

Hospital Adaptation Strategies in the Face of Changes in Health Policies

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ABSTRACT

This study aims to analyze hospital adaptation strategies in facing changes in health policies, identify obstacles encountered during these processes, and formulate efforts to improve organizational readiness and resilience. A qualitative approach is utilized to explore the phenomena of adaptation, involving data collection through literature reviews of relevant books and scientific journals analyzed descriptively. Results indicate that managerial agility, digital transformation, and the strengthening of human resource capacity are the primary pillars for hospitals to maintain operational stability amidst frequently shifting regulations. Challenges frequently encountered include internal staff resistance to change, limitations in information technology infrastructure, financial pressure due to uncertain claim schemes, and overlapping bureaucracy between central and regional governments. Strategic efforts that can be pursued include establishing a regulation adaptation task force, investing in integrated information systems, and building a communicative and adaptive work culture. Collaboration through strategic partnerships between health facilities and periodic data-based performance evaluations are proven to strengthen the bargaining position and service effectiveness even when institutions are under pressure from dynamic policies.

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1. INTRODUCTION

The healthcare system is currently facing major challenges due to regulatory uncertainty that continues to change every year. Hospitals as primary service providers must be able to balance the demands of high-quality standards with operational efficiency in the midst of regulations that are often sudden. Failure to respond to these policy changes has the potential to reduce the quality of patient services and the financial stability of health institutions. Slow internal adjustments are often the main triggers for hospital failures in achieving accreditation targets and meeting the requirements for cooperation with social security providers (Abdulkadir et al., 2025).

Policy changes often require an overhaul of standard operating procedures (SOPs) that have been running for years in hospitals. Medical staff and operational management often experience resistance to adapting new systems due to lack of socialization and limited human resources ready to support policy transitions. This phenomenon creates a service gap that risks a decrease in patient satisfaction due to longer waiting times or increasingly complex registration bureaucracy. This condition requires a more mature risk mitigation mechanism so that operations continue to run even under the pressure of new regulations.

Financial instability arises as a real impact when hospitals are not quick to implement changes in health claims or financing schemes set by the government. Hospital revenues are often delayed or even unclaimable if the hospital management information system has not been properly integrated following central policy updates. Operational managers are required to innovate cash flow management to cover daily operating costs while the claims process is being processed. Continued financial pressures without proper adaptation strategies will have an impact on the reduction of medical facilities or the delay of the rejuvenation of medical devices.

Digital transformation is currently one of the key instruments required by the government in many of the latest health policies. Hospitals that still maintain manual systems tend to find it more difficult to follow real-time data reporting according to the demands of the latest regulations. Reliance on adequate information technology infrastructure requires significant investment as well as continuous staff training. The gap between the demands of government policies and the readiness of infrastructure in regional hospitals is often the root of the main problem that hinders the implementation of national health programs.

This study aims to analyze hospital adaptation strategies in dealing with changes in health policies, identify obstacles faced in the adaptation process, and formulate efforts that can be made to improve hospital readiness and resilience in responding to every policy change.

2. METHOD

The qualitative approach is used to understand in depth the phenomenon of hospital adaptation strategies in dealing with changes in health policies. This approach emphasizes the exploration of meaning, processes, and experiences that occur in the hospital organizational environment. The researcher sought to explore comprehensive information related to how hospitals responded to policy changes, including internal and external factors that influenced the adaptation process. The results of this approach are expected to be able to provide a clear picture of the strategy patterns applied and the realities that occur in the field.

The data collection technique is carried out through a literature study sourced from books and scientific journals that are relevant to the research topic. The book is used as a theoretical foundation to understand the concept of adaptation strategies, hospital management, and health policy. Scientific journals are used to obtain the results of previous related research, so that they can be comparative material as well as strengthen research arguments. The data collection process is carried out systematically by selecting credible, up-to-date sources, and in accordance with the focus of the research.

The data analysis technique is carried out in a qualitative descriptive manner through several stages, namely data reduction, data presentation, and conclusion drawn. The data that has been collected from various library sources is selected and simplified to find information relevant to the research problem. The presentation of data is carried out in the form of a structured narrative so that it is easy to understand. The final stage in the form of drawing conclusions is carried out by interpreting

data critically to produce a complete understanding of hospital adaptation strategies in dealing with changes in health policies.

3. FINDINGS AND DISCUSSION

Hospital Adaptation Strategies in Facing Health Policy Changes

Hospitals are required to have high managerial agility in order to be able to respond to various changes in health regulations that often change over time. Medical facility leaders need to conduct regular regulatory mapping to understand every detail of changes that affect day-to-day operations and long-term strategic plans. Data-based planning is the main key so that every adjustment is not just reactive, but based on careful calculations related to the availability of resources, service capacity, and projected financial impacts that may arise. All levels of management must ensure that each unit under them understands the essence of the change so that the implementation in the field runs synchronously and does not cause confusion for staff and patients (Septia et al., 2026).

Digital transformation is a crucial instrument that can accelerate the process of adaptation to new policy standards based on efficiency and real-time data reporting. Information technology infrastructure must be increased in capacity to be able to accommodate the needs of an integrated data management system, both for internal purposes and reporting obligations to the government or accreditation bodies. The presence of qualified electronic medical records allows hospitals to achieve significant administrative efficiency, so that medical personnel can focus more on the quality of clinical care rather than being stuck in slow manual bureaucracy. Investing in artificial intelligence-based decision support systems can also be an attractive option to minimize human error while ensuring compliance with the latest medical protocols that are frequently updated by relevant ministries.

Strengthening the capacity of human resources through continuous training plays a very vital role because every new policy almost always brings changes in workflows or service standards. Management needs to organize intensive workshops involving all staff, from medical personnel, nurses, to administrative officers, to ensure a uniform understanding of applicable regulations. A supportive learning environment must be built so that every employee does not feel burdened by change, but instead sees it as an opportunity to improve their professionalism in the field of health. Retention of talented talent is also a challenge that needs to be addressed through the provision of incentives and clear career paths so that they remain loyal even though the institution is in a period of adjustment that requires considerable energy and high focus (Rustandi, 2021).

Financial management must apply the principles of stricter transparency and efficiency when hospitals are faced with new payment schemes or financing systems. Periodic reviews of the operating cost structure need to be carried out so that each service unit remains on the path of profitability or at least reaches a sustainable break-even point. Diversification of superior services can be a smart strategy to keep revenue streams steady amid policy changes that may limit the scope of claims or certain service rates. Cooperation with various parties, including health insurance providers and other strategic partners, needs to be strengthened to create a resilient business ecosystem and be able to mitigate financial risks that may arise due to future regulatory uncertainty.

Strategic partnerships with other health institutions, such as networks of hospitals, health centers, and support service providers, are a crucial step in strengthening bargaining positions while expanding service reach. The collaboration allows for the exchange of information on best practices in the face of challenging regulations and opens up opportunities for joint procurement to reduce logistics or medical equipment costs. The use of a digitally integrated referral system can help keep patient flows neatly organized, so that the hospital's workload can be distributed more evenly according to the capacity of each service unit. This synergy also strengthens the position of hospitals as an integral part of the

broader national health system, so that government policies can be implemented more effectively through well-established coordination between health facilities (Rosita et al., 2023).

Periodic performance evaluations must be carried out to monitor the extent of the effectiveness of the adaptation steps that have been taken on regulatory compliance and patient satisfaction. Success indicators must be prepared clearly and measurably so that management has a solid foundation in making continuous improvements or pivoting strategies if significant obstacles are found in the field. Input from patients and their families is a valuable source of data to understand whether the changes implemented actually improve the quality of service or even cause unnecessary inconvenience. An adaptive organizational culture will make it easier for any evaluation to run without resistance, as the main focus is on improving the quality of medical services, which is the main mission of every healthcare facility wherever they operate.

Visionary leadership is a determining factor that unites all elements of the organization to remain in one vision even though they have to face drastic policy changes. Hospital leaders are required to be able to communicate the basic reasons for any policy change to all staff in easy-to-understand language, so that the sense of belonging to the institution's goals is well maintained. Collective mental toughness built through communication transparency will prevent internal divisions when organizations have to make massive efficiencies due to sudden regulatory adjustments. The balance between pursuing administrative targets and maintaining the essence of humanity in serving patients must be maintained so that the hospital's reputation as a public trust institution does not fade due to being trapped in mere technical interests (Putri & Adisasmito, 2024).

Obstacles Faced by Hospitals in the Process of Adapting to Changes in Health Policy

Resistance to change is a major obstacle that often arises from within the organization because many staff feel comfortable with old work patterns that have been carried out for years. Employees often view regulatory changes as an additional administrative burden that only consumes time and energy without providing direct benefits to the patient's clinical effectiveness. This passive resistance can take the form of decreased work enthusiasm to non-compliance with new procedures set by management. Changing the mindset of each individual takes a long time, especially if the newly implemented policy demands drastic changes in bureaucratic flows or the use of new technological systems that have not been fully mastered by senior medical personnel (Perdini et al., 2023).

The limitations of information technology infrastructure often make the digitalization process required by government policies significantly hampered. Many hospitals in the region do not have a centralized database system, so the integration between service units is interrupted and inaccurate when audited by health authorities. Hardware and software investments that require large costs are a financial burden in itself, especially for healthcare facilities with limited budgets. Technical glitches, such as frequent system downs or staff unpreparedness in operating digital devices, result in the patient service process being much slower than before.

The gap in human resource competencies becomes a serious obstacle when new policies require special skills that are not possessed by the current workforce. The training provided is often superficial or so short that staff do not really understand the technical substance of the new rules. The lack of specialists or IT staff who are able to manage the digital health system makes it difficult for hospitals to make a smooth transition. This gap has a direct impact on the quality of reported data, so there is often a mismatch between real conditions on the ground and reporting standards demanded by the central government (Mariawati et al., 2023).

The financial condition of hospitals is often under great pressure when new policies force tariff adjustments or changes in the claims mechanism that are often not in line with the actual operating costs. Payment uncertainty on the part of health insurers often causes cash flow to be disrupted,

ultimately limiting the ability of hospitals to innovate or rejuvenate facilities. Slow tariff adjustments amid inflation in the price of drugs and medical devices force management to make efficiency that sometimes comes at the expense of service quality or patient comfort. This financial instability makes strategic plans that have been carefully prepared forced to be postponed or canceled because management's priorities shift to the basic operational continuity aspect only.

The convoluted bureaucracy between the central and local governments often creates regulatory overlap that confuses hospitals in determining implementation priorities. Changes in rules that occur suddenly or are often revised without sufficient socialization make hospital management feel like they are walking in a place without a clear direction. The inconsistency of rules between the regional health office and the central ministry often poses a dilemma for hospital managers in determining which standards to follow to avoid administrative sanctions. This condition is exacerbated by a lengthy licensing process and sometimes inconsistent supervision, creating legal uncertainty that hinders the pace of institutional development (Hutagalung et al., 2024).

Rigid organizational cultures often hinder the hospital's speed of response in absorbing policy changes that demand high flexibility. Too long a hierarchy causes the decision-making process to be sluggish because every change has to go through a multi-layered bureaucratic chain. Non-transparent communication from the leadership level to the implementation level in the field often creates a fatal information gap, especially when there is a sudden change in medical protocols. The lack of involvement of frontline staff in the transition planning process makes them less likely to have a sense of ownership of new policies, so implementation at the grassroots level is often half-hearted or simply abdicates.

The lack of supporting infrastructure support, such as unstable internet connectivity or inadequate electricity supply in some regions, is a real but often forgotten technical constraint. Digitalization policies that require online reporting will be useless if hospitals are unable to maintain computer device operations due to these basic technical constraints. Patient complaints often arise because service systems are disrupted by data integration failures, so the hospital's reputation in the eyes of the public is threatened with drastically decline. This technical problem should be addressed through inter-agency cooperation, but the fact is that many hospitals have to struggle alone with infrastructure constraints that are beyond their internal control (Fachrurrozi et al., 2023).

Efforts That Can Be Made to Increase the Effectiveness of Hospital Adaptation to Health Policy Changes

The establishment of a special team or regulatory adaptation task force is a strategic first step to ensure that any policy changes are systematically monitored, analyzed, and followed upon. The team should be made up of cross-departmental individuals, from medical personnel, information management experts, to financial staff, to provide a holistic perspective on the impact of the new regulations on all aspects of operations. The team's main focus includes translating often complex technical regulations into practical work instructions that are easy for staff in the field to understand. The existence of this unit minimizes panic or organizational unpreparedness when new rules are suddenly issued by the government, so that policy transitions can be managed in a calmer and structured manner (Asrini et al., 2026).

Strengthening digital literacy and improving the quality of health information system infrastructure is absolutely necessary so that hospitals are able to meet increasingly stringent and integrated data reporting demands. Investing in an interoperable electronic medical record system allows for seamless data exchange between hospital internal and central health authorities, while reducing the potential for human error that often occurs due to manual record-keeping. Medical staff need to be equipped with periodic technical training to maximize the use of these new technologies, so

that digitalization is not just an administrative burden but a tool to accelerate the flow of patient services. Adequate hardware support and stable network connections must be ensured to be available in all operational areas to ensure the smooth running of the digital system at all times (Asmedi, 2025).

The implementation of continuous training for human resources is a long-term investment to build organizational resilience when facing changes in operational standard procedures. Learning methods must be tailored to the needs of each division, incorporating online sessions for theory and simulation of hands-on practice in the field to ensure each staff member is fully familiar with the new rules. Management needs to provide an open discussion space that allows staff to convey the obstacles they encounter during the adaptation process, so that any obstacles can be immediately resolved without having to wait for the problem to develop into a crisis. This capacity development is not only about meeting regulatory requirements, but also about improving professional competencies that will have a positive impact on the quality of medical services for patients (Agustina et al., 2023).

The preparation of a financial risk mitigation plan is a crucial part so that hospital operations continue to run smoothly when claims policies or rates undergo unfavorable adjustments. Financial managers must be able to simulate financial scenarios on a regular basis to predict potential losses due to regulatory changes and prepare emergency fund reserves as an economic cushion. Diversifying revenue through superior services that do not rely entirely on a single payment scheme can provide better cash flow stability in the long run. Transparency in budget management must also continue to be improved so that efficiency can be carried out in a targeted manner without having to reduce the quality of medical devices or the comfort of facilities for patients in need (Yunus et al., 2026).

Building an adaptive work culture through transparent internal communication will go a long way in reducing resistance from staff during policy transition periods. Hospital leaders are required to actively explain the fundamental reasons behind the policy change, emphasizing that these adaptations are done for the benefit of patients and the future sustainability of the institution. The involvement of frontline staff in every policy change planning process will foster a high sense of belonging, so they are more willing to actively participate rather than just carrying out instructions. A work environment that values innovation and creativity will make it easier for organizations to evolve quickly without having to be trapped in a rigid mindset that hinders institutional development (Ayu, 2025).

The development of strategic partnerships with other healthcare facilities and professional organizations can open up access to the exchange of best practices and technical support that is indispensable in the event of policy change. This collaboration allows hospitals to share the burden with each other, especially in terms of procurement of expensive technology or the training of specialist staff that cannot afford to bear it independently. Synergy between health facilities also creates a stronger voice when advocating or providing input to the government regarding policies that are considered burdensome or difficult to implement in the field. Through this network, hospitals can learn from the collective experiences of fellow health practitioners so that each adaptation step becomes much more effective and has minimal risk of failure (Mubarak, 2026).

Data-based performance evaluations carried out periodically will provide a real picture of the success of each adaptation effort that has been carried out by the hospital management. The use of key performance indicators must include aspects of regulatory compliance, cost efficiency, and patient satisfaction levels, so that the results of the evaluation can accurately reflect real conditions in the field. The findings of the evaluation process must be immediately integrated into the next planning cycle to make continuous improvements to the obstacles that are still found. Openness to criticism and suggestions from external parties, such as accreditation institutions and the government, is also very helpful in maintaining service standards to remain in line with the demands of health policies, which are increasingly dynamic and complex (Indarti et al., 2024).

4. CONCLUSION

In conclusion, the success of hospitals in responding to changes in health policies depends heavily on managerial agility, digital infrastructure readiness, and strengthening human resource competencies. The main obstacles that are often encountered include internal resistance, technological gaps, financial pressures due to the uncertainty of claims schemes, and overlapping bureaucracy between the central and local governments. Organizations that are able to integrate data-driven planning, transparent communication, and strategic partnerships will have better resilience in maintaining service quality even under drastically changing regulatory pressures.

The suggestion for hospital managers is the need to form a special task force that focuses on systematically monitoring and translating regulations so that implementation in the field runs synchronously and does not cause confusion for all staff. Management also needs to prioritize investment in integrated information systems and conduct periodic training to minimize operational errors that often occur due to workflow changes. Measurable indicator-based performance evaluation must be carried out consistently as a basis for continuous improvement, so that each adaptation step is able to improve operational efficiency while maintaining excellent service quality standards for patients.

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