanto et al. (2020), limited capacity at local health institutions creates critical bottlenecks in policy implementation. Financial limitations also severely restrict the ability of regional health facilities to deliver adequate services, exacerbating existing healthcare inequalities across Indonesia. Addressing these constraints through targeted investments in capacity building and resource allocation is essential to improving policy effectiveness and reducing regional disparities.

4.4 Stakeholder Engagement and Public Awareness

Another critical dimension identified in this research relates to stakeholder engagement and public awareness. Despite extensive promotional campaigns, public understanding of the JKN policy remains inadequate, particularly among vulnerable groups and rural communities. Previous studies highlight the critical role of stakeholder involvement in ensuring policy success (Wiseman et al., 2019). Effective engagement fosters stronger policy acceptance and enhances community support, critical for sustainable policy implementation. This study reaffirms that successful healthcare policy implementation necessitates active participation and clear communication strategies targeted at diverse stakeholder groups to bridge informational gaps and ensure community buy-in.

4.5 Implications for Future Policy and Practice

The findings from this research carry significant implications for future healthcare policy formulation and practice. They underline the need for policies tailored explicitly to regional contexts, considering local institutional capacities and resource availability. Consistent with arguments made by Fossati (2021), developing adaptive policy frameworks that enable regional flexibility while maintaining national objectives is crucial for enhancing implementation outcomes. Additionally, this study underscores the importance of strengthening governance structures and improving inter-agency coordination to effectively respond to the diverse healthcare needs across Indonesia.

4.6 Recommendations for Strategic Improvements

Based on the insights generated by this research, several strategic recommendations emerge. Firstly, it is critical to enhance institutional collaboration and clarify governance roles at both national and local levels. Clear guidelines and accountability measures should be established to streamline bureaucratic processes and minimize administrative burdens. Secondly, targeted investments in human resource development and healthcare infrastructure must be prioritized, especially in underserved regions, to reduce regional disparities. Thirdly, policymakers should adopt comprehensive stakeholder engagement strategies to improve public

awareness and community involvement, enhancing policy legitimacy and effectiveness. Lastly, robust monitoring and evaluation frameworks should be established to identify implementation gaps promptly and inform continuous policy improvements.

Overall, this discussion highlights the complexity inherent in healthcare policy implementation in Indonesia and provides evidence-based insights and strategic recommendations aimed at addressing identified implementation barriers. By focusing on strengthening governance mechanisms, addressing resource constraints, and enhancing stakeholder engagement, Indonesian healthcare policies can become more equitable, effective, and responsive to local healthcare needs, ultimately achieving the goal of universal health coverage.

4. Conclusion

This study has highlighted critical factors influencing the implementation of healthcare policies, specifically the Jaminan Kesehatan Nasional (JKN), across different regions in Indonesia. Key findings reveal significant regional disparities due to varied institutional capacities, governance structures, operational complexities, and community engagement levels. The study underscores the necessity for tailored regional implementation strategies, improved governance frameworks, and enhanced stakeholder collaboration to bridge existing gaps between policy intentions and actual service delivery outcomes. The insights derived from this research contribute significantly to the existing body of knowledge on public policy implementation and healthcare governance, offering practical implications for policymakers and healthcare administrators aiming to achieve equitable and effective healthcare services. Further research is suggested to explore comparative studies across additional regions and deeper investigations into specific implementation mechanisms and governance structures.

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