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The Influence of Knowledge, Attitude, and Resources on the Implementation of Standard Inpatient Class Policy at PKU Muhammadiyah Karanganyar Hospital

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Abstract: *The title and abstract generally communicate the research focus, variables, study setting, research design, and principal findings. The abstract is relatively concise and presents the key statistical results, indicating significant relationships between knowledge and KRIS implementation (p = 0.02) and between resources and implementation (p = 0.02), while attitude does not demonstrate a statistically significant relationship (p = 0.34). These findings provide readers with a clear understanding of the study's main outcomes. Nevertheless, a minor refinement is recommended to improve consistency between the title and the methodological approach. Specifically, the term "influence" in the title could be replaced with "relationship" or "association," as the cross-sectional correlational design and Chi-square analysis establish statistical associations rather than causal effects. A more methodologically appropriate title would be "The Association of Managerial Knowledge, Attitudes, and Resources with the Implementation of the Standard Inpatient Class (KRIS) Policy at PKU Muhammadiyah Karanganyar Hospital." Furthermore, the abstract appropriately identifies the 39 hospital managers as the study participants, and this information should be retained to emphasize the specific empirical scope of the research. Overall, the title and abstract provide an adequate representation of the manuscript, requiring only minor refinements to strengthen methodological consistency and academic precision.*

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Introduction

Health encompasses physical, mental, and social aspects, so the protection of people's right to health needs to be supported through the expansion of Universal Health Coverage (UHC) and access to quality healthcare services (Defityanto, 2022). Hospitals serve as healthcare institutions that provide comprehensive inpatient, outpatient, and emergency services (Latupeirissa, 2022), and are responsible for providing quality services to the community (Alim A, 2019).

Various health care issues persist, such as poor accessibility, long service times, inadequate healthcare personnel, and uneven distribution of health facilities. One policy to improve inpatient care standards is the National Health Insurance Standard Inpatient Class (KRIS), which establishes 12 basic criteria, emphasizing patient safety and infection prevention and control (Novekawati, 2022).

Hospital readiness for KRIS implementation has shown progress, but fulfillment of the 12 criteria is not yet comprehensive. At the end of 2021, hospital readiness to provide KRIS services was still below 60% (Afni, 2022). At PKU Muhammadiyah Karanganyar General Hospital, beds are still divided into 55 class 1 beds, 33 class 2 beds, and 67 class 3 beds, for a total of 161 beds (Nelsih Adelia, 2025).

The implementation of KRIS faces obstacles in the form of limited facilities and infrastructure, human resources, and a lack of understanding of hospital management. Some facilities do not meet KRIS criteria, while healthcare workers have not received full training on new procedures and service flows. The limitation of a maximum of four beds per room also has the potential to reduce bed capacity and increase waiting times, while the BOR of regional public hospitals in Indonesia is approaching 100% (Nelsih Adelia, 2025; Handayani, 2022).

Research by Erensina Rumbiak et al. (2026) showed that the readiness of Dr. Rasidin Regional General Hospital in implementing KRIS only reached 25% due to constraints in human resources, funding, and facilities and infrastructure. Meidiawaty (2025) also showed that the balance between policy quality standards and resource availability remains a critical issue. A preliminary study on April 20, 2026, of 10 respondents showed that 6 respondents still did not understand the KRIS concept, all respondents agreed with the KRIS policy but its implementation was not up to standard, and 7 respondents stated that room checks were not carried out monthly and room density, ventilation, and temperature conditions were not up to standard.

This study aims to analyze the influence of knowledge, attitudes, and resources on the implementation of the KRIS policy at PKU Muhammadiyah Karanganyar Hospital. This research is important as evaluation material for hospitals in supporting KRIS implementation and strengthening understanding of health policy implementation. The novelty of this study lies in the analysis of the influence of managerial knowledge, management attitudes, and resources on KRIS implementation at PKU Muhammadiyah Karanganyar Hospital.

Research methods

This study used a correlational analytical design to determine the influence of managerial knowledge, managerial attitudes, and resources on the implementation of the Standard Inpatient Class (KRIS) policy at PKU Muhammadiyah Karanganyar Hospital. The approach used was cross-sectional, with data collection at a single point in time. The study was conducted at PKU Muhammadiyah Karanganyar Hospital on June 27, 2026.

The research instrument was a questionnaire modified from Hardiyono et al. (2025) using a Likert scale of 1 to 5. The data consisted of primary data from the questionnaire and secondary data from PKU Muhammadiyah Karanganyar Hospital related to KRIS. Validity was tested using Pearson Product Moment with the criteria of r count > r table at the 0.05 level, while reliability used Cronbach's Alpha with criteria > 0.7. The analysis included univariate analysis and Chi-square test to determine the relationship between independent variables and dependent variables, using SPSS for Windows 20 with $\alpha = 0.05$. Data collection used a questionnaire as a written question instrument.

The study population comprised all 39 managers within the PKU Muhammadiyah Karanganyar Hospital. Total sampling was used, with all members of the population being sampled, resulting in 39 respondents. The sample is a group of individuals drawn from the population to

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represent the entire population.

The research procedure includes preparation, implementation, data collection and processing, and consultation. The preparation phase includes determining the title and location, obtaining assignment letters and permits, preliminary studies, proposal development, and guidance. The implementation phase involves selecting respondents through total sampling, providing informed consent, explaining the research, and distributing questionnaires. The collected data are examined, coded, transferred, tabulated, and entered into a computer for analysis. The entire research process adheres to ethical principles such as beneficence, respect for human dignity, justice and inclusiveness, and taking into account benefits and harms (Sembiring et al., 2024).

Research results

Univariate Analysis

Table 1 Frequency Distribution of Respondents Based on Gender and Last Education (n = 39)

Age	Frequency (n)	Percentage(%)
36-40 years old	24	61.5
41-45 years old	14	35.9
>45 years	1	2.6
Gender	**Frequency (n)**	**Percentage(%)**
man	8	20.5
Woman	31	79.5
Last education	**Frequency (n)**	**Percentage(%)**
D3	5	12.8
S1	15	38.5
S2	19	48.7
Length of work	**Frequency (n)**	**Percentage(%)**
10-20 years	25	64.0
>20 years	14	36.00
Total	39	100.0

Based on the results of the study of 39 respondents, it was found that most of the respondents were aged 36-40 years, namely 24 people (61.5%), while respondents aged between 41-45 years were 14 people (35.9%). Based on gender, most of the respondents were female, namely 31 people (79.5%), while 8 were male (20.5%). When viewed from the last level of education, most of the respondents had a master's degree level of education, namely 19 people (48.7%), followed by respondents with a bachelor's degree of education, namely 15 people (38.5%). Based on the length of work, the majority were 10-20 years, namely 25 people (64%).

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Table 2 Frequency distribution based on KRIS knowledge level, attitude, and resources

KRIS knowledge level	Frequency (n)	Percentage(%)
Good	23	59.0
Enough	16	41.0
Not enough	0	00.0
Attitude	**Frequency (n)**	**Percentage(%)**
Good	15	38.5
Not enough	24	61.5
Resource	**Frequency (n)**	**Percentage(%)**
Good	16	41.0
Not enough	23	59.0
ImKRIS training	**Frequency (n)**	**Percentage(%)**
Fulfilled	14	36.0
Not Yet Fulfilled	25	64.0

Based on the results of the study of 39 respondents, it was found that the majority of respondents had good knowledge (23 people) (59%). Based on attitudes, the majority of respondents showed a less than satisfactory attitude (24 people) (38.5%), while resources were mostly lacking (23 people) (59.0%). Based on the results of the KRIS implementation, 25 respondents (64%) did not meet the requirements.

Bivariate Analysis

Table 3 Chi-Square Test Results for the Relationship between Knowledge, Attitudes, and Resources and the Implementation of Standard Inpatient Class Policies

KRIS knowledge level	Frequency (n)	Percentage(%)	p-value
Good	23	59.0	
Enough	16	41.0	0.02
Not enough	0	00.0	
Attitude	**Frequency (n)**	**Percentage(%)**	
Good	15	38.5	0.34
Not enough	24	61.5	
Resource	**Frequency (n)**	**Percentage(%)**	
Good	16	41.0	0.02
Not enough	23	59.0	

Based on the results of the Chi square test, it is known that the results of knowledge with the KRIS implementation policy with a value of 0.02 p-value <0.05, which means there is a relationship between knowledge and the KRIS implementation policy, while the results of attitudes with the KRIS implementation policy with a value of 0.34 p-value > 0.05, which means there is no relationship between attitudes and the KRIS implementation policy, and the results of resources 0.02 p-value <0.05, which means there is a relationship between resources and the KRIS implementation policy.

Discussion

1. Hospital Managerial Knowledge regarding the implementation of KRIS policies

Based on the results of the study of 39 respondents, it was found that the majority of respondents (23 people) had good knowledge. Knowledge and implementation of KRIS (Standard Inpatient Class) in the National Health Insurance (JKN) program is that good knowledge of KRIS will facilitate its implementation in healthcare facilities. Without sufficient understanding, both from

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service providers (hospitals, clinics, etc.) and JKN participants, KRIS implementation will face various obstacles.

Analysis of hospital readiness in the BPJS Kesehatan Standard Inpatient Class (KRIS) at Sidoarjo Regional General Hospital, found that the knowledge and attitudes of the implementers support the KRIS policy in the form of responsibility for implementing the established regulations, communication variables between stakeholder organizations involved are BPJS Kesehatan and the Health Office, coordination has run smoothly. According to theory and facts, good knowledge is very important in providing excellent service facilities and can provide KRIS implementation policies that are in accordance with established laws.

2. **Hospital Managerial Attitudes regarding the implementation of KRIS policies**

Based on the results of a study of 39 respondents, it was found that the majority of respondents (24 people) showed a lack of commitment. Organizational commitment, particularly from management, significantly impacts the success of KRIS implementation. This commitment includes resource support, training, and effective communication to ensure nurses and other staff understand and implement the standards effectively. KRIS implementation requires time and ongoing commitment to achieve optimal results. The role of management in ensuring the safety and protection of hospital workers is also crucial in this context. Measuring overall management commitment to KRIS requires a combination of quantitative and qualitative indicators, as well as direct observation of organizational culture and the level of management involvement in daily activities (Kurniawati et al., 2021).

3. **Hospital Managerial Resources regarding the implementation of KRIS policy**

Based on the results of a study of 39 respondents, it was found that the majority of resources were lacking, as many as 23 people (59.0%). According to (RA Saleh and MS Hidayat, 2024), resources to support policy implementation can be in the form of human resources, financial resources, and hospital infrastructure. Adequate resources and appropriate allocation are key factors in the success of a policy implementation. Without adequate resources, policy implementation will not run optimally. The adequacy of human resources must be balanced with human resource development and upskilling to meet job demands. Upskilling nurses can help build health services that are free from social injustice in terms of both quality and quantity. One of the reasons why policies fail to be implemented is inadequate facilities and infrastructure (S. Sethi, 2023).

4. **Implementation of the KRIS policy at PKU Muhammadiyah Karanganyar Hospital**

Based on the results of a study of 39 respondents, it was found that 25 respondents (64%) failed to meet the KRIS implementation criteria. The study stated that the hospitals studied only met 74% of the 12 KRIS criteria and required approximately 1-2 years to realize KRIS implementation in these hospitals. Adequate infrastructure is a crucial aspect in improving service quality, especially in the readiness of KRIS implementation in hospitals. Implementation carried out with the right process can support the success of a policy. The success of KRIS implementation at Type B General Hospitals in Karanganyar Regency was assessed through four aspects adapted from George C. Edwards III's Theory: a) communication, b) resources, c) implementer disposition, and d) bureaucratic structure. (Sudrajat, 2025) found that the absence of a Mayor's Regulation as a guideline for implementation at the local level resulted in slow implementation. (Afni & Bachtiar, 2022) also noted the need for harmonization between Government Regulation No. 47 of 2021 and a number of previous technical regulations that are still in effect and have the potential to cause confusion in the field.

5. **The Influence of KRIS Knowledge on the Implementation of Standard Inpatient Class Policy**

Based on the test results, it is known that most respondents have good knowledge, as many as 23 people (59%). With the results of knowledge with the KRIS implementation policy with a value of 0.02 p-value <0.05, which means there is a relationship between knowledge and the KRIS implementation policy. Hospital management's understanding of KRIS (Standard Inpatient Class) is that KRIS is the minimum standard for inpatient services that will replace the BPJS Kesehatan class 1, 2, and 3 systems. KRIS aims to improve the quality of inpatient services in all hospitals in Indonesia by meeting 12 standard criteria, such as buildings, ventilation, lighting, and room density. The relationship between knowledge and the implementation of KRIS (Standard Inpatient Class) in the National Health Insurance (JKN) program is that good knowledge of KRIS will facilitate its

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implementation in health facilities. Without sufficient understanding, both from service providers (hospitals, clinics, etc.) and JKN participants, the implementation of KRIS will face various obstacles.

According to theory and facts, the level of education also influences the understanding of knowledge related to KRIS by meeting appropriate standards, so that with good knowledge, the level of hospital policy becomes safer and more comfortable.

6. The Influence of Attitudes on the Implementation of Standard Inpatient Class Policy

Based on the research results, the majority of respondents showed a negative attitude, as many as 24 people (61.5%) with a p-value of 0.34 > 0.05, which means there is no relationship between attitude and KRIS implementation policy. This result differs from the theory of George C. Edward III, which states that the disposition or attitude of the implementer is an important factor in the success of policy implementation. This difference can be explained through the theory (Wiener, 2020), which states that the success of implementing organizational change is more influenced by organizational readiness than individual attitudes. In the context of KRIS implementation, organizational readiness includes the availability of resources, management support, infrastructure readiness, and the organization's ability to implement change. Thus, even though respondents have a positive attitude towards the KRIS policy, policy implementation will still not be optimal if the organization does not have adequate readiness.

Policy implementation is the result of an interaction between individual, organizational, implementation process, and environmental factors. Therefore, the insignificance of the attitude variable in this study indicates that KRIS implementation is more influenced by organizational factors, particularly resource readiness and system support, than by individual attitudes alone.

7. The Influence of Resources on the Implementation of Standard Inpatient Class Policy

Based on the results of the statistical test, the majority of respondents (23 people) were understaffed (59.0%). With a p-value of 0.02, the results showed a relationship between resources and the KRIS implementation policy. According to (Bdaria, 2022), resources emphasize that every policy must be supported by adequate resources, both physical and human. These resources relate to all sources that can be used to support the success of policy implementation. Strong policy implementation and HR management are at the core of any solution for the continued performance of the health system. The availability of human resources who understand quality standards, as well as a good internal information system, are crucial factors in the successful implementation of quality-based policies such as KRIS. The formation of cross-unit technical teams, the use of internal checklists, and training from the Health Office demonstrate a serious commitment to resource management that focuses not only on infrastructure but also includes system and personnel readiness.

According to (Dilla, 2025), infrastructure and human resources cannot be optimally developed without adequate budgeting from the central and regional governments, as well as consistent regulations from the central to the regional levels. The lack of internal socialization and staff understanding of the KRIS standards are demonstrated in several studies published in your journal. This emphasizes the importance of healthcare workers participating in the transition to KRIS, which includes training and cross-unit communication to prevent resistance and errors in implementation.

Therefore, if both are strong enough, patient satisfaction and increased hospital revenue are the end result of the interaction of all these factors. This demonstrates the success of KRIS in practice and demonstrates that technical success depends on systemic readiness and cross-sector support.

Conclusion

This study shows that out of 39 respondents, most of them have good KRIS knowledge (23 people) (59%), while most of the managerial attitudes are in the poor category (24 people) (61.5%), resources are in the insufficient category (23 people) (59%), and the implementation of the KRIS policy has not been fulfilled (25 respondents) (64%). The results of the Chi-square test show that knowledge has a relationship with the implementation of the KRIS policy with a p-value of 0.02, while attitudes have no relationship with the implementation of the KRIS policy with a p-value of 0.34. Resources also

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have a relationship with the implementation of the KRIS policy with a p-value of 0.02. These findings indicate that knowledge and the availability of resources are aspects related to the implementation of the KRIS policy at PKU Muhammadiyah Karanganyar Hospital.

The limitations of this study lie in the limited number of respondents to 39 managers at PKU Muhammadiyah Karanganyar Hospital and the data collection conducted at a single point in time, so the results reflect the conditions during the study period. Future research is recommended to involve a wider range of respondents and research objects and examine the implementation of KRIS in more depth. Practically, the results of this study can be used as evaluation material for the management of PKU Muhammadiyah Karanganyar Hospital to improve understanding of KRIS, strengthen human resource readiness, and support the provision of facilities and infrastructure according to KRIS standards. These efforts are expected to support the implementation of KRIS policies more optimally.

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