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Universal Health Coverage and Hospital Service Satisfaction in Socio-Economically Vulnerable Tourism Areas

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Abstract

This study examines the implementation of Universal Health Coverage (UHC) at the Mataram City General Hospital—a referral facility situated in a socio-economically vulnerable, tourism-dependent area of West Nusa Tenggara, Indonesia. Service quality is assessed across three dimensions: (1) administrative service quality, (2) accessibility of health services, and (3) clinical service quality, framed against the challenges of achieving SDG 3 (Good Health and Well-Being), SDG 1 (No Poverty), and SDG 10 (Reduced Inequalities). Using a descriptive qualitative design, we conducted interviews, observations, and document analysis, and coded the data in NVivo 12 Plus. Findings indicate that administrative processes have improved in clarity, speed, and ease of registration; however, responsiveness and lengthy waiting times persist. Digital platforms have enhanced access, yet geographical barriers and a digital divide continue to constrain equity. Overall clinical quality is satisfactory but limited by insufficient empathy and suboptimal communication from health workers. The study contributes empirically by showing how systemic constraints—uneven resource allocation, workforce shortages, and infrastructure deficits—undermine UHC objectives in vulnerable, tourism-reliant settings. Policy implications include the need for area-based planning, stronger inter-agency coordination, and context-sensitive innovation to deliver more equitable and inclusive services across West Nusa Tenggara.

Keywords: *Hospital Service Satisfaction; Socio-Economically Vulnerable; Universal Health Coverage*

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Introduction

Policy may be understood as a consensus or agreement on an issue to achieve specified objectives by setting priorities and targets. While definitions vary, health policy refers to actions or approaches that shape the institutions and organisations of the health system, as well as health services and financing structures (Mbau et al., 2023; Mills, 2012). The Universal Health Coverage (UHC) policy seeks to improve the quality of health services for the whole population by raising standards and expanding hospital capacity (Faizi & Kazmi, 2017; Fox & Reich, 2015). Health policy supports the values upheld in society and organisations, pursues long-term goals, and guides strategic decision-making (Andrieiev et al., 2024). Achieving such goals requires innovation in outreach and effective collaboration between hospitals and wider service networks. In Indonesia, UHC is one of the health service policies regulated under the Law concerning the National Social Security System.

UHC is a system designed to ensure that all people can access high-quality health care without incurring significant financial hardship (Darrudi et al., 2022; Jaca et al., 2022; Yanful et al., 2023). Everyone has the right to equitable health services, reflecting providers' commitment to deliver high-quality, effective, accessible, and measurable care (Carroll & Walsh, 2024; Guzmán-Leguel & Rodríguez-Lara, 2025). In Indonesia, UHC commenced in January 2014 through the National Health Insurance, which aims to provide equal access to health services for all Indonesians (Pisani et al., 2016). The programme is founded on principles of justice, sustainability, and social protection (Rizky Perdana et al., 2022). Globally, UHC aspires to guarantee access to quality services at affordable cost for all residents (Bloom et al., 2018; Chapman, 2016). The Government's strategic steps toward UHC are stipulated in Minister of Health Regulation No. 71/2013, which provides the legal basis for service delivery within the national health insurance framework to protect population health and ensure access to comprehensive services. However, at Mataram City General Hospital, administrative constraints—such as long queues—have been reported to reduce public satisfaction, with service performance indicators declining toward the end of 2024. Evidence highlights the need to streamline administrative systems, accelerate processes, and strengthen patient–officer collaboration (Winarti & Djamhur, 2023).

Despite this regulatory foundation, disparities in UHC implementation persist, particularly in geographically and socio-economically vulnerable settings. West Nusa Tenggara Province illustrates these challenges: the distribution of health services is uneven; poverty rates remain high; infrastructure is limited; and geographic barriers impede access in remote islands such as Sumbawa and North Lombok. The province continues to struggle with key public health indicators—maternal and infant mortality and a high prevalence of stunting among children under five—reflecting chronic malnutrition and inequities in service provision. Although the UHC agenda aligns closely with Sustainable Development Goal (SDG) 3 on access to essential services and affordable medicines, progress in West Nusa Tenggara remains limited. Contributing factors include shortages of qualified health workers, inadequate infrastructure, and weak integration

between primary care and referral services. These structural constraints intersect with SDG 1 (No Poverty) and SDG 10 (Reduced Inequalities), as many residents are concentrated in informal employment with limited access to vocational training and social protection.

As the main referral facility treating approximately 400 patients daily, Mataram City General Hospital faces administrative inefficiencies—including queues, service delays, and constrained patient–staff communication—that depress public satisfaction even amid quality assurance and patient safety initiatives (Winarti & Djamhur, 2023). This reveals a central tension: while policy aims to guarantee equitable, high-quality care, administrative capacity and responsiveness remain critical bottlenecks. Prior UHC research has largely examined macro-level outcomes such as health-care costs (Prinja et al., 2012; Tang et al., 2012), socio-economic disparities (Malaviya et al., 2022; Norton et al., 2022), and national-level policy efficiency (Arhin et al., 2023; Eze et al., 2024). By contrast, fewer studies interrogate micro-level patient satisfaction with hospital administrative services, particularly in tourism-based localities such as Mataram, where seasonal population surges and economic vulnerability complicate service delivery and governance. Health problems in West Nusa Tenggara are summarised in Table 1.

Table 1. Health Problems in West Nusa Tenggara
Source: Processed by the authors (2025)

Problem Category	Problem Description	Related Data	Additional Notes
Regional Disparities	Uneven Distribution of Medical Personnel and Specialist Services	The Doctor-to-Population Ratio is Markedly Lower in Bima, Dompu, and West Sumbawa than in Mataram City	Ambulances and Medical Transport are Difficult to Access in Some Remote Sub-Districts
Basic Health Services	Limited Medical Personnel, Equipment, and Health-Centre Facilities, Particularly in Rural Areas and Small Islands	Many Community Health Centres Lack Inpatient Facilities, Laboratories, or Specialist Doctors	Service Provision is Concentrated in Mataram City
Nutrition and Stunting	High Stunting Prevalence Driven by Poor Nutrition, Poverty, and Limited Nutrition Education	Stunting in West Nusa Tenggara is Among the Highest in Indonesia	Central Lombok and Sumbawa Record Particularly High Prevalence

Scholars seldom assess UHC in terms of community satisfaction with administrative services, and few link the effectiveness of UHC implementation to broader outcomes such as stunting or maternal and child health—issues that are especially salient in West Nusa Tenggara. In this respect, coherence between health financing schemes and nutrition interventions is crucial yet under-explored. Accordingly, this study analyses the effectiveness of UHC implementation in improving the quality of administrative services and community satisfaction at Mataram City General Hospital, situated in a socio-economically vulnerable, tourism-intensive context. It also examines potential relationships between administrative efficiency under UHC and wider health outcomes—particularly stunting and maternal–child health indicators—which remain under-investigated in localised UHC assessments. Specifically, this study aims to: (1) evaluate the effectiveness of UHC implementation in improving administrative service quality and community satisfaction at Mataram City General Hospital, a key referral hospital in a socio-economically vulnerable, tourism-intensive region; and (2) explore potential linkages between administrative efficiency under UHC and broader health outcomes, especially the prevalence of stunting and maternal–child health indicators.

West Nusa Tenggara faces stark regional health disparities. Public resources are concentrated in Mataram, leaving peripheral districts chronically underserved. The Indonesian Doctors Association notes that specialist physicians cluster in Mataram while outlying areas have minimal coverage; officials likewise acknowledge uneven distribution of personnel and facilities, with many villages in mountainous or island sub-districts lacking basic infrastructure (Shan et al., 2024). In practice, most community clinics outside the capital provide only rudimentary outpatient care, with few inpatient beds, laboratories, or specialists, prompting patients to travel to Mataram for advanced services (Boutros et al., 2023). The result is a severe urban–rural access gap; doctors overwhelmingly prefer Mataram, where facilities and incentives are stronger, and avoid remote locales.

Chronic malnutrition further compounds these disparities (Putri et al., 2024; Rizal et al., 2022). Stunting prevalence in West Nusa Tenggara remains well above the national average and is linked to pervasive poverty, food insecurity, and limited maternal education. In sum, the province's health challenges are systemic: an inequitable distribution of clinicians and facilities leaves rural communities vulnerable; basic services outside Mataram are under-resourced; and persistent under-nutrition sustains high stunting rates across the province.

Research Methods

This study employs a descriptive qualitative approach comprising documentation, interviews, direct observation of ongoing events, and interpretive description of their significance. Qualitative research gathers rich, contextual information and uses the researcher as the primary instrument to integrate detailed materials, actions, and consequences, thereby revealing holistic and contextual features (Khoa et al., 2023). The

article is situated in the implementation of Universal Health Coverage (UHC) to examine community satisfaction with services at Mataram City Regional Hospital.

Data analysis was conducted using NVivo 12 Plus: sources were transferred to a computer and imported into the NVivo qualitative analysis environment. NVivo facilitates systematic organisation and interpretation of qualitative data (Edwards-Jones, 2014; Mortelmans, 2019).

To assess administrative performance at Mataram City Regional Hospital, three domains were specified: Administrative Service Quality, Health Service Accessibility, and Health Service Quality. Administrative Service Quality was operationalised as ease of registration, clarity of information, responsiveness, and data accuracy/suitability. Health Service Accessibility encompassed facility availability, travel distance, costs, waiting times, and access to basic services. Health Service Quality focused on overall service quality, medical care, patient safety, and patient satisfaction.

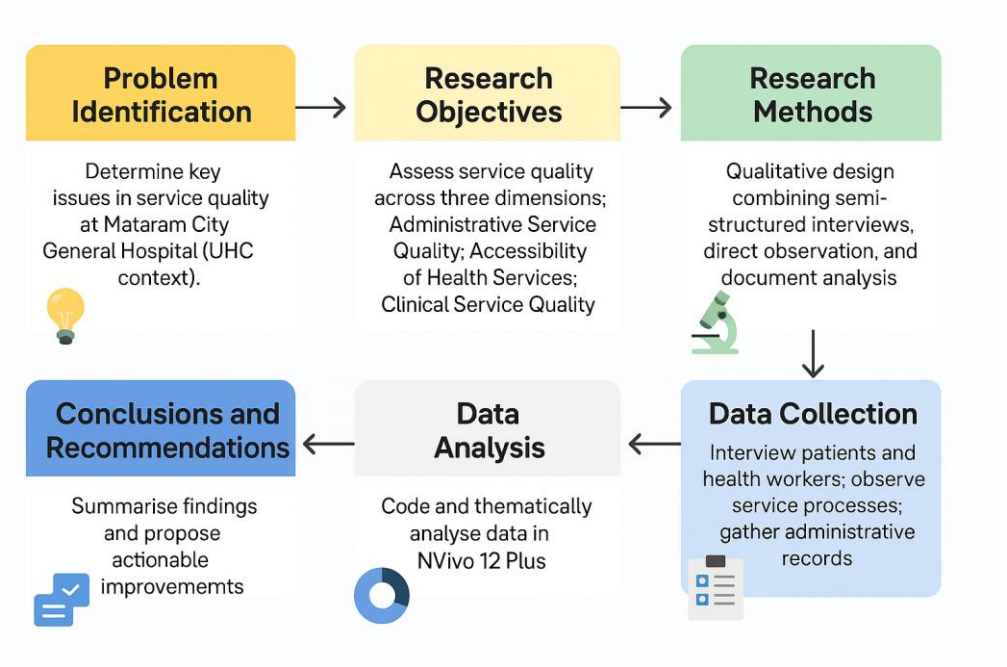

Figure 1. Research Procedure Flow
Source: Processed by the authors (2025)

Figure 1 depicts the sequential stages of the research: problem formulation; specification of research objectives; selection of methods; data collection; data analysis; and drawing conclusions. Problem formulation narrowed the focus to UHC and satisfaction with hospital services in socio-economically vulnerable tourism areas. The study aimed to analyse the impact of UHC implementation on community satisfaction, particularly among poor and vulnerable groups in settings characterised by unequal distribution of health services. Data collection comprised semi-structured interviews, direct observation, and document analysis. All materials were processed in NVivo 12 Plus to support organisation, coding, and visualisation of emerging themes.

To enhance the validity and reliability (trustworthiness) of the findings, several procedures were implemented prior to analysis: triangulation across data sources

(interviews, observations, and documents); member checking to verify transcription accuracy and interpretive claims with informants; and peer debriefing to maintain analytical transparency. Before import to NVivo, the dataset was screened and cleaned to remove irrelevant, incomplete, or inconsistent entries, ensuring a focus on high-quality, contextually relevant information. Within NVivo, thematic coding was guided by recurring keywords and concepts, and saturation was used to confirm that no new significant themes emerged, indicating data adequacy. These systematic steps support the credibility of the NVivo 12 Plus analysis and enable confident interpretation of results related to UHC and hospital service satisfaction.

Results and Discussion

Assessing health care quality is essential to building an effective and efficient system. Three core domains—Administrative Service Quality, Health Service Accessibility, and Health Service Quality—shape the patient experience. Accordingly, the findings reported here provide evidence base for better decision-making to improve health care standards. The relationships among these domains are illustrated in Figure 2.

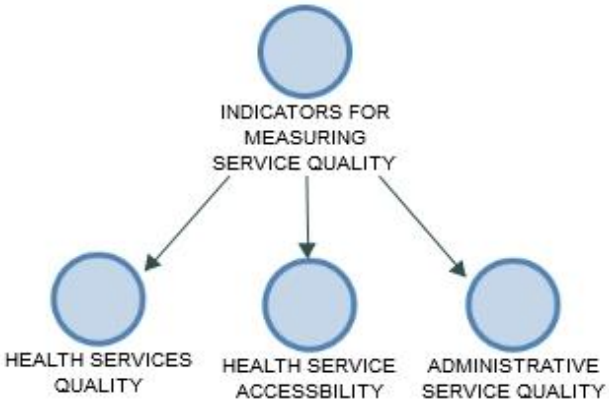

Figure 2. Indicators for Measuring Service Quality
Source: Analysis using NVivo 12 Plus (2025)

Figure 2 summarises the key findings and their interpretation. Significant results centre on the three indicators noted above, which are used to assess service quality at Mataram City Regional Hospital under the implementation of Universal Health Coverage (UHC). The study's conclusions are organised around these indicators and consider how UHC relates to public satisfaction with administrative services in this setting.

Administrative Service Quality

High-quality service is the aspiration of all segments of society; when achieved, it advances the effectiveness of government bureaucracy itself. In practice, however, various challenges and obstacles often arise in attempts to realise this goal. Poorly managed bureaucratic services—ineffective or inefficient—can erode public trust and

reduce the efficiency of governmental functions. Proper bureaucratic management is therefore essential to ensure optimal public service delivery and to enhance the quality of governance (Salam, 2023; Zafarullah & Huque, 2001). Public service refers to any activity undertaken by government or its implementing agencies to meet community needs (Bovaird, 2007; Kirlin, 1996).

Within the Universal Health Coverage (UHC) framework at Mataram City Regional Hospital, policy implementation prioritises fast and efficient administrative procedures to raise community satisfaction. Streamlined processes—such as easy registration—enable communities, especially underprivileged groups, to obtain health care without financial or administrative barriers. This reflects the success of UHC in providing affordable, quality services. Across levels of government, three core functions apply: serving the public, enabling development, and providing protection. In public administration, service denotes the calibre of bureaucrats' interactions with the community (Pepinsky et al., 2017; Wang et al., 2021). In health care, conventional quality dimensions—such as performance and reliability—are operationalised through standard operating procedures (SOPs), complaint-handling systems, service charters, and other documented protocols that seek to ensure consistent, accessible, and patient-centred care.

Figure 3. Word Frequencies Generated from the Data
Source: Analysis using NVivo 12 Plus (2025)

Health facilities in socially and economically vulnerable areas—such as West Nusa Tenggara Province—experience high patient volumes, signalling substantial demand amid persistent poverty, unequal access, and limited basic infrastructure. In this context, the quality of public service delivery is pivotal for addressing structural inequalities and strengthening public trust in government institutions. Visual evidence from the service environment indicates systematic improvement efforts (e.g., digital queue systems, bright and clean waiting rooms, and direct staff–patient interaction). The visible demographic diversity of service users underscores inclusive access, aligning with SDG 10 on reducing inequalities. This highlights the importance of equity- and diversity-oriented approaches in public service organisations (Kim & Park, 2017). In West Nusa

Tenggara, service quality that is responsive to socio-economic needs is critical to the effective implementation of UHC. The findings thus underscore that service quality is closely tied to local socio-economic dynamics and point to the need for adaptive and inclusive governance to uphold justice and equity in public service delivery.

Based on Figure 3, analysis of key elements in public services—particularly administration and UHC—shows that service quality and efficiency are central to increasing public access and satisfaction. Interviews with key informants indicate that major challenges at Mataram City Regional Hospital concern limited human resources and administrative constraints that impede service effectiveness. This finding is consistent with research noting similar barriers in several African countries, particularly shortages of health workers (Anyangwe & Mtonga, 2007). Moreover, salient keywords such as "service", "priority", and "information" emphasise the need for clear public information and efficient administrative governance to support even implementation of UHC. In the socio-economic context of West Nusa Tenggara—where many residents remain vulnerable and low-income—poor administrative quality risks deepening inequalities in access. Effective financial governance can help ensure fair resource allocation, transparency, and accountability within the health system (Barroy et al., 2024). Accordingly, the results indicate that improving service quality—encompassing administrative processes and financial management—is a prerequisite for a health system that is responsive to vulnerable socio-economic groups, while strengthening equitable and sustainable UHC implementation in West Nusa Tenggara.

Health Service Accessibility

Accessibility of health care refers to individuals' ability to receive care without physical, financial, or informational barriers and is a core component of Universal Health Coverage (UHC). It encompasses physical proximity, affordability, and awareness of available services. UHC seeks to minimise financial hardship by ensuring access to basic services, reducing costs, and improving public health literacy. This aligns with SDG 3 (Good Health and Well-Being), which emphasises expanding access to essential health services to achieve equitable health for all. Target 3.8 on UHC assesses how easily and affordably individuals can obtain preventive, curative, rehabilitative, and promotive services tailored to their needs. Reducing mortality, managing communicable and non-communicable diseases, and achieving optimal population health depends critically on the accessibility and affordability of health care.

Organisational effectiveness is pivotal for achieving institutional goals and is evidenced by an organisation's capacity to operate successfully (Matthews, 2011). Effectiveness involves maximising goal attainment while minimising resource waste and internal tensions (Aguilera et al., 2024). It may be evaluated through productivity, adaptability, co-operation, and harmony (Rampersad et al., 2010). In health care, these dimensions are closely connected to service accessibility—especially in socially and economically vulnerable settings. Key accessibility indicators include waiting time, service availability, and community satisfaction—measurable factors that are useful for policy evaluation (Cabrera-Barona et al., 2017).

In West Nusa Tenggara, a region marked by geographical and socio-economic constraints, improving accessibility is both a strategic imperative and a meaningful indicator of service effectiveness. Strengthening access is therefore not only consistent with UHC objectives; it also enhances organisational performance, reduces disparities, and improves overall community health outcomes (Matthews, 2011; Aguilera et al., 2024; Rampersad et al., 2010; Cabrera-Barona et al., 2017).

Health Service Quality

In public service delivery, qualitative assessment of service quality is often more complex than quantitatively measuring organisational profit or benefits (Cepiku & Mastrodascio, 2021; Rowley, 1998). Public service quality is commonly assessed across five fundamental dimensions: tangibles (adequacy of physical infrastructure and facilities), reliability (consistency and accuracy of delivery), responsiveness (ability and readiness to address community needs), assurance (knowledge, skills, and integrity of officials), and empathy (personal attention to users) (Wisniewski, 2001). Complementing these are six normative principles—transparency, accountability, conditionality, participation, equality of rights, and a balance between rights and obligations—which together underpin public legitimacy and satisfaction and are frequently highlighted as foundations for strengthening trust in government services.

The overarching aim of global health development is to ensure that everyone can access necessary, affordable, inclusive, and equitable health services (Chapman, 2016). This aim is encapsulated in Universal Health Coverage (UHC), which emphasises access to preventive, curative, rehabilitative, and promotive services irrespective of cost or location. In this respect, SDG 3 aligns with equitable access to quality health services, while SDG 1 relates to welfare governance and poverty reduction. Stunting remains a pressing concern in West Nusa Tenggara, closely associated with the quality of maternal and child health services, nutrition interventions, and health education.

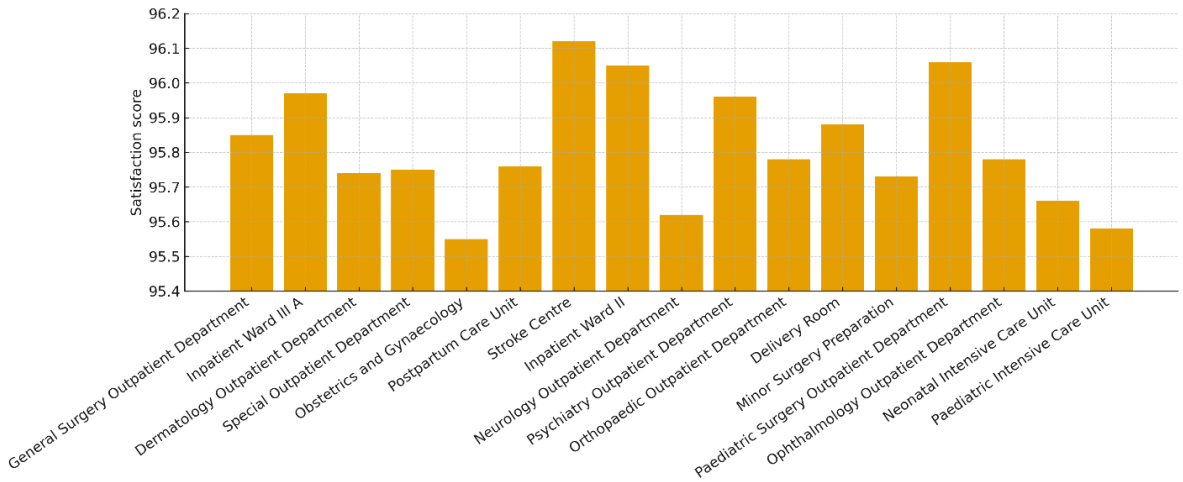

Figure 4. Community Satisfaction Index for Service Units
Source: Processed by the authors (2025)

Within health services, quality is determined by the degree to which services meet patients' expectations, comply with safety standards, and deliver effective clinical interventions (Mohammad Mosadeghrad, 2013; Strandås et al., 2024). Traditional quality dimensions—performance, reliability, ease of access, and aesthetic aspects—also remain important. Service effectiveness is reflected in optimal health outcomes, time efficiency, affordability, and the use of evidence-based practices (Walters et al., 2022). In socio-economically vulnerable areas such as West Nusa Tenggara, the urgency of improving service quality is heightened; integration of technical factors, human resources, and system governance is a principal determinant of fair, responsive, and high-quality public services.

Figure 4 shows that the Community Satisfaction Index (CSI) across service units at Mataram City Hospital is relatively stable, ranging from 94.5 to 97.0. Although scores vary by unit, most remain above 95, indicating high community satisfaction. Units such as the General Surgery Clinic and the Skin Clinic record consistently high scores, suggesting effective and responsive services. By contrast, the Plastic Surgery Clinic shows lower scores, signalling challenges in meeting user expectations. Fluctuations in CSI values may be influenced by waiting times, the quality of communication by medical personnel, and facility conditions. Sopamena et al. (2025) emphasised that effective clinician–patient communication is a key determinant of satisfaction, while Abdul Rahim and Mwanri (2023) found that long waiting times significantly reduce satisfaction. Xia et al. (2024) added that continuous evaluation based on satisfaction data is essential for decision-making to improve quality. In the socio-economic context of West Nusa Tenggara Province, variations between units indicate the need for an equality-based approach within UHC implementation. These results are thus an important instrument for assessing whether public services reach vulnerable groups fairly, efficiently, and with quality.

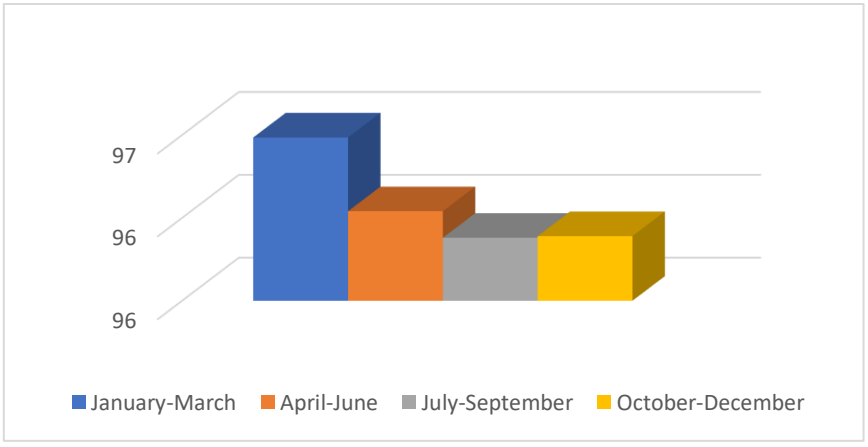

Figure 5. Public Satisfaction Index in 2024
Source: Processed by the authors (2025)

As depicted in Figure 5, the January–March period (blue) records the highest public satisfaction index—just over 97%. A notable decline appears in April–June (red), to around 96.5%, continuing into July–September (green), which approaches 96% (the annual low). October–December (purple) improves slightly but remains below the year's first-quarter level, illustrating the difficulty of sustaining very high satisfaction through 2024. International evidence offers useful points of comparison: in Thailand, Viryasiri et al. (2024) report the use of SERVQUAL to assess patient satisfaction in public hospitals; lower empathy towards the poor or towards populations in tourist areas reflects shortfalls in achieving UHC's equity values. SERVQUAL has also been applied elsewhere in developing countries, for example Umoke et al. (2020) in general hospitals, and in Malaysia, Rahim et al. (2021) combined SERVQUAL with social media analysis to evaluate hospital service quality.

Table 2. Collaboration to Achieve Universal Health Coverage in Mataram City
Source: Processed by the authors (2025)

Stakeholder	Percentage (%)
Social Service	97.49
Public Health Office	98.02
Health Social Security Administering Body	99.13
Mataram City General Hospital	95.50

Table 2 indicates that inter-agency collaboration in Mataram City to support UHC has yielded notable results. The Social Service (UHC participation rate 97.49%) helps vulnerable groups access services via the Health Social Security Administering Body. The Health Service (participation 98.02%) facilitates services and ensures facility readiness for UHC participants. Based on the latest data, the Health Social Security Administering Body (participation 99.13%) manages enrolment and access, and the City General Hospital (participation 95.5%) contributes to delivery. Overall, the high participation rates reflect effective synergy in ensuring access and quality. Nevertheless, Erlangga et al. (2019) show that inequalities in access persist—particularly between subsidised and uninsured groups—while Viryasiri et al. (2024) emphasise the need for policy reform and financing innovation to strengthen social health insurance systems.

According to Figure 6, administrative service quality—such as ease of registration, clarity of information, and an adequate number of polyclinics—contributes significantly to community satisfaction in West Nusa Tenggara. However, low staff responsiveness negatively affects perceptions, as reflected in the CSI. High accessibility—both online and offline at accessible locations—increases utility but waiting times remain a structural challenge. Facility availability and affordable costs support satisfaction, although complaints about staff interactions and security underscore areas for improvement.

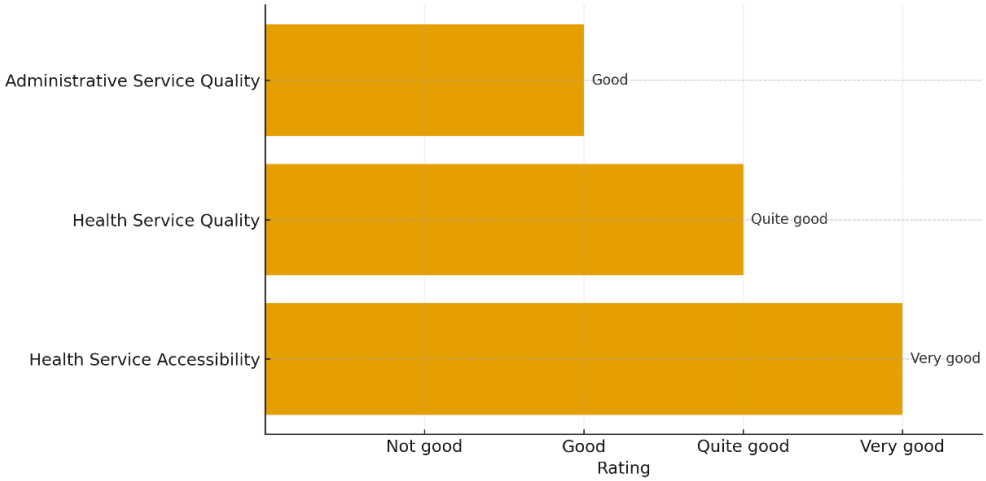

Figure 6. UHC Assessment Results at Mataram City Hospital
Source: Processed by the authors (2025)

In Thailand, Iamtrakul et al. (2024) report that limited empathy in services, especially for poor communities and in tourist areas, reflects inequalities in UHC implementation. In the diverse and vulnerable socio-economic context of West Nusa Tenggara, low service quality tends to exacerbate inequality. Hence, the relationship between service quality and socio-economic conditions is mutually reinforcing and requires an integrated response.

Figure 7. Word Frequencies Generated from the Data
Source: Processed by the authors (2025)

Finally, Figure 7 illustrates the relationship between “service” and “satisfaction”, highlighting dimensions of administrative service quality that significantly influence patient satisfaction, particularly accurate information and service efficiency. This aligns with Shen et al. (2023), who emphasise the importance of service efficiency in shaping public perceptions. The terms “coverage” and “accessibility” indicate structural access problems highly relevant to West Nusa Tenggara, where poor and vulnerable groups

frequently face obstacles to basic services. Infrastructure availability and government support are also critical determinants of service quality. In this context, e-government—as discussed by the World Bank and operationalised in practice—can be a strategic instrument to improve transparency, efficiency, and public participation (Alfaro-Ponce et al., 2023). Overall, the findings underscore the need for synergy among administrative quality, accessibility, and infrastructure support to address socio-economic disparities in West Nusa Tenggara.

Conclusion

The implementation of Universal Health Coverage (UHC) at Mataram City Hospital is associated with high levels of community satisfaction, chiefly through improvements in administrative service quality, health service accessibility, and health service quality. Micro-level evidence from interviews, observations, and document analysis (organised and coded in NVivo 12 Plus) shows that streamlined registration, clearer information, and better data accuracy support positive perceptions; however, staff responsiveness and waiting times remain binding constraints that depress satisfaction for certain units, as reflected in CSI variation across clinics. These findings reinforce the core premise that UHC success hinges not only on the availability of basic services but also on responsive frontline administration, effective communication, and the operational capacity to deliver consistently across units and over time.

In a province marked by geographical and socio-economic vulnerability, the equity promise of UHC depends on reducing access frictions—travel distance, time costs, and information gaps—and on co-ordinated inter-agency action to keep participation high and pathways simple. The study underscores three actionable levers. First, digital hospital information systems (e.g., queue management, e-registration, and transparent service updates) can shorten throughput times and raise perceived fairness. Second, spatially targeted micro-policies—including outreach to islands and peripheral districts, mobile/telehealth options, and adaptive staffing—can mitigate uneven clinician distribution and infrastructure gaps. Third, administrative quality assurance (routine satisfaction tracking, standard operating procedures, and feedback loops) is necessary to sustain gains and address unit-level disparities. Taken together, these strategies align UHC delivery with SDG 3 (Good Health and Well-Being) by improving timely access to preventive, curative, rehabilitative, and promotive services, while also advancing SDG 10 (Reduced Inequalities) through fairer distribution of service capacity.

The West Nusa Tenggara context—characterised by uneven deployment of health workers, under-resourced primary facilities beyond Mataram, and persistently high stunting—points to system-level issues that demand joined-up solutions. Strengthening maternal–child health services, nutrition counselling, and targeted protection for low-income households links UHC execution to stunting reduction, thereby contributing indirectly to SDG 1 (No Poverty) through improved human capital. In practical terms, the hospital and city authorities can prioritise: (1) responsiveness reforms (service scripts, wayfinding, and real-time triage); (2) appointment and referral optimisation across

primary and referral care; (3) data governance that integrates CSI, complaints, and clinical safety indicators for timely corrective action; and (4) equity safeguards for tourist-season surges and hard-to-reach communities.

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References

Abdul Rahim, R., & Mwanri, L. (2023). Health Workforce Crisis: Recruitment and Retention of Skilled Health Workers in the Public Health Sector in Malaysia. *Asia Pacific Journal of Public Administration*, *34*(2), 157–170. https://doi.org/10.1080/23276665.2012.10779392

Aguilera, R. V., De Massis, A., Fini, R., & Vismara, S. (2024). Organizational Goals, Outcomes, and the Assessment of Performance: Reconceptualizing Success in Management Studies. *Journal of Management Studies*, *61*(1), 1–36. https://doi.org/10.1111/joms.12994

Alfaro-Ponce, B., Alfaro-Ponce, M., Muñoz-Ibáñez, C. A., Durán-González, R. E., Sanabria-Zepeda, J. C., & González-Gómez, Z. L. (2023). Education in Mexico and technological public policy for developing complex thinking in the digital era: A model for technology management. *Journal of Innovation and Knowledge*, *8*(4). https://doi.org/10.1016/j.jik.2023.100439

Andrieiev, I., Trehub, D., Khatsko, K., Sokolovska, I., & Ganzhiy, I. (2024). Strategic management in healthcare: the impact of strategic decisions on achieving organizational goals and improving the quality of healthcare services. *Multidisciplinary Science Journal*, *6*, 2024ss0217. https://doi.org/10.31893/multiscience.2024ss0217

Anyangwe, S. C. E., & Mtonga, C. (2007). Inequities in the Global Health Workforce: The Greatest Impediment to Health in Sub-Saharan Africa. *International Journal of Environmental Research and Public Health*, *4*(2), 93–100. https://doi.org/10.3390/ijerph2007040002

Arhin, K., Oteng-Abayie, E. F., & Novignon, J. (2023). Assessing the efficiency of health systems in achieving the universal health coverage goal: evidence from Sub-Saharan Africa. *Health Economics Review*, *13*(1), 25. https://doi.org/10.1186/s13561-023-00433-y

Barroy, H., Yameogo, P., Blecher, M., Sabignoso, M., Piatti, M., & Kutzin, J. (2024). Public Financial Management: A Pathway to Universal Health Coverage in Low-and-Middle

Income Countries. *Health Systems and Reform*, *10*(3). https://doi.org/10.1080/23288604.2024.2368051

Bloom, D. E., Khoury, A., & Subbaraman, R. (2018). The promise and peril of universal health care. *Science*, *361*(6404). https://doi.org/10.1126/science.aat9644

Boutros, N. N., Gjini, K., & Arfken, C. L. (2011). Advances in electrophysiology in the diagnosis of behavioral disorders. *Expert Opinion on Medical Diagnostics*, *5*(5), 441–452. https://doi.org/10.1517/17530059.2011.604675

Bovaird, T. (2007). Beyond Engagement and Participation: User and Community Coproduction of Public Services. *Public Administration Review*, *67*(5), 846–860. https://doi.org/10.1111/j.1540-6210.2007.00773.x

Cabrera-Barona, P., Blaschke, T., & Kienberger, S. (2017). Explaining Accessibility and Satisfaction Related to Healthcare: A Mixed-Methods Approach. *Social Indicators Research*, *133*(2), 719–739. https://doi.org/10.1007/s11205-016-1371-9

Carroll, B., & Walsh, K. (2024). Interrogating the effectiveness of service engagement for underserved populations in complex health and social care systems: towards an equitable engagement strategy. *International Journal for Equity in Health*, *23*(1), 197. https://doi.org/10.1186/s12939-024-02272-7

Cepiku, D., & Mastrodascio, M. (2021). Equity in Public Services: A Systematic Literature Review. *Public Administration Review*, *81*(6), 1019–1032. https://doi.org/10.1111/puar.13402

Chapman, A. R. (2016). Assessing the universal health coverage target in the Sustainable Development Goals from a human rights perspective. *BMC International Health and Human Rights*, *16*(1), 33. https://doi.org/10.1186/s12914-016-0106-y

Darrudi, A., Ketabchi Khoonsari, M. H., & Tajvar, M. (2022). Challenges to Achieving Universal Health Coverage Throughout the World: A Systematic Review. *Journal of Preventive Medicine and Public Health*, *55*(2), 125–133. https://doi.org/10.3961/jpmph.21.542

Edwards-Jones, A. (2014). Qualitative data analysis with NVIVO. *Journal of Education for Teaching*, *40*(2), 193–195. https://doi.org/10.1080/02607476.2013.866724

Erlangga, D., Ali, S., & Bloor, K. (2019). The impact of public health insurance on healthcare utilisation in Indonesia: evidence from panel data. *International Journal of Public Health*, *64*(4), 603–613. https://doi.org/10.1007/s00038-019-01215-2

Eze, P., Idemili, C. J., & Lawani, L. O. (2024). Evaluating health systems' efficiency towards universal health coverage: A data envelopment analysis. *Inquiry: The Journal of Health Care Organization, Provision, and Financing*, *61*. https://doi.org/10.1177/00469580241235759

Faizi, N., & Kazmi, S. (2017). Universal health coverage - There is more to it than meets the eye. *Journal of Family Medicine and Primary Care*, *6*(1), 169. https://doi.org/10.4103/jfmpc.jfmpc_13_17

Fox, A. M., & Reich, M. R. (2015). The Politics of Universal Health Coverage in Low and Middle-Income Countries: A Framework for Evaluation and Action. *Journal of Health Politics, Policy and Law*, *40*(5), 1023–1060. https://doi.org/10.1215/03616878-3161198

Guzmán-Leguel, Y. M., & Rodríguez-Lara, S. Q. (2025). Assessment of Patients' Quality of Care in Healthcare Systems: A Comprehensive Narrative Literature Review. *Healthcare*, *13*(14), 1714. https://doi.org/10.3390/healthcare13141714

Iamtrakul, P., Chayphong, S., Seo, D., & Trinh, T. A. (2025). Geo-spatial analysis of transit planning for sustainable tourism development in Bangkok, Thailand. *Journal of Asian Architecture and Building Engineering, 24*(4), 3018-3029. https://doi.org/10.1080/13467581.2024.2366808

Jaca, A., Malinga, T., Iwu-Jaja, C. J., Nnaji, C. A., Okeibunor, J. C., Kamuya, D., & Wiysonge, C. S. (2022). Strengthening the Health System as a Strategy to Achieving a Universal Health Coverage in Underprivileged Communities in Africa: A Scoping Review. *International Journal of Environmental Research and Public Health*, *19*(1), 587. https://doi.org/10.3390/ijerph19010587

Khoa, B. T., Hung, B. P., & Brahmi, M. H. (2023). Qualitative research in social sciences: data collection, data analysis and report writing. *International Journal of Public Sector Performance Management*, *12*(1/2), 187–209. https://doi.org/10.1504/IJPSPM.2023.132247

Kim, S., & Park, S. (2017). Diversity Management and Fairness in Public Organizations. *Public Organization Review*, *17*(2), 179–193. https://doi.org/10.1007/s11115-015-0334-y

Kirlin, J. J. (1996). What Government Must Do Well: Creating Value for Society. *Journal of Public Administration Research and Theory*, *6*(1), 161–185. https://doi.org/10.1093/oxfordjournals.jpart.a024298

Malaviya, S., Bishai, D., Soni, M. M., & Suliman, E. D. (2022). Socioeconomic disparities in healthcare utilization under universal health coverage: evidence from Dubai household health survey. *International Journal for Equity in Health*, *21*(1), 90. https://doi.org/10.1186/s12939-022-01691-8

Matthews, J. R. (2011). Assessing Organizational Effectiveness: The Role of Performance Measures. *The Library Quarterly*, *81*(1), 83–110. https://doi.org/10.1086/657447

Mbau, R., Musiega, A., Nyawira, L., Tsofa, B., Mulwa, A., Molyneux, S., Maina, I., Jemutai, J., Normand, C., Hanson, K., & Barasa, E. (2023). Analysing the Efficiency of Health Systems: A Systematic Review of the Literature. *Applied Health Economics and Health Policy*, *21*(2), 205–224. https://doi.org/10.1007/s40258-022-00785-2

Mills, A. (2012). Health policy and systems research: defining the terrain; identifying the methods. *Health Policy and Planning*, *27*(1), 1–7. https://doi.org/10.1093/heapol/czr006

Mohammad Mosadeghrad, A. (2013). Healthcare service quality: towards a broad definition. *International Journal of Health Care Quality Assurance*, *26*(3), 203–219. https://doi.org/10.1108/09526861311311409

Mortelmans, D. (2019). Analyzing Qualitative Data Using NVivo. In *The Palgrave Handbook of Methods for Media Policy Research* (pp. 435–450). Springer International Publishing. https://doi.org/10.1007/978-3-030-16065-4_25

Norton, J. M., Grunwald, L., Banaag, A., Olsen, C., Narva, A. S., Marks, E., & Koehlmoos, T. P. (2022). Racial and Socioeconomic Disparities in CKD in the Context of Universal Health Care Provided by the Military Health System. *Kidney Medicine*, *4*(1), 100381.

https://doi.org/10.1016/j.xkme.2021.08.015

Pepinsky, T. B., Pierskalla, J. H., & Sacks, A. (2017). Bureaucracy and Service Delivery. *Annual Review of Political Science*, *20*(1), 249–268. https://doi.org/10.1146/annurev-polisci-051215-022705

Pisani, E., Olivier Kok, M., & Nugroho, K. (2016). Indonesia's road to universal health coverage: a political journey. *Health Policy and Planning*, czw120. https://doi.org/10.1093/heapol/czw120

Prinja, S., Bahuguna, P., Pinto, A. D., Sharma, A., Bharaj, G., Kumar, V., Tripathy, J. P., Kaur, M., & Kumar, R. (2012). The Cost of Universal Health Care in India: A Model Based Estimate. *PLoS ONE*, *7*(1), e30362. https://doi.org/10.1371/journal.pone.0030362

Putri, E. A. C., Hakim, F. A., Purwanto, E., Izzatunnisa, N., I'tishom, R., Hasanah, U., & Rejeki, P. S. (2024). Prevention of stunting with nutrition and reproductive health education of adolescents in West Lombok, West Nusa Tenggara, Indonesia. *World Journal of Advanced Research and Reviews, 22*(2), 994–999. https://doi.org/10.30574/wjarr.2024.22.2.1429

Rampersad, G., Quester, P., & Troshani, I. (2010). Examining network factors: commitment, trust, coordination and harmony. *Journal of Business & Industrial Marketing*, *25*(7), 487–500. https://doi.org/10.1108/08858621011077727

Rizal, S., Sumarni, S., Aji, A. S., Fatimah, F. S., & Sarwadhamana, R. J. (2022). Stunting Prevention Program of West Sumbawa Regency Health Office: A Qualitative Study in West Nusa Tenggara, Indonesia. *Open Access Macedonian Journal of Medical Sciences*, *10*(T8), 211–214. https://doi.org/10.3889/oamjms.2022.9496

Rizky Perdana, N., Adhasari, G., & Puspitaloka Mahadewi, E. (2022). Challenges and Implementation of Universal Health Coverage Program in Indonesia. *International Journal of Health and Pharmaceutical (IJHP)*, *2*(3), 589–596. https://doi.org/10.51601/ijhp.v2i3.97

Rowley, J. (1998). Quality measurement in the public sector: Some perspectives from the service quality literature. *Total Quality Management*, *9*(2–3), 321–333. https://doi.org/10.1080/0954412989171

Salam, R. (2023). Improving Public Services in Realizing Good Governance in Indonesia. *Endless: International Journal of Future Studies*, *6*(2), 439–452. https://doi.org/10.54783/endlessjournal.v6i2.192

Shan, L., Gan, Y., Yan, X., Wang, S., Yin, Y., & Wu, X. (2024). Uneven primary healthcare supply of rural doctors and medical equipment in remote China: community impact and the moderating effect of policy intervention. *International Journal for Equity in Health*, *23*(1), 97. https://doi.org/10.1186/s12939-024-02183-7

Shen, L., Li, J., & Du, X. (2023). An improved evaluation method for public service efficiency from the perspective of residents′ perception. *Environmental Impact Assessment Review*, *102*, 107205. https://doi.org/10.1016/j.eiar.2023.107205

Sopamena, Y., Sutiawan, R., Visser, M. J., Dadun, D., Damayanti, R., Anshari, D., Yang, L., Peters, R. M. H., & Zweekhorst, M. B. M. (2025). What matters most in Cirebon, Indonesia: cultural nuances to health-related stigma. *Global Public Health*, *20*(1), 2497918. https://doi.org/10.1080/17441692.2025.2497918

Strandås, M., Vizcaya-Moreno, M., Ingstad, K., Sepp, J., Linnik, L., & Vaismoradi, M. (2024).

An Integrative Systematic Review of Promoting Patient Safety Within Prehospital Emergency Medical Services by Paramedics: A Role Theory Perspective. *Journal of Multidisciplinary Healthcare*, *Volume 17*, 1385–1400. https://doi.org/10.2147/JMDH.S460194

Tang, S., Tao, J., & Bekedam, H. (2012). Controlling cost escalation of healthcare: making universal health coverage sustainable in China. *BMC Public Health*, *12*(S1), S8. https://doi.org/10.1186/1471-2458-12-S1-S8

Umoke, M., Umoke, P. C. I., Nwimo, I. O., Nwalieji, C. A., Onwe, R. N., Emmanuel Ifeanyi, N., & Samson Olaoluwa, A. (2020). Patients' satisfaction with quality of care in general hospitals in Ebonyi State, Nigeria, using SERVQUAL theory. *SAGE Open Medicine*, *8*(10), 1369. https://doi.org/10.1177/2050312120945129

Viryasiri, T., Laovisutthichai, V., Sangnin, K., Dhanakoses, K., Roopkaew, P., & Viryasiri, P. (2024). Hospital design principles implementation: Reflections from practitioners in Thailand. *Journal of Asian Architecture and Building Engineering*, *23*(1), 43–56. https://doi.org/10.1080/13467581.2023.2215842

Walters, J. K., Sharma, A., Malica, E., & Harrison, R. (2022). Supporting efficiency improvement in public health systems: a rapid evidence synthesis. *BMC Health Services Research*, *22*(1), 293. https://doi.org/10.1186/s12913-022-07694-z

Wang, F., Jun, K.-N., & Wang, L. (2021). Bureaucratic contacts and their impact on citizen satisfaction with local government agencies: The influence of expectation. *Public Policy and Administration*, *36*(1), 41–68. https://doi.org/10.1177/0952076719840065

Winarti, W., & Djamhur, B. S. (2023). Hospital Readiness in Implementing Phase One Global Budget Trial in Sumedang District. *International Journal of Business, Economics, and Social Development*, *4*(2), 100–106. https://doi.org/10.46336/ijbesd.v4i2.428

Wisniewski, M. (2001). Using SERVQUAL to assess customer satisfaction with public sector services. *Managing Service Quality: An International Journal*, *11*(6), 380–388. https://doi.org/10.1108/EUM0000000006279

Xia, H., Liu, M., Wang, P., & Tan, X. (2024). Strategies to enhance the corporate innovation resilience in digital era: A cross-organizational collaboration perspective. *Heliyon*, *10*(20). https://doi.org/10.1016/j.heliyon.2024.e39132

Yanful, B., Kirubarajan, A., Bhatia, D., Mishra, S., Allin, S., & Di Ruggiero, E. (2023). Quality of care in the context of universal health coverage: a scoping review. *Health Research Policy and Systems*, *21*(1), 21. https://doi.org/10.1186/s12961-022-00957-5

Zafarullah, H., & Huque, A. S. (2001). Public Management for Good Governance: Reforms, Regimes, and Reality in Bangladesh. *International Journal of Public Administration*, *24*(12), 1379–1403. https://doi.org/10.1081/PAD-100105944