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Hospital Management and Quality Service for Low Income Communities in Realizing Equitable Access

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A B S T R A C T

This article examines hospital management and quality service for low income communities. The discussion synthesizes scholarly publications concerning governance, leadership, resource allocation, staff conduct, patient centered care, access barriers, community trust, continuous improvement, information systems, supply chains, facilities, communication training, performance measurement, and cross sector partnerships. The central question is how hospital management can provide excellent service to people with limited financial means. The review finds that quality service for low income patients depends on explicit commitment to equity, simple procedures, respectful staff, reliable supply of medicines, clean facilities, and transparent monitoring. Financial protection and fair pricing are also essential. No single managerial tool is sufficient. Hospital leaders must combine planning, human resource development, patient feedback, and community engagement. The article proposes a conceptual framework that links managerial decisions to the experience of poor patients. It offers guidance for hospital managers, policy makers, and health educators. Further inquiry is encouraged across diverse hospital settings. The framework emphasizes fairness, dignity, and accountability as core values in hospital service. It also highlights the need for leadership that listens to poor patients and adjusts routines accordingly.

INTRODUCTION

Health systems in many countries face pressure to provide quality services for all levels of society. The World Health Organization (2000) affirms that the main goals of a health system include improving health, responding to public expectations, and ensuring fair financial protection. Hospitals, as referral service units, bear a heavy burden in achieving these goals. Hospital management determines how human resources, drugs, equipment, and budgets are allocated to serve patients (Zhao, 2023). The Institute of Medicine (2001) reminds us that health services that are safe, timely, efficient, equitable, and patient-centered are standards that must be pursued. For poor communities, access to quality services is often hindered by cost, distance, and administrative procedures. Issalillah and Mardikaningsih (2022) show that marginalized people may face limited mobility and a lack of reliable information, which increases their vulnerability in obtaining equal protection. Vulnerable patients need legal measures from the government so that their right to health social security is fulfilled (Wuryani et al., 2023). Therefore, good hospital management needs to address these barriers systematically (Chletsos & Saiti, 2019).

Fairness in health services is a fundamental moral principle for hospital management. Whitehead and Dahlgren (2007) explain that health inequity arises when differences in health status and access to services are avoidable. Low-income people often face a greater disease burden while having less ability to pay. Psychological pressure arising from these conditions can add to their health burden (Khayru & Issalillah, 2022). Sen (2001) emphasizes that true development includes the expansion of human freedom, including the freedom to obtain adequate health services. Hospitals stand at the meeting point between public policy and individual needs.

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Managerial decisions on tariffs, queues, and service priorities directly affect vulnerable groups (Aljuaid et al., 2021). For this reason, the responsibilities of the government and private parties need to be accompanied by clear accountability mechanisms (Gunena et al., 2024). Hospital management cannot be separated from considerations of social justice.

Hospital management covers the functions of planning, organizing, leading, and controlling. Shortell and Kaluzny (2000) describe that healthcare organizations require a structural design that can adapt to environmental change. Mintzberg (2009) adds that managing an organization requires a balance between strategic direction and sensitivity to the needs of implementers. In hospitals, these functions take place in a complex environment because they involve medical personnel, nurses, administrative staff, and patients. Decisions on patient flow, doctors' schedules, and bed availability affect service quality. A clear administrative framework also makes hospitals better prepared to manage services during emergencies (Vitrianingsih et al., 2022). For poor patients, complicated procedures can become an additional barrier. Understanding of policies and procedures, including in submitting health insurance claims, often determines whether services run smoothly (Hakim et al., 2024). Well-organized management helps reduce these barriers and smooth access (Wasik et al., 2024).

Hospitals are referral centers for public health services. Hospitals play an important role in providing comprehensive, quality health services (Lethy et al., 2023). Hospital service quality can be assessed through structure, process, and outcome. Donabedian (2003) developed this framework to assess the extent to which health services meet established standards. Structure covers resources, facilities, and personnel; process covers interactions between patients and service providers; outcome covers changes in health status and patient satisfaction. Orderly recording of patient data, including electronic medical records, is part of process quality and has a legal dimension (Kholis et al., 2023). Parasuraman, Zeithaml, and Berry (2002) emphasize that service quality is also determined by patients' perceptions of reliability, responsiveness, assurance, empathy, and tangibles. The accountability of health facilities in serving patients with heavy care needs also determines service quality (Wahyusetiawan et al., 2024). For poor communities, empathy and responsiveness are very important dimensions because they often feel neglected. Hospital management needs to translate these quality dimensions into daily operational policies (Ullah & Khan, 2018).

The barriers that poor people face in accessing hospital services are layered. Peters and colleagues (2008) identify financial, geographic, organizational, and sociocultural barriers that are interrelated. Direct costs such as fees and medicines, as well as indirect costs such as transportation and lost income, become a heavy burden. Gilson (2003) highlights that trust in health institutions influences people's decisions to seek help. When patients feel they are treated unfairly or made to struggle, they tend to delay treatment. As a result, the disease becomes more severe and treatment costs increase. Psychological pressure from a worsening illness can also raise the risk of other health problems (Issalillah, 2022). Hospital management faces the task of reducing these barriers through simple procedures, clear communication, and respectful staff attitudes.

The main problem in hospital management is the tension between the demand for efficiency and the obligation to serve poor groups. Porter and Teisberg (2006) criticize health systems that measure success by service volume rather than by the value patients receive. Financial pressure pushes hospitals to pursue patients who can pay and neglect vulnerable groups (Razai & Oakeshott, 2022). On the other hand, hospitals have a social mandate that must be fulfilled. This tension produces inconsistent policies between the social mission and financial sustainability. Without careful management, poor groups become the most disadvantaged party. Hospital management needs to design mechanisms that maintain service quality for all groups without sacrificing the continuity of the institution.

The next problem is the gap between the standard of excellent service and the actual condition of services for poor patients. The Institute of Medicine (2001) notes that quality gaps occur because of complicated systems, inadequate information, and misaligned incentives. Poor patients often receive less friendly service, long waiting times, and limited information. Berwick (2002) emphasizes that quality improvement requires system change, not merely individual effort. However, system change is often hindered by old habits and internal interests. Institutional gaps and poorly aligned regulations also weaken public health protection (Khayru et al., 2024). As a result, the promise of excellent service for everyone is difficult to realize. A managerial framework that specifically addresses these gaps is needed.

This writing is motivated by the need for a

normative reference for hospital managers in serving poor communities. Ruger (2004) asserts that health has a distinct moral standing because it is a prerequisite for freedom and life opportunities. Clear guidance helps management make decisions that are fair and accountable. Orderly medical records are also important because they can serve as legal evidence when service decisions are questioned (Ustani et al., 2024). Many hospital managers understand the importance of excellent service but do not yet have a framework that links quality with fairness (Crema & Verbano, 2013). A systematic literature review can summarize the principles developed by experts. The results are useful for drafting internal policies, training staff, and evaluating services. Without such a reference, efforts to serve poor groups run without a firm direction.

Based on the above description, the research question in this writing is how hospital management can realize excellent service for poor communities according to the scientific literature. This question is directed at finding management principles that link service quality with fairness of access. This formulation focuses on managerial decisions regarding planning, human resources, procedures, and quality measurement. The answer to this question is expected to produce a conceptual framework that can serve as a reference for hospital managers. The framework needs to explain how limited resources are allocated fairly, how staff are guided to serve with empathy, and how quality is monitored continuously. With a sharp formulation, this writing does not spread to other issues outside hospital management and services for poor groups. This focus is important so that the results of the review can be applied directly.

The purpose of this article is to formulate a theoretical framework for hospital management that realizes excellent service for low income communities, based on a review of the literature. The article seeks to identify relevant principles of hospital governance, resource planning, staff management, and quality measurement. The resulting synthesis is expected to make a theoretical contribution to the study of healthcare service management and social justice. In practical terms, the framework can serve as a reference for hospital managers, policy makers, and health educators. The article also opens space for further discussion on the ethics of hospital management.

RESEARCH METHOD

This article applies a qualitative literature study approach that emphasizes critical interpretation of selected scholarly works. Denzin and Lincoln (2005) explain that qualitative research rests on understanding meaning constructed through interaction between the researcher and the sources examined. In a literature study, the author acts as an interpreter who reads, compares, and connects ideas from various publications. The sources used include journal articles, academic books, and research reports. The interpretation process proceeds iteratively to find patterns and relationships among ideas. This approach allows the author to build a coherent argument without relying on field data collection.

The analysis procedure follows the principles of thematic synthesis developed by Hart (2001). The author searched the literature through academic databases using keywords relevant to the topic of hospital management and services for low income patients. Each source was assessed for its credibility, relevance, and contribution to understanding the topic. Ideas from the various sources were grouped by emerging themes, such as governance, quality, access, and trust. The synthesis was carried out by comparing similarities and differences among sources. Booth, Colomb, and Williams (2008) affirm that a good literature search demands a clear question and precise selection of sources. Bryman (2008) adds that interpretation in qualitative research needs to maintain the connection among concepts, evidence, and arguments. The results of the synthesis are presented in the form of an argumentative narrative that answers the research problem.

RESULT AND DISCUSSION

Hospital governance is the fundamental framework that determines the alignment of service policy with low income groups. Hospital governance sets the direction of service policy for low income groups (Harbi et al., 2024). Shortell and Kaluzny (2000) explain that the design of healthcare service organizations affects an institution's ability to adapt to community needs. Good governance sets a clear social mission and translates it into operational standards. The supervisory board and the board of directors need to ensure that decisions about tariffs, queues, and room allocation do not disadvantage low income patients. Budget transparency and complaint mechanisms help maintain accountability. Without firm governance commitment, quality service for vulnerable groups is easily neglected under commercial pressure. Strong internal oversight maintains the balance between financial sustainability and social responsibility. The application of strict governance principles is a

prerequisite for keeping social responsibility the top priority amid the dynamics of the hospital environment (Jalilvand et al., 2024).

Managerial leadership acts as a catalyst that turns the value of fairness into a tangible service culture within hospitals. Managerial leadership drives change in hospital service culture (Olatoye et al., 2024). Organizational effectiveness depends on a number of internal factors that leaders need to manage (Darmawan, 2024a). Mintzberg (2009) argues that organizational leaders need to be visibly present, listen to implementers, and make decisions based on an understanding of the field. Hospital leaders who care about fairness will set priorities for improving services for poor patients. They build open communication with medical staff, nurses, and administrative officers. Leaders' example in treating patients with respect influences the behavior of all employees. Consistent leadership creates a service culture oriented toward patient dignity. Leaders also need to protect staff who dare to report service difficulties faced by poor patients (Şahne et al., 2015). Hospitals also bear institutional responsibility for the errors of their health personnel, so leaders need to ensure clear supervision (Mening et al., 2023). The presence of ethical leadership forms an organizational climate in which every member plays an active role in ensuring fair treatment for all patients.

Strategic planning oriented toward social justice bridges the hospital's vision with concrete actions that benefit low-income groups. Hospital strategic planning needs to include service objectives for low-income groups (Singh et al., 2022). Kaplan and Norton (2000) emphasize that organizations need to translate their vision into measurable and interrelated targets. Hospitals can set indicators for access, waiting time, poor patients' satisfaction, and the availability of essential medicines. Planning that favors vulnerable groups requires data on their needs and the barriers they face. The use of medical technology can improve service efficiency and reduce disparities in access (Aisyah & Sarif, 2024). Budgets for social services must be protected from unnecessary cuts. Clear planning turns a commitment to fairness into operational actions that can be evaluated. Planning also needs to involve frontline staff so that policies are not disconnected from reality. Mapping how decision makers think helps turn plans into shared decisions (Darmawan, 2024b). Participatory and measurable strategic planning ensures that attention to vulnerable groups is not merely a statement but a sustainable practice.

Financial protection is the main foundation that enables barrier-free access to adequate health services for low-income groups. A fair financing mechanism affirms that well-being must not be sacrificed for the ability to pay for treatment (Pablos-Méndez & Evans, 2023). Financial protection is a prerequisite for poor people to obtain excellent service. Carrin and colleagues (2008) explain that universal health coverage requires financing mechanisms that protect people from catastrophic costs. Rahmawan et al. (2024) explain that the National Health Insurance system aims to ensure that all citizens receive fair and affordable health services. Failure to pay health insurance claims can harm patients and therefore needs to be firmly regulated (Ambarwati et al., 2024). The World Health Organization (2000) affirms that fairness in financing is one of the main goals of a health system. Hospitals need to set clear tariffs, waiver procedures, and cooperation with social security programs. Access to therapy for patients with rare diseases within the health insurance system also needs to be guaranteed (Rahawain et al., 2024). Administrative staff must be trained so they do not burden poor patients with convoluted requirements. Transparency of cost information helps patients make decisions calmly. Providers are also obliged to convey information on costs and risks transparently (Rachim et al., 2024). Good financial protection reduces the risk of patients delaying treatment for fear of costs. Fraud in health insurance programs harms patients and demands strict oversight (Eskandar et al., 2025; Setiawan et al., 2023a). A robust financial protection system ensures that economic status does not determine the quality of care a person receives. The implementation of pro-poor financing policies preserves every citizen's right to live healthily without a financial burden weighing on their future.

The quality of interaction between health workers and patients grows from human resource management that values humanity as the core of service. Fair workforce management shapes a work environment in which empathy and respect become everyday norms (Alzain et al., 2024). Human resource management influences staff attitudes and behavior in serving poor patients. The quality of human resources is related to employee performance and loyalty (Darmawan et al., 2020). Gilson (2003) highlights that patients' trust in health institutions grows from the experience of being treated fairly and valued. Berwick (2003) adds that improving health services depends on a workforce that feels supported and finds meaning in its work. Hospitals need to recruit, train, and reward staff who show empathy.

Excessive workload can reduce the quality of interaction with patients. Empathy fatigue among service staff can weaken care for patients (Khayru & Darmawan, 2023). Psychological support and good supervision sustain the spirit of service. Management also needs to firmly address discriminatory behavior toward poor patients. Investment in staff well-being and development transforms into a more dignified service experience for every patient. An inclusive work culture strengthens the hospital's position as a safe and welcoming space for all levels of society.

A comprehensive assessment of service quality combines structural frameworks with direct perspectives from those who receive the service. Combining objective measures with patient perceptions gives a complete picture of the extent to which services meet the real needs of society (Gautier et al., 2022). Hospital service quality can be broken down into structure, process, and outcome. Donabedian (2003) provides an assessment framework that links these three elements. Compliance with legal and ethical obligations plays an important role in protecting patient rights and improving the quality of health services (Mubarak et al., 2023). Parasuraman, Zeithaml, and Berry (2002) emphasize patients' perceptions of reliability, responsiveness, assurance, empathy, and tangibles. Service quality is closely related to patient satisfaction, including among health insurance participants (Darmawan et al., 2022; Issalillah et al., 2021; Khayru & Issalillah, 2022b). For poor patients, empathy and responsiveness often become the main determinants of satisfaction. Patient satisfaction is also influenced by service quality and facility location (Mardikaningsih, 2022). Fast procedures, clear information, and friendly staff attitudes reduce the feeling of being marginalized. Hospitals can use patient feedback to improve service processes continuously. Good quality is visible in the patient's experience from arrival to discharge. Sustainable quality improvement is rooted in careful monitoring of every stage of the patient's journey within the institution. Equality in service quality is achieved when every element of assessment is based on patients' needs, not on their financial ability.

Patient-centered care places individual dignity and needs at the core of health service delivery. This principle affirms that everyone has the right to treatment that is responsive to their circumstances, regardless of economic status (Edgman-Levitan & Schoenbaum, 2021). Patient-centered care places patients' needs and experiences as the main reference. The Institute of Medicine (2001) affirms that good health care must be safe, effective, timely, efficient, equitable, and patient-centered. Health services must guarantee equal access and service quality, including through the provision of essential medicines and psychological support for patients (Mengga et al., 2024). Berwick (2002) reminds us that system change is needed for this principle to be realized in daily practice. Poor patients need to be involved in decisions about their treatment. Consent to medical treatment and patient autonomy are basic rights that must be respected (Chairul et al., 2023; Issalillah et al., 2023). In addition, in practice, many consumers still do not know their rights, while business actors do not yet understand their obligations (Indaryanti et al., 2023). The protection of patient rights also needs to be ensured in various forms of treatment (Herisasono et al., 2023; Issalillah & Khayru, 2023). Respectful communication and easily understood language increase compliance and trust. In emergencies, consent to treatment still requires a clear legal basis (Susanti et al., 2024). A hospital centered on poor patients will adjust its flow, schedules, and information to their conditions. This adjustment shows that excellent service is not the exclusive right of the well-off. Delivering patient-centered care demands continuous adjustment so that no group is left out of proper care. Equality in service is realized when the system is designed to serve diverse needs, not the other way around.

Interrelated access barriers reinforce health inequality and place low-income groups in the most vulnerable position (Corscadden et al., 2018). A thorough understanding of the obstacles patients face is an irreplaceable first step in designing meaningful improvements. Access barriers for poor people include cost, distance, waiting time, and administrative complexity. This is in line with the explanation of Subiakso et al. (2023) that equality of opportunity in obtaining health services for vulnerable groups has not yet been fully realized. Peters and colleagues (2008) describe how these barriers are interrelated and worsen health inequity. Inequality based on socioeconomic status makes it difficult for poor groups to obtain services (Rojak & Khayru, 2024). Patients who must travel far and lose income tend to delay treatment. Long registration procedures and complicated document requirements add to the burden. Social inequality in urban areas also widens the access gap for poor groups (Mardikaningsih, 2021). Hospitals can reduce barriers through simple registration, scheduled services, and easily accessible information. Telemedicine services can expand access when accompanied by rules that protect patients (Khayru & Issalillah, 2022a; Sasmita et al., 2023). Placing

companion staff for poor patients helps them navigate complicated pathways. Services must also be free from discrimination against patients with certain diseases (Napu et al., 2024). Improving access requires an understanding of the real lives of low-income patients. Removing procedural and logistical obstacles opens the way for services to reach those who need them most. Such efforts turn accessibility from a mere opportunity into a reality that can be felt directly by all levels of society. This statement is consistent with the findings of Harianto et al. (2024) that gaps in access to health services can be addressed through comprehensive interventions, including expanding health insurance coverage and developing community-based health services.

Public trust and engagement are the foundation that strengthens the connection between health institutions and the groups most in need of protection (Ayodele et al., 2024). A strong relationship is built on openness, mutual respect, and genuine concern for shared interests. Public trust in the health system will increase if patients feel that their rights are respected and protected (Tampil et al., 2023). Public engagement and trust strengthen hospitals' efforts to serve vulnerable groups. Gilson (2003) affirms that trust is an important element in the relationship between health institutions and society. Ruger (2004) emphasizes that health is closely tied to social justice and human freedom. Hospitals can build trust through dialogue with community leaders, social organizations, and patient groups. Respect for people's values and traditions helps maintain this relationship (Amri & Khayru, 2022). Social support from the surrounding environment also helps vulnerable groups, such as the elderly, use services (Khayru, 2022). Listening to complaints and following up on them openly shows the institution's sincerity. Patients harmed by errors need an accessible claims channel so that trust is maintained (Kurniawan et al., 2024). Growing trust makes poor people more willing to seek help in a timely manner. Honest service information, including in medical advertising, protects patients as consumers (Sahidu et al., 2023). Trust also reduces suspicion of the hospital's commercial intentions. Active public engagement makes the hospital an institution that truly belongs to, and serves, all citizens. Well-maintained trust fosters a climate in which every individual feels valued and dares to fight for their right to health.

Sustainable quality improvement is an uninterrupted effort that unites all elements of the organization under one shared goal. Consistency of implementation is the main marker of the difference between temporary improvement and genuine transformation (Counte & Meurer, 2001). Sustainable quality improvement demands long-term commitment and the involvement of every part of the hospital. Berwick (2002) emphasizes that system improvement must become a habit, not a one-off activity. Shortell, Bennett, and Byck (2000) note that the success of quality improvement depends on leadership, data, and staff participation. Cases of misdiagnosis and complications from medical procedures need to become learning material for quality improvement (Setiyadi et al., 2023; Kaseger et al., 2023). Hospitals can start with the problems most often complained about by poor patients, such as waiting time and cost clarity. Repeated improvement cycles help the institution learn from experience. Effective sanctions for violations in treatment practice help maintain service standards (Sirenden et al., 2024). In this way, excellent service for vulnerable groups becomes the result of a process that runs continuously. Improvement needs to be measured so that it does not stop at good intentions. Legal certainty for doctors in emergencies also supports the continuity of services (Juliarto et al., 2023). Periodic evaluation ensures that every step taken always leads to real benefits for those who most need attention. Overall involvement creates a climate in which service excellence grows as a culture, not merely a directive from leadership.

Reliable data management serves as the eyes and ears of the institution in ensuring fairness at every point of service. Accurate information shows the extent to which established policies actually reach the groups that need them most (Burki, 2023). A good hospital information system enables monitoring of access and quality for poor patients. Medical technology opens opportunities for service improvement, although its implementation faces challenges (Sarif & Issalillah, 2022). The World Health Organization (2000) stresses the importance of trustworthy data for assessing health system performance. Kruk and Freedman (2008) argue that performance assessment needs to cover the dimensions of fairness and service quality. Hospitals can regularly record patient profiles, waiting times, diagnoses, and treatment outcomes. Patient data also needs to be protected, and its use requires consent (Rahmani et al., 2024). These data are used to find gaps between patients who can and cannot pay. Without an organized information system, service gaps are difficult to identify and fix. Health documents must be accurate because falsification can harm patients and institutions (Hartika et al., 2023). Data also help assess whether pro-poor policies are

running as planned. Fact-based monitoring turns assumptions into a sharp understanding of what still needs to be improved. Transparency through tidy records ensures that no group is left behind without being noticed and followed up.

The management of the supply chain for medicines and medical devices determines the availability of services for poor patients. The World Health Organization (2000) affirms that access to essential medicines is an important part of a fair health system. However, the use of patent-stacking strategies, product switching, and biased marketing by original product holders can weaken the availability, affordability, and perception of generic medicines, thereby limiting consumer choice and burdening the JKN system (Hartono et al., 2024). Drug shortages force patients to look outside the hospital at higher cost. Defective or dangerous medicines and medical devices can harm patients and give rise to legal liability (Risman et al., 2024). Management needs to plan requirements, control stock, and maintain storage quality. Pharmacists also bear legal responsibility for protecting patients as consumers (Setiawan et al., 2023b). Cooperation with suppliers and government programs helps maintain availability. Poor patients are the most vulnerable to the effects of shortages of drugs and equipment. Careful logistics management maintains patients' trust in the hospital (Yani et al., 2023).

Physical facilities and hospital cleanliness affect the comfort and dignity of poor patients. Donabedian (2003) explains that service structure includes facilities, equipment, and the environment where patients are treated. McKee and Healy (2002) highlight that hospital conditions affect service outcomes and patient experience. Clean waiting rooms, good ventilation, and decent toilets are basic needs. A safe work environment also prevents occupational diseases among staff (Sopyan et al., 2024). Poor patients often receive inadequate treatment rooms. Gradual improvement of facilities shows respect for the dignity of all patients. Proper facilities also reduce the risk of infection and speed up recovery.

Communication and empathy training for staff improves the quality of relationships with poor patients. Stein (2000) argues that the psychological dimension in medical practice influences how patients understand illness and treatment. A person's psychological condition affects their mental health, so staff need to be sensitive to patients' emotions (Aisyah & Issalillah, 2021). Berwick (2003) emphasizes that health workers need to feel safe to talk about difficulties and learn together. Training can include active listening, explaining diagnoses in simple language, and handling complaints patiently. Trained staff are better able to reduce patients' fear and shame. Good communication makes poor patients feel valued as human beings. Training needs to continue so that skills do not decline.

A fair assessment and reward framework aligns the hospital's financial goals with its social responsibility. The design of measurement determines the direction of actions taken by all levels of staff when serving diverse patient groups (Fahl et al., 2023). Performance measurement and incentives need to be designed so that they do not penalize service for poor patients. Kaplan and Norton (2000) emphasize that organizational targets must be balanced across finance, customers, processes, and learning. Ovretveit (2000) explains that quality has cost implications that need to be managed wisely. Hospitals can assess performance based on access, quality, and satisfaction of vulnerable patients. Incentives are given to units that succeed in improving service for low income groups. Internal policy supports equity and quality together. Faulty measurement can push staff to avoid patients perceived as troublesome. Carefully constructed indicators prevent distortion of service and ensure equal treatment in every unit. The right system strengthens staff motivation to embrace all patients regardless of economic background.

Cross sector partnerships expand the ability of the hospital to serve low income communities. Ferlie, Lynn, and Pollitt (2005) describe that public management requires cooperation among institutions and the involvement of stakeholders. Saltman, Busse, and Mossialos (2002) emphasize the importance of regulation that supports responsible service behavior. Hospitals can collaborate with local governments, social organizations, and educational institutions. Partnerships help provide transportation, accompaniment, and health education. This synergy strengthens efforts to realize quality service for vulnerable groups. Cooperation also helps the hospital understand community needs beyond the walls of the institution.

CONCLUSION

Hospital management realizes quality service for low income communities through a commitment to equity embedded in governance, leadership, planning, and resource management. Quality service cannot be separated from financial protection, simple procedures, respectful staff, reliable supply of medicines, clean facilities, and transparent monitoring. Community trust grows when the

hospital listens to complaints and follows up on them. Cross sector partnerships strengthen the institution's ability to reach vulnerable groups. No single managerial tool is sufficient. Success requires consistency and continuous improvement.

The implication of these findings is that hospital managers need to establish policies that clearly favor low income patients. Staff training, simplified procedures, and cost transparency need to be priorities. Policy makers are advised to strengthen financial protection and regulations that support equity in service. Future research can examine the experiences of poor patients in various types of hospitals to enrich understanding. Health educators need to include the ethics of equity and empathetic communication in the curriculum. Partnerships with communities and social organizations need to be maintained so that quality service can be genuinely experienced.

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