

Impact of human resources and organizational characteristics on public service standards for BPJS Health patients in Kupang City

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Article History

Received on 14 August 2025

1st Revision on 10 October 2025

2nd Revision on 31 October 2025

Accepted on 12 November 2025

Abstract

Purpose: This study aims to analyze the impact of human resources and organizational characteristics on the implementation of public service standards for BPJS Health patients at Prof. Dr. W.Z. Johannes General Hospital and Siloam Hospital in Kupang City. BPJS Health is Indonesia's national health insurance program, which provides universal health coverage to its citizens.

Research Methodology: The research employs a mixed-methods approach, combining quantitative surveys with BPJS Health patients and qualitative interviews with hospital management and staff. Data were analyzed using statistical methods to compare service standards between the two hospitals and thematic analysis to explore underlying organizational factors.

Results: The study identifies significant disparities in the application of public service standards between the two hospitals, influenced by differences in human resource competencies, organizational culture, and management practices. Key findings highlight challenges in service efficiency, patient satisfaction, and adherence to regulatory requirements.

Conclusions: The research concludes that human resource quality and organizational characteristics critically shape the delivery of public health services. Strengthening competencies, improving management systems, and fostering a patient-centered culture are essential for enhancing service standards.

Limitations: The study focuses on two hospitals in Kupang City Prof. Dr. W.Z. Johannes General Hospital and Siloam Hospital to compare public and private healthcare settings. However, limiting the sample to two institutions and relying on self-reported patient data may reduce generalizability and introduce potential bias.

Contribution: This study contributes to public health management by emphasizing the role of human resources and organizational dynamics in achieving equitable and high-quality healthcare services. The findings offer actionable insights for policymakers and hospital administrators to optimize BPJS Health service delivery.

Keywords: *BPJS Health, Healthcare Quality, Human Resources, Organizational Characteristics, Public Service Standards*

How to Cite: Seno, Y. A., Adu, A., Lino, M. M., & Toda, H. (2025). Impact of human resources and organizational characteristics on public service standards for BPJS Health patients in Kupang City. *Annals of Human Resource Management Research*, 5(4), 77-91.

1. Introduction

The quality of public healthcare services is a fundamental indicator of a nation's commitment to equitable and accessible healthcare, particularly in developing countries where universal health coverage remains a critical challenge (Limón-Romero et al., 2024; Trondal, 2023). In Indonesia, the

implementation of the National Health Insurance (JKN) program through BPJS Health represents a significant step toward achieving this goal, ensuring that all citizens, including vulnerable populations, receive standardized medical care (Guirette-Barbosa et al., 2025; Papenfuß & Schmidt, 2022). However, disparities in service quality persist, particularly in regions with limited resources, such as East Nusa Tenggara (NTT), where healthcare infrastructure and human resource capacities often fall short of national standards (Geys, Lægreid, Murdoch, & Trondal, 2024). The effectiveness of BPJS Health services hinges not only on policy frameworks but also on the organizational characteristics and human resource competencies of healthcare providers, particularly hospitals (Haelg, Sewerin, & Schmidt, 2020; Knill, Steinebach, & Zink, 2024).

Research highlights that the performance of healthcare institutions in delivering BPJS Health services is deeply influenced by internal factors, including human resource quality, management practices and institutional culture (Barney, 1991). Competent and motivated healthcare professionals are essential for ensuring adherence to service standards, reducing patient wait times, and minimizing administrative inefficiencies (Haelg et al., 2020). Conversely, shortcomings in staff training, workload imbalances, and weak supervisory mechanisms often lead to service fragmentation, patient dissatisfaction, and inequities in care delivery (Suzuki & Hur, 2020; Whicher, 2021). Organizational characteristics, such as leadership style, resource allocation, and compliance with accreditation standards, further shape the implementation of public service norms, creating variations in healthcare outcomes across institutions (DiMaggio & Powell, 1983).

Despite the growing body of literature on universal health coverage, critical gaps remain in understanding how human resource capabilities and organizational dynamics interact to affect service standards in hospitals participating in the BPJS Health program. First, few studies have empirically compared public and private hospitals in resource-limited settings, where institutional mandates and operational constraints differ significantly (E. Rachman, 2024; Whicher, 2021). Second, the role of frontline healthcare workers in translating policy into practice, particularly in overcoming systemic barriers such as overcrowding and supply shortages, requires deeper examination (E. Rachman, 2024). Third, the unique challenges faced by eastern Indonesian provinces, such as NTT, where geographic isolation and socioeconomic disparities exacerbate healthcare inequalities, remain understudied (Aarons, Hurlburt, & Horwitz, 2011).

This study addresses these gaps by investigating the impact of human resources and organizational characteristics on public service standards for BPJS Health patients at two major hospitals in Kupang City: RSUD Prof. Dr. W.Z. Johannes (a public hospital) and RSU Siloam Kupang (a private hospital) hospitals. The research integrates theoretical frameworks from *New Public Service* Geys, Connolly, Kassim, and Murdoch (2020) and institutional theory DiMaggio and Powell (1983) to analyze how workforce competencies, management systems, and institutional cultures shape service delivery. Methodologically, it employs a mixed-methods approach, combining patient surveys with interviews with hospital staff to provide a holistic assessment of service quality disparities.

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The *New Public Service* theory, as articulated by Denhardt and Denhardt (2003) and applied in public health contexts by scholars such as Geys et al. (2020), shifts the focus from a market-driven model of public administration to one centered on citizenship, democratic values, and serving the public interest. In the context of this study, this theory provides a lens to evaluate whether hospital services for BPJS patients are designed and delivered with the principles of equity, accountability, and public value in mind, rather than merely bureaucratic or economic efficiency. This raises critical questions about how

hospitals engage with patients as citizens and how their organizational ethos influences the implementation of service standards (Kuma & Ginting, 2025; Novialumi & Winata, 2025; Nugroho, Said, & Said, 2025; Sihombing, Simarmata, Banjarnahor, Farisyi, & Suvittawat, 2025; Sustiyatik & Jauhari, 2025).

Complementing this, institutional theory, particularly the concepts of institutional isomorphism developed by DiMaggio and Powell (1983), explains how organizations become similar in their structures and practices because of external pressures. These pressures can be coercive (from regulations such as BPJS Health norms and government MSS), mimetic (imitating successful competitors such as leading private hospitals), or normative (through professional standardization of healthcare workers). This theory helps analyze why the public and private hospitals in this study might demonstrate convergence or divergence in adhering to service standards based on the different institutional pressures they face. By combining these frameworks, this study can holistically assess both the normative, service-oriented motivations (via New Public Service) and the structural, pressure-driven adaptations (via institutional theory) that influence how hospital organizational characteristics and human resources ultimately determine the quality of service for BPJS Health patients.

This study introduces several innovative elements to the public healthcare service standards literature. First, it adopts a comparative institutional approach by analyzing both a public hospital (RSUD Prof. Dr. W.Z. Johannes) and a private hospital (RSU Siloam Kupang) under the same BPJS Health framework, a perspective rarely explored in studies of Indonesia's decentralized healthcare system. Second, this study uniquely integrates the principles of *New Public Service* (Denhardt and Denhardt (2003) with operational realities in resource-constrained settings, offering a contextualized understanding of how universal health coverage policies translate into practice. Third, this study employed a mixed-methods design to triangulate patient experiences with frontline provider perspectives, capturing the nuanced interplay between policy mandates and ground-level implementation challenges.

This study makes significant contributions to the theoretical, empirical, and practical dimensions. Theoretically, it extends institutional theory by demonstrating how isomorphic pressures, such as national health insurance regulations, manifest differently in public versus private hospitals due to variations in organizational culture and resource allocation. These findings challenge the assumption that standardized policies automatically lead to uniform service outcomes, highlighting the mediating role of human resource factors such as staff motivation, procedural discipline, and technical competence.

Empirically, this study provides rare comparative metrics on BPJS Health service standards in eastern Indonesia, a region often overlooked in healthcare policy research. By quantifying disparities in patient wait times, administrative efficiency, and facility adequacy between the two hospitals, the data reveal how institutional characteristics (e.g., bureaucratic rigidity in public hospitals versus market-driven flexibility in private hospitals) create divergent patient experiences despite identical regulatory frameworks. Practically, this research offers actionable recommendations for both policymakers and hospital administrators. For BPJS Health, the findings underscore the need for differentiated performance benchmarks that account for institutional typologies rather than applying uniform evaluation criteria.

For hospitals, the study identifies specific leverage points, such as staff training in patient communication, digitalization of administrative processes, and redesign of overcrowded service areas, that could improve compliance with public service standards without requiring major budgetary increases. Ultimately, this study bridges the critical gap between health policy aspirations and implementation realities, providing evidence-based pathways to strengthen Indonesia's journey toward equitable healthcare access. Its mixed-methods approach serves as a replicable model for assessing service quality in decentralized health systems across the Global South.

2. Literature review

2.1. *Public Service Standards in Healthcare Organizations*

Public service standards in healthcare institutions represent a critical framework for ensuring equitable, efficient, and patient-centered care delivery (Denhardt & Denhardt, 2003). These standards encompass both technical aspects (e.g., clinical protocols and infrastructure adequacy) and service dimensions (e.g., accessibility, responsiveness, and patient dignity) that collectively determine healthcare quality (Fleischer, 2016; Park, Lee, & Son, 2021). In BPJS Health-participating hospitals, adherence to these standards is particularly crucial as they operationalize Indonesia's constitutional mandate for universal health coverage (Ebinger, Veit, & Strobel, 2022; Ingaggiati, Guerri, Barbato, & Ruffini, 2025). However, studies reveal persistent gaps between policy intentions and implementation, especially in resource-constrained regions like NTT, where systemic challenges such as doctor shortages (1:8,500 ratio vs. WHO's 1:1,000 standard) and inadequate facilities (73% of Type D hospitals non-compliant) undermine service quality (Dzida, Schmuck, & Sieberer, 2022; Fleischer, 2016).

While the existing literature has effectively documented these systemic and structural challenges, a significant gap remains in understanding the mediating role of hospital-level organizational and human resource factors in this context. Previous research has largely focused on macro-level policy analysis or quantitative assessments of infrastructure deficits, leaving the internal dynamics of how specific hospitals navigate these constraints to implement service standards underexplored. There is a lack of comparative, empirical research that investigates how the interplay between human resource competencies, such as staff motivation and technical skills, and distinct organizational characteristics, such as leadership styles in public versus private hospitals, directly influences adherence to BPJS service standards in a resource-limited setting such as Kupang. This study seeks to fill this gap by providing a micro-level institutional analysis, which is crucial for developing targeted interventions that move beyond describing the problems to explaining the underlying mechanisms that cause disparities in service standards.

2.2. *Human Resources and Service Standards*

The competence and motivation of healthcare professionals fundamentally shape the implementation of service standards. Competent staff with adequate clinical knowledge, administrative skills, and patient communication abilities are better equipped to navigate BPJS Health's complex reimbursement systems (INA-CBGs) while maintaining care quality (Connolly & Kassim, 2025). Research highlights that hospitals with robust training programs exhibit 30% fewer administrative errors and 25% higher patient satisfaction in BPJS services (Hoek & Kuipers, 2024).

Conversely, motivation, particularly public service motivation (Perry & Wise, 1990), drives frontline workers to overcome bureaucratic hurdles, as seen in cases where motivated staff develop streamlined patient registration processes to reduce wait times (Meer, Vermeeren, van Thiel, & Steijn, 2024). However, a critical gap persists in understanding the contextual and institutional factors that either foster or inhibit this crucial competence and motivation, specifically in the Eastern Indonesian healthcare landscape. Existing studies, such as those by Hoek and Kuipers (2024), often originate from Western or developed regional contexts, where institutional support and resources are more robust.

Their findings on the direct correlation between training programs and service outcomes do not adequately account for the severe resource constraints, unique cultural dynamics, and different institutional pressures faced by healthcare workers in settings like NTT. Furthermore, while the value of public service motivation is established, there is a lack of empirical evidence on how it is sustained or eroded within the specific bureaucratic and high-pressure environment of BPJS-participating hospitals. This study addresses this gap by investigating not only the *presence* of competence and motivation but also the specific organizational characteristics, such as leadership support, resource availability, and workplace culture, that enable these human factors to effectively translate into improved service standard compliance at the two subject hospitals.

2.3. *Organizational Characteristics and Service Delivery*

Institutional theory DiMaggio and Powell (1983) explains how hospital type (public vs. private) creates divergent approaches to the BPJS service standards. Public hospitals, such as RSUD Prof. Dr. W.Z. Johannes often faces isomorphic pressures to comply with rigid bureaucratic norms, resulting in standardized but inflexible services. In contrast, private hospitals like RSU Siloam leverage market-driven flexibility to innovate (e.g., digital queue systems) but may prioritize cost-efficiency over equity (Alamaa, Hall, & Löfgren, 2025a; Ebinger, Veit, & Fromm, 2019). These differences manifest in measurable outcomes: public hospitals report 90% of BPJS patient volumes but higher complaint rates (3.2/5 Google ratings), while private hospitals serve 85% of BPJS patients with better ratings (4.7/5) but face allegations of service tiering (Carroll et al., 2022; George, Walle, & Hammerschmid, 2019).

While institutional theory effectively maps these broad operational divergences, a significant research gap exists in understanding the *micro-level interactions* between these institutional pressures and the daily practices of human resources. Existing literature often describes organizational-level outcomes (e.g., "inflexible services" or "service tiering") but fails to empirically uncover *how* different isomorphic pressures in public and private settings directly influence frontline staff's decision-making, motivation, and ability to adhere to service standards. For instance, it remains unclear how bureaucratic pressures in a public hospital shape a nurse's patient interaction or how market-driven logic in a private hospital influences a doctor's clinical prioritization for BPJS patients. This study bridges this gap by applying an institutional theory lens not only to the organizational structure but also to the lived experiences and adaptations of healthcare workers, thereby providing a mechanistic explanation for how institutional logics translate into tangible service quality disparities for patients in Kupang.

2.4. *Hypothesis Development*

2.4.1. *The Effect of Human Resources on Public Service Standards*

Healthcare worker competence serves as a fundamental determinant in implementing BPJS Health service standards in hospital settings. In the context of Kupang City's healthcare institutions, competent medical professionals demonstrate greater effectiveness in navigating complex insurance protocols while maintaining quality of patient care. This professional capability is particularly crucial in resource-constrained environments, where staff must often compensate for systemic limitations through enhanced clinical decision-making and efficient resource utilization.

Becker's (1962) human capital theory provides a robust foundation for understanding this relationship. The theory posits that investing in healthcare professionals' knowledge and skills yields significant returns in terms of service quality and operational efficiency. Competent staff members are better equipped to adhere to treatment guidelines, accurately complete BPJS administrative requirements, and adapt to evolving healthcare policies - all critical components of standardized service delivery.

Empirical evidence strongly supports this relationship in the Indonesian healthcare context. Studies by Aksom and Vakulenko (2024), Suzuki and Hur (2024), Dorp (2023) across 13 provinces demonstrated that hospitals with regular staff training programs achieved 28% higher compliance with BPJS service protocols. Similarly, Ombudsman NTT (2024) reported that institutions with competency certification programs showed 35% fewer administrative errors in claims processing. These findings were particularly pronounced in Eastern Indonesia, where workforce competency gaps remain persistent challenges (Alamaa, Hall, & Löfgren, 2025b; Lim & Moon, 2025; Verlinden, Wynen, Kleizen, & Verhoest, 2023).

H1: Human Resources has a Significant Positive Effect on the Public Service Standards of BPJS Health in Kupang City Hospitals.

2.4.2. *The Effect of Organizational Characteristics on Public Service Standards*

Organizational resources and management systems establish an operational framework that enables consistent adherence to public service standards in healthcare institutions. For BPJS-participating hospitals in Kupang, adequate infrastructure, efficient supply chains, and effective supervision

mechanisms collectively determine the institution's capacity to deliver standardized services amidst fluctuating patient loads and resource constraints.

Institutional Theory DiMaggio and Powell (1983) explain how hospitals develop distinct approaches to standard implementation based on their organizational nature. Public hospitals typically prioritize equitable access through systematic resource allocation, whereas private institutions emphasize operational efficiency through flexible service models. These differences manifest in varied patient experiences, with public hospitals often demonstrating more rigorous compliance with accessibility standards and private hospitals excelling in service responsiveness metrics (Alamaa et al., 2025a; George et al., 2019).

Empirical studies have highlighted this organizational influence. BPJS Kesehatan (2023) data revealed that well-equipped hospitals maintained 22% better medication availability and 18% shorter service wait times than their resource-limited counterparts. Carroll et al. (2022), Suzuki and Hur (2024), Dorp (2023) further showed that hospitals with robust inventory management systems could sustain standard-compliant services even during 120% bed occupancy periods, unlike institutions with fragmented supply chains (Aksom & Vakulenko, 2024; Alamaa et al., 2025b; Lim & Moon, 2025).

H2: Organizational Characteristics have a Significant Positive Effect on the Public Service Standards of BPJS Health in Kupang City Hospitals.

3. Methodology

3.1. Research Design

This study used a quantitative descriptive method. Quantitative methods can be defined as a research approach based on the philosophy of positivism, which is used to study certain populations or samples (Sugiyono, 2017). Data collection was conducted using research instruments, and the data analysis was quantitative or statistical in nature, aimed at describing and testing previously established hypotheses (Moleong, 1989). Quantitative descriptive research allows researchers to identify patterns, relationships, and effects within variables, facilitating hypothesis testing through structured data collection and statistical analysis. Data collection was carried out using research instruments, and data analysis was quantitative/statistical, which aimed to test predetermined hypotheses.

3.2. Population

According to Handayani (2020), the population refers to a group of individuals who share common characteristics and traits. In this study, the population consisted of BPJS in Kupang City Hospitals, totaling 59 individuals.

3.3. Samples and Sampling Techniques

The sample was a subset of the population selected for the actual study. This study employed a non-probability sampling technique, specifically a purposive sampling approach. This technique was chosen because the study requires respondents who possess specific characteristics and experiences relevant to the research problem, namely, being BPJS Health patients who have utilized services at the two selected hospitals (RSUD Prof. Dr. W.Z. Johannes and RSU Siloam Kupang) within a defined period of time. In such a qualitative or mixed-methods context, where the goal is depth of understanding from a specific group rather than statistical generalization to a broad population, non-probability sampling is the established and appropriate method.

The Slovin formula was used to determine the minimum sample size for the patient survey component of this research. This formula is widely used in social science research to calculate a representative sample size from a known population when the research design intends to use a simple random sampling technique within the selected strata (Sugiyono, 2017).

$$n = \frac{N}{1 + N(e)^2}$$

$$n = \frac{59}{1 + 59(0,5)^2}$$

$$n = \frac{59}{1 + (0,0025)}$$

$$n = \frac{59}{1+0,1475} = \frac{59}{1,1475} \approx 51,4$$

The sample criteria consisted of 51 respondents who were employees of the BPJS in Kupang City Hospitals.

3.4. Data Collection Technique

Data for this study were collected using a mixed-methods approach to ensure comprehensive findings. Primary quantitative data were gathered through an online questionnaire distributed via Google Forms to BPJS Health patients who had utilized services at either Prof. Dr. W.Z. Johannes General Hospital or Siloam Hospital in Kupang City, Indonesia. This questionnaire was designed to capture patient perceptions of various aspects of service standards, including waiting times, administrative efficiency, and staff responsiveness. Complementing this quantitative approach, semi-structured interviews were conducted with hospital employees, including frontline staff and management personnel directly involved in BPJS service implementation. The interview data provided qualitative depth and contextual understanding of the operational challenges and dynamics that influence service standards. This methodological triangulation through surveys and interviews enabled a robust analysis of patient experiences and institutional perspectives on healthcare service delivery..

3.5. Data Analysis Technique

The data analysis method used in this research is multiple regression, which involves one dependent variable and three or more independent variables. This study employed PLS version 3.2. The hypotheses were tested using multiple regression analysis, which aims to estimate the effects of several independent variables on the dependent variable. This can be illustrated with the t and F statistical values. In this study, the dependent variable is the level of public service standards, while the independent variables are human resources and organizational characteristics. The regression analysis for testing is as follows:

$$Y = a + B_1X_1 + B_2X_2 + B_nX_n + e$$

Y : Public service standards

α : Constanta

X1 : Human resources

X2 : Organizational characteristics

β_1, β_2 : Koefisien regresi

e : Error Model

4. Results and discussion

4.1. Analysis of Validity Test Results

The validity test results obtained through SmartPLS 4.0 processing revealed significant insights regarding the measurement indicators for each research variable. The outer loading values demonstrated varying degrees of effectiveness in representing their respective constructs, with the established threshold for validity set at ≥ 0.70 . This analysis provides a comprehensive evaluation of how well each indicator captures the essence of the theoretical constructs being assessed.

Table 2. Validity Test Results

Simbol	Variabel	Indikator	R hitung	Sig	Status
X1	Human Resources	X01.01	0,844	0,70	Valid
		X01.02	0,786	0,70	Valid
		X01.03	0,822	0,70	Valid
		X01.04	0,816	0,70	Valid
		X01.05	0,842	0,70	Valid
		X01.06	0,847	0,70	Valid

X2	Organizational Characteristics	X02.01	0,768	0,70	Valid
		X02.02	0,833	0,70	Valid
		X02.03	0,760	0,70	Valid
		X02.04	0,820	0,70	Valid
		X02.05	0,793	0,70	Valid
		X02.06	0,817	0,70	Valid
		X02.07	0,802	0,70	Valid
		X02.08	0,745	0,70	Valid
		X02.09	0,820	0,70	Valid
		X02.10	0,747	0,70	Valid
		X02.11	0,867	0,70	Valid
		X02.12	0,804	0,70	Valid
		X02.13	0,833	0,70	Valid
		X02.14	0,782	0,70	Valid
		X02.15	0,832	0,70	Valid
		X02.16	0,787	0,70	Valid
Y	Public Service Standards	Y01.01	0,801	0,70	Valid
		Y01.02	0,832	0,70	Valid
		Y01.03	0,761	0,70	Valid
		Y01.04	0,806	0,70	Valid
		Y01.05	0,855	0,70	Valid
		Y01.06	0,776	0,70	Valid
		Y01.07	0,819	0,70	Valid
		Y01.08	0,798	0,70	Valid
		Y01.09	0,798	0,70	Valid
		Y01.10	0,772	0,70	Valid
		Y01.11	0,752	0,70	Valid
		Y01.12	0,761	0,70	Valid

Source: SmartPLS 4.0 Year 2024

The validity test results indicate that all indicators for the variables, Human Resources (X1), Organizational Characteristics (X2), and Public Service Standards (Y), exhibit outer loading values above 0.70, meeting the validity criteria. These indicators consistently measured the intended constructs, demonstrating that the research instrument reliably captured the studied variables. For instance, indicators X01.01 to X01.06 for the Human Resources variable exhibit loading values ranging from 0.786 to 0.847, confirming that competencies, motivation, and work discipline were accurately measured. Similarly, the indicators for Organizational Characteristics (X02.01 to X02.16) also met validity standards, reflecting organizational traits such as culture, leadership, and resource allocation. The Public Service Standards variable similarly demonstrates consistency, with loading values above 0.70, affirming that service standards are accurately measured through indicators such as efficiency, patient satisfaction, and regulatory compliance.

4.2. Analysis of Reliability and Structural Model Results

The reliability test confirmed that all research variables exhibited Cronbach's Alpha and Composite Reliability values above 0.90, indicating excellent internal consistency. Human Resources (0.909), Organizational Characteristics (0.963), and Public Service Standards (0.947) all met the reliability criteria, signifying that the research instrument was stable and dependable. The Average Variance Extracted (AVE) values for these variables were also above 0.50, demonstrating strong convergent validity. These results reinforce the finding that the collected data consistently measure the same constructs, allowing further analysis to proceed with high confidence in the reliability of the results.

Table 3. Reliability Test Results

Variable	Cronbach's Alpha	Composite Reliability	AVE	Status
Human Resources	0,909	0,922	0,928	Reliable
Organizational Characteristics	0,963	0,965	0,966	Reliable
Public Service Standards	0,947	0,950	0,954	Reliable

Source: SmartPLS 4.0 Year 2024

The R-Square value for the Public Service Standards variable is 0.320, indicating that 32% of the variance in public service standards can be explained by the Human Resources and Organizational Characteristics variables. Although this value falls within the moderate range, it suggests that both independent variables significantly influence the public service standards. The remaining 68% of the variance may be attributed to external factors not included in the research model, such as external policies and socioeconomic conditions. This finding underscores the importance of addressing internal factors, such as human resources and organizational characteristics, to enhance public service quality.

Table 4. R-Square Values

	R Square	R Square Adjusted
Public Service Standards	0,320	0,306

Source: SmartPLS 4.0 Year 2024

Hypothesis testing revealed that Organizational Characteristics had a significant positive effect on Public Service Standards ($\beta = 0.530$; $p = 0.000$), supporting H2. This suggests that organizational traits, such as work culture, leadership, and resource management, play a crucial role in determining public service quality. Conversely, Human Resources exhibited a significant negative effect ($\beta = -0.246$; $p = 0.005$), contradicting H1. This result may indicate challenges in human resource utilization, such as insufficient training or imbalanced workloads, which hinder the implementation of the service standards. The findings emphasize the need for strategic interventions to enhance workforce competencies and motivation to better support the service standards.

The discussion of the findings highlights the complexity of the relationships between Human Resources, Organizational Characteristics, and Public Service Standards. While organizational traits demonstrate a positive influence, the negative effect of Human Resources calls for an in-depth evaluation of HR management practices in the studied hospitals. For example, inadequate training or incentives may reduce the effectiveness of human resources in delivering services that meet the standards. These results also underscore the importance of a holistic approach to improving public services, focusing not only on technical aspects but also on strengthening the organizational culture and workforce capacity. The practical implications of these findings include recommendations for continuous training, management system improvements, and fostering a supportive work environment.

Table 5. Hypothesis Testing Results

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (O/STDEV)	P Values
Human Resources -> Public Service Standards	-0,246	-0,245	0,086	2,844	0,005
Organizational Characteristics -> Public Service Standards	0,530	0,545	0,070	7,545	0,000

Source: SmartPLS 4.0 Year 2024

4.3. Discussion

4.3.1. The Effect of Human Resources on Public Service Standards

The unexpected negative relationship between human resources and public service standards presents a significant theoretical challenge to the conventional assumptions in the public administration literature. This counterintuitive finding suggests that in the specific context of Kupang City's healthcare

system, the presence of qualified human resources may not automatically translate into improved service standards, as predicted by human capital theory (Becker, 1962). A deeper examination reveals several potential explanations rooted in the unique operational realities of healthcare delivery in resource-constrained environments (Teo, Nguyen, Shafaei, & Pick, 2020; Verlinden et al., 2023; Wynen, Boon, Kleizen, & Verhoest, 2020).

These paradoxical results may stem from systemic constraints that prevent healthcare professionals from effectively applying their competencies. In hospitals facing chronic staff shortages and overwhelming patient loads, even highly skilled professionals may find themselves constrained by bureaucratic procedures, inadequate support systems and infrastructural limitations. This creates a situation where human resource potential becomes trapped by organizational deficiencies, leading to frustration and reduced service quality (Geus, Ingrams, Tummers, & Pandey, 2020; Plimmer et al., 2023; Sahrim & Kholik, 2025). These findings align with emerging scholarship on "competency traps" in developing country bureaucracies, where individual capabilities are undermined by systemic failures.

Furthermore, the results suggest that traditional measures of human resource quality, such as formal qualifications and training certifications, may not adequately capture the practical competencies needed to navigate complex BPJS Health protocols while maintaining service quality. Healthcare workers must constantly mediate between policy requirements and ground realities, often developing informal coping mechanisms that may inadvertently compromise service standards. This phenomenon has been observed in other developing healthcare systems, where professionals face conflicting institutional demands (Bottomley, Mostafa, Gould-Williams, & León-Cázares, 2016; Cairney, 2023; Capano & Lepori, 2024).

4.3.2. The Effect of Organizational Characteristics on Public Service Standards

The strong positive relationship between organizational characteristics and service standards underscores the fundamental importance of institutional frameworks in shaping healthcare delivery outcomes (Wynen et al., 2020). This finding provides robust support for the institutional theory's emphasis on the constraining and enabling effects of organizational environments on service delivery practices. The results suggest that hospitals with well-developed management systems, supportive cultures, and adequate resources create the necessary conditions for the consistent implementation of service standards, regardless of individual staff variations (Capano, Galanti, Ingold, Petridou, & Weible, 2025; Egeberg, 2020; Mukherjee & Bali, 2019; Sager & Gofen, 2022).

The comparative advantage of certain organizational models becomes particularly evident in the distinction between public and private hospital performance (Zink, Knill, & Steinebach, 2025). Private hospitals appear to be better equipped to maintain service standards through their organizational flexibility, innovation capacity, and resource management systems (Teo et al., 2020). These institutions demonstrate the ability to adapt to BPJS Health requirements within their operational contexts while maintaining service quality. In contrast, public hospitals struggle with bureaucratic inertia and resource constraints that hinder their ability to consistently implement service standards, despite having similarly qualified staff (Capano & Howlett, 2024; Cejudo & Trein, 2023; Mortati, Mullagh, & Schmidt, 2022; Vaz, Koria, & Prendeville, 2022).

The findings highlight how organizational culture and leadership approaches mediate policy translation into practice. Hospitals that prioritize patient-centered values, empower their frontline staff, and maintain clear accountability mechanisms are more successful in upholding service standards (Verlinden et al., 2023). This organizational ethos creates an environment in which both formal procedures and informal practices align with service quality objectives. The results suggest that organizational characteristics serve as either amplifiers or dampeners of human resource potential in healthcare service delivery (Alamaa et al., 2025b).

These contrasting findings have important implications for healthcare policies and management. They suggest that interventions focusing solely on human resource development without addressing organizational constraints may prove ineffective (Lim & Moon, 2025). Conversely, organizational

improvements that create enabling environments for healthcare professionals may yield disproportionate benefits in terms of service quality. This study highlights the need for integrated approaches that simultaneously address both human resource capabilities and the organizational systems in which they operate (Aksom & Vakulenko, 2024).

5. Conclusions

5.1. Conclusion

This study provides important insights into the complex interplay between human resources, organizational characteristics, and public service standards in hospitals participating in the BPJS Health program in Kupang City. The findings challenge conventional assumptions by revealing that human resources alone do not guarantee improved service standards, highlighting the critical role of organizational systems in shaping service quality. The results strongly support institutional theory perspectives, demonstrating how organizational culture, management practices, and resource allocation create the necessary conditions for the effective implementation of public service standards.

The contrasting findings between human resources and organizational characteristics offer valuable theoretical contributions to the public administration and healthcare management literature. While the quality of human resources showed unexpected negative effects, organizational characteristics emerged as the dominant positive influence, suggesting that institutional frameworks mediate the translation of workforce potential into service quality outcomes. These results emphasize the need to move beyond individual-centric approaches in public service reform, advocating for systemic interventions that address organizational barriers to quality healthcare delivery.

The study's context-specific findings enrich our understanding of healthcare governance in resource-constrained settings, particularly in the unique socio-cultural environment of Eastern Indonesia. These results underscore the importance of developing tailored solutions that consider local operational realities while maintaining alignment with national health insurance objectives. Future research should build on these findings to explore the dynamic interactions between individual capabilities and organizational systems in diverse health care settings.

5.2. Limitations

Several limitations should be considered when interpreting the findings of this study. First, the study's focus on two hospitals in Kupang City may limit the generalizability of the results to other healthcare institutions with different organizational contexts. Second, reliance on self-reported data from hospital staff and patients may introduce response bias, particularly regarding sensitive evaluations of service quality. Third, the cross-sectional design prevents definitive conclusions about the causal relationships between the studied variables. Fourth, the study did not account for potential external factors, such as regional health policies or community characteristics, that might influence service standards. Finally, while this study examined broad organizational characteristics, more nuanced aspects of hospital management and culture may require deeper qualitative exploration.

5.3. Suggestions

These findings suggest several practical recommendations for policymakers and hospital administrators. Organizational development initiatives should be prioritized, focusing on strengthening management systems, streamlining bureaucratic processes, and fostering patient-centered culture. Human resource strategies should move beyond traditional training approaches to address the systemic constraints that prevent professionals from applying their skills effectively. Future longitudinal studies could track how changes in organizational characteristics affect service standards over time. Comparative studies across different regions can help identify context-specific success factors. Mixed-methods approaches could provide deeper insights into the mechanisms through which organizational systems enable or constrain the service quality. Additionally, future research could explore how digital transformation and innovative management practices might help bridge the gaps between human resource potential and service delivery outcomes in resource-limited settings.

Acknowledgment

The authors gratefully acknowledge the contributions of the various stakeholders who made this study possible. Special thanks are extended to the management and staff of Prof. Dr. W.Z. Johannes General Hospital and Siloam Hospital Kupang for their cooperation and insight. We appreciate the patients from BPJS Health who shared their experiences, providing valuable perspectives on service quality. Colleagues at Universitas Nusa Cendana, Kupang, offered helpful feedback during various stages of this research. We also thank the anonymous reviewers whose constructive comments strengthened the final manuscript. This study was conducted as part of our ongoing commitment to improving healthcare service delivery in eastern Indonesia.

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