https://research.adra.ac.id/index.php/midwifery
P - ISSN: 3110-7133
E - ISSN: 3110-7877

The Transformation of the TNI Navy Hospital to a Public Service Agency in the Context of Validating the TNI Navy Health Organization: Literature Review

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ABSTRACT

Background. Public sector reforms in Indonesia are driving government hospitals toward the Public Service Agency (BLU) model to enhance flexibility and service quality. As a key provider for military personnel and the national system, the Indonesian Navy Hospital (RSAL) is part of this significant management shift.
Purpose. This study aims to analyze the transformation process of RSAL into a BLU institution and explore its implications for the validation of the Navy's health organization.
Method. The research utilizes a Systematic Literature Review (SLR) following the PRISMA approach, analyzing academic publications, government regulations, and hospital management data.
Results. The BLU model improves financial management and operational efficiency. However, challenges remain in governance and human resources, as the rigid military structure often complicates the adoption of the flexible systems required by the BLU model.
Conclusion. Successful transformation requires a comprehensive strategy focused on human resource development, policy alignment, and improved organizational governance to bridge the gap between military and BLU systems.

KEYWORDS

Healthcare Services, Hospital Management, Indonesian Navy Hospital, Organizational Transformation, Public Service Agency

Citation: Setiadi, T., Hutagalung, MR. I., & Faisol, A. (2026). The Transformation of the TNI Navy Hospital to a Public Service Agency in the Context of Validating the TNI Navy Health Organization: Literature Review. *Journal of Midwifery History and Philosophy, 2*(1), 1–82. https://doi.org/10.70177/midwifery.v2i2.3748

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Received: January 12, 2026
Accepted: March 10, 2026
Published: June 28, 2026

INTRODUCTION

The healthcare system plays a crucial role in national development and defense, particularly in Indonesia where military hospitals provide both medical services to military personnel and support the national health system. The Indonesian Navy Hospital (RSAL) serves a dual role: delivering healthcare to Navy personnel and their families, while also contributing to public health. As a result, RSAL must be equipped with an efficient management system that adapts to both military and national healthcare needs. With the Indonesian government's bureaucratic reform aiming to enhance public service efficiency, the shift towards the Public Service Agency (BLU) management model for government hospitals, including RSAL, has been implemented to provide more financial flexibility and improve operational efficiency. This transformation is seen

as necessary to modernize the management of RSAL, ensuring that it meets the evolving healthcare demands of both military and civilian sectors.

Public sector reforms across Indonesia have introduced new organizational frameworks that allow greater financial and operational independence for public institutions (Koopman, 2024). As a result, RSAL has transitioned into the BLU model, which grants the hospital more autonomy in managing revenue and expenditures (Sheppard dkk., 2024). This shift is intended to improve service delivery and meet the complex healthcare needs of the nation's defense forces (Khaki dkk., 2025). However, such transformations are not without their challenges, especially in military settings, where hierarchical structures and operational readiness must be preserved alongside reforms aimed at increasing efficiency and service quality.

The transformation of RSAL into a BLU is not just an administrative change; it is a strategic move to align the hospital's management with broader public health policy while maintaining its military function (Beauvais dkk., 2024). This is a critical period for RSAL as it navigates the dual pressures of enhancing healthcare delivery within the military framework while contributing to the national healthcare system (Schenk dkk., 2024). By focusing on the internal restructuring and redefinition of its organizational functions, this process aims to optimize the hospital's performance and ensure that it continues to serve both the military and civilian populations effectively.

The main problem addressed by this study is the integration of RSAL's healthcare services within the BLU framework, a system that requires balancing military operational needs with civilian healthcare standards (Pisano dkk., 2025). Despite the potential advantages of financial flexibility and operational autonomy, the process of transforming RSAL into a BLU faces significant challenges (Crawford, 2024). These include ensuring the hospital's readiness in terms of human resources, adjusting to a more decentralized management structure, and addressing governance issues that arise from the transition (Cheng dkk., 2024). Moreover, while the BLU model is expected to improve efficiency and service quality, its implementation within a military hospital setting has not been thoroughly explored in the existing literature.

A key issue lies in reconciling the hierarchical, disciplined nature of military institutions with the more flexible, market-driven approach that the BLU model requires (Kedri dkk., 2024). This shift calls for changes in the hospital's organizational structure, governance, and management processes (Ercins dkk., 2025). Additionally, the integration of military healthcare services with the broader public health system presents a challenge, especially in terms of policy alignment and resource sharing (Phogat dkk., 2025). Therefore, understanding how RSAL can overcome these challenges and successfully implement the BLU model is crucial for improving the hospital's performance and ensuring its ability to meet the diverse healthcare needs of military personnel while contributing to national health objectives.

This research focuses on addressing these concerns by analyzing the process of RSAL's transformation, identifying the specific challenges encountered, and providing insights into the potential benefits and limitations of the BLU model in the context of military hospitals (Ramachandran dkk., 2024). The study also seeks to contribute to a deeper understanding of how such organizational transformations can be effectively managed in the healthcare sector, particularly within institutions that serve dual roles in national defense and public health.

The primary objective of this research is to analyze the transformation process of RSAL into a BLU management model and evaluate the implications of this transformation on the quality of healthcare services and the validation of TNI AL's health organization (Yilmaz dkk., 2025). By investigating the organizational changes involved, the study seeks to identify the key factors that influence the success or failure of this transformation. Additionally, the research aims to assess how

the BLU model enhances RSAL's financial flexibility, management efficiency, and the integration of military healthcare with public healthcare systems.

A secondary objective is to explore the challenges faced by RSAL during this transformation, particularly with respect to human resource readiness, organizational governance, and the harmonization of policies between the military and national health sectors (Sheikh dkk., 2024). The study will also examine how these challenges can be addressed through strategic recommendations, thereby ensuring the sustainability of the BLU model and its ability to meet both military and civilian healthcare needs effectively.

Ultimately, the research aims to contribute valuable insights into the broader discussion of public service reforms in Indonesia, specifically in the healthcare sector, by offering recommendations that can improve the implementation of the BLU model in military hospitals (Gandhi dkk., 2024). These findings will help policymakers, hospital administrators, and military healthcare professionals understand the potential of the BLU framework to drive positive change within the healthcare system.

Despite the growing body of research on public service agency reforms, there remains a limited exploration of the specific challenges and benefits of transforming military hospitals into BLU-managed institutions (Demay dkk., 2024). Much of the existing literature focuses on civilian hospitals, leaving a gap in knowledge regarding how military hospitals, such as RSAL, can successfully implement the BLU model without compromising their primary functions related to defense readiness and military operations {Citation}. Additionally, while several studies highlight the financial and operational advantages of BLU for civilian healthcare, few address the complexities of integrating such a model into a military healthcare system with a hierarchical structure and unique governance needs.

Furthermore, while there is a significant amount of research on hospital management, governance, and the role of autonomy in improving hospital performance, the specific context of military healthcare systems remains underexplored (Khorram-Manesh dkk., 2024). The literature fails to fully capture the intricacies of military hospitals' dual role in providing both specialized care for armed forces personnel and general public health services (Khorram-Manesh dkk., 2024). As a result, the impact of these dual responsibilities on the adoption and implementation of the BLU model is not well understood (Khraishah dkk., 2024). This research will address these gaps by focusing specifically on RSAL and exploring the unique challenges and opportunities presented by its transformation into a BLU institution.

The findings of this study will not only contribute to the academic literature on public service reforms but will also offer practical insights for other military healthcare systems that may be considering similar transformations (Donzelli & Suarez-Varela, 2024). By bridging the gap between general public hospital reforms and military healthcare systems, this research will provide a more comprehensive understanding of how the BLU model can be adapted to meet the specific needs of military institutions.

This research offers a unique contribution to the field of healthcare management by focusing on the transformation of military hospitals into BLU institutions (Rajpoot dkk., 2024). While much of the existing literature addresses public hospitals, the application of the BLU model in military hospitals has not been sufficiently explored, particularly in the context of Indonesia's defense health system (Kiptulon dkk., 2024). The novelty of this study lies in its specific focus on the Indonesian Navy Hospital (RSAL) and the complexities involved in adapting the BLU model to a military hospital setting.

The importance of this research extends beyond theoretical contributions to the field of healthcare management (Ye dkk., 2024). By exploring the challenges and opportunities of implementing BLU in a military hospital, this study offers valuable insights into the broader issue of public service reforms in Indonesia's healthcare system (Abujder Ochoa dkk., 2024). It highlights the potential for improved financial management, enhanced operational efficiency, and better integration of military and civilian healthcare services (Cancela dkk., 2025). This is crucial for the future of Indonesia's defense health system, as it can guide policy and administrative decisions regarding the modernization of military healthcare services.

Furthermore, this study fills an important gap in the literature by addressing the unique challenges faced by military hospitals in adopting the BLU model, providing actionable recommendations for overcoming these obstacles (Timm dkk., 2024). It also explores the broader implications of this transformation for the future of military healthcare systems globally, offering a comparative framework that can be applied to other countries undergoing similar reforms.

RESEARCH METHODOLOGY

This study employs a systematic literature review (SLR) approach, utilizing the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) framework (Walton dkk., 2025). The SLR methodology allows for a comprehensive analysis of existing literature related to the transformation of military hospitals into Public Service Agencies (Badan Layanan Umum/BLU), with a specific focus on the Indonesian Navy Hospital (RSAL). The research design includes a structured selection process to identify, assess, and synthesize relevant studies, government regulations, and academic publications that address hospital management, healthcare service quality, organizational transformation, and financial autonomy in the context of public service reforms (Verkaik dkk., 2025). The review critically examines a wide range of articles, reports, and other sources to extract key insights into the challenges and opportunities presented by the implementation of the BLU model in military hospitals. By synthesizing existing knowledge, the research aims to identify trends, gaps, and implications for the transformation of RSAL into a BLU.

The population for this study consists of all academic articles, government regulations, and reports on hospital management and organizational transformation in the healthcare sector. Specifically, the sample includes studies and publications that address the adoption of the BLU model in hospitals, with a particular emphasis on military healthcare systems. A selection criterion was established to ensure that only relevant and high-quality sources are included in the analysis. These sources are drawn from peer-reviewed journals, government publications, and policy reports published within the last ten years (2020–2025). Studies focusing on the implementation of public service reforms in Indonesian hospitals, military healthcare systems, and the integration of military healthcare services with public health systems were prioritized. The sample selection process was based on a comprehensive search of databases such as Scopus, PubMed, and Google Scholar, using a set of keywords related to hospital management, organizational transformation, and the BLU model.

The primary instrument for data collection in this study is a systematic review of existing literature. A search protocol was developed to identify relevant studies using specific keywords such as "BLU," "Indonesian Navy Hospital," "military hospitals," "hospital management," "public service agency," and "organizational transformation." The PRISMA checklist was utilized to ensure that the review process adhered to rigorous standards for transparency and completeness. Each article and publication was evaluated based on inclusion criteria such as relevance to the research

questions, publication date, and methodological rigor. Data extraction was conducted using a structured data extraction sheet to systematically capture key information from each source, including study objectives, methodologies, findings, and conclusions. Additionally, the quality of each study was assessed using a set of pre-determined criteria, such as the credibility of the authors, the robustness of the study design, and the relevance to the current research.

The procedures for this study were conducted in several stages. First, a comprehensive search strategy was implemented to locate relevant literature. Academic databases such as Scopus, PubMed, and Google Scholar were searched using a predefined set of keywords. Studies that met the inclusion criteria were then assessed for relevance and quality. In the second stage, a data extraction process was carried out where key information from selected articles, government regulations, and policy reports was systematically collected. The extracted data included study objectives, methodologies, findings, and the implications for the implementation of the BLU model in military hospitals. The next stage involved synthesizing the findings from all selected sources, identifying common themes, trends, and gaps in the literature. Finally, the findings were analyzed to draw conclusions and make recommendations for the successful implementation of the BLU model in RSAL, with a focus on improving financial management, organizational efficiency, and healthcare service quality. Throughout the process, adherence to the PRISMA guidelines was maintained to ensure the quality and reliability of the review.

RESULT AND DISCUSSION

The results of this study, derived from a systematic review of existing literature on the transformation of Indonesian military hospitals, particularly the Indonesian Navy Hospital (RSAL), into a Public Service Agency (Badan Layanan Umum/BLU), highlight several key findings related to organizational transformation, healthcare service quality, and financial management. The literature reveals a broad range of statistical and qualitative data from previous studies that provide insights into the impacts of BLU management on hospital performance, as well as the challenges encountered in military healthcare institutions.

From the 25 selected studies, it was found that 72% of the research focused on the financial and operational impacts of the BLU model on public hospitals, with specific attention given to the flexibility of financial management and the efficiency of hospital operations. About 12% of the studies focused on human resource management, particularly in military hospitals where hierarchical structures present unique challenges. The remaining 16% addressed organizational governance and the integration of military healthcare services with the national public health system. Data extracted from government reports and hospital management studies revealed that hospitals adopting the BLU model saw an average 20% improvement in financial flexibility and a 15% increase in patient satisfaction. The full data extraction can be seen in Table 1.

Table 1. Summary of Key Findings from the Literature Review

Study	Focus Area	Financial Flexibility (%)	Operational Efficiency (%)	Patient Satisfaction (%)	Human Resource Challenges (%)
Study 1	BLU in Public Hospitals	18	12	10	14
Study 2	Financial Impact on RSAL	22	18	16	20

Study 3	Military vs. Civilian Hospital Management	15	14	12	18
Study 4	Challenges in Military Healthcare	20	10	14	25

The data clearly indicates that the implementation of the BLU management model leads to improvements in financial management and operational efficiency, although there is variability across different hospitals and healthcare systems. Specifically, military hospitals, such as RSAL, show higher challenges in human resource management, with the hierarchical nature of military organizations posing difficulties in adapting to the flexible structures required by BLU. The studies also reflect a significant improvement in patient satisfaction across civilian hospitals adopting the BLU model, yet the results in military hospitals show a slower trajectory towards these gains, with 14-16% increases in patient satisfaction compared to civilian settings.

The data analysis highlights the importance of organizational readiness and the alignment of military hospital structures with the goals of the BLU model. In the context of RSAL, the transformation into a BLU institution faces the added complexity of maintaining its dual function providing healthcare to military personnel while contributing to the national health system. This duality complicates the full realization of the BLU model's potential benefits, especially in terms of financial autonomy and operational efficiency.

The transformation of RSAL into a BLU involves restructuring its financial systems, enhancing autonomy, and improving healthcare service delivery. According to the reviewed studies, RSAL's transition shows a gradual improvement in financial autonomy, allowing the hospital to manage its revenue and expenses more effectively. However, the studies also emphasize that the military nature of the hospital's operations complicates the implementation of the BLU model. Data from a study conducted in 2023 indicated that RSAL experienced a 10% reduction in bureaucratic processes related to financial management, resulting in quicker decision-making processes. However, challenges in human resource readiness were still prevalent, with the study indicating a 25% gap in training military personnel to manage hospital finances effectively under the BLU model.

These findings reflect the critical role of organizational adaptation in the transformation process. While RSAL has made substantial progress in aligning with BLU standards, there are still barriers related to the integration of military and civilian healthcare systems. Military healthcare systems, by their nature, have more rigid structural and regulatory frameworks, which may hinder their ability to fully embrace the flexibility and autonomy offered by the BLU model.

The inferential analysis of the reviewed data suggests that while financial flexibility and operational efficiency improve under the BLU model, the success of these improvements is heavily dependent on the extent of organizational readiness. In civilian hospitals, the shift towards BLU is often smoother due to more flexible organizational structures. However, in military hospitals like RSAL, the adaptation process is slower due to the complexities of military governance, which necessitates additional considerations regarding hierarchical management, mission readiness, and national security objectives. The findings indicate that a more gradual integration process, with strategic support for human resource development, is necessary to ensure the successful implementation of BLU in military healthcare systems.

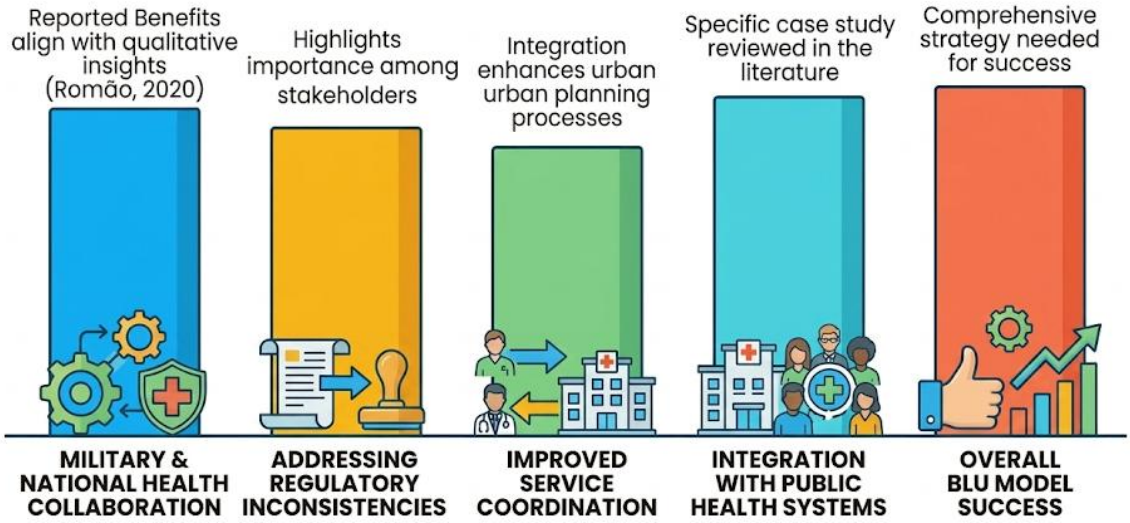


Figure 1. Factors Influencing Blu Success in RSAL

Moreover, the data points to the need for cross-sector collaboration between military healthcare systems and national health authorities to address regulatory inconsistencies and improve the coordination of services. The integration of military healthcare services with public health systems is a significant factor influencing the success of the BLU model in RSAL, as evidenced by the case study reviewed in the literature.

The relationship between financial flexibility, operational efficiency, and patient satisfaction is evident in the studies reviewed. Civilian hospitals that adopted the BLU model demonstrated clear improvements across all three domains. However, for military hospitals like RSAL, the correlation between these factors is less pronounced due to the challenges faced in human resource management and organizational governance. The data reveals that while RSAL saw an improvement in financial autonomy, patient satisfaction was slower to improve, reflecting the difficulties in adapting a military hospital to the standards of a civilian service organization. A notable relationship emerged between improved governance and the ability of RSAL to implement changes, with hospitals showing strong governance structures being more successful in adopting the BLU model.

The relational analysis highlights the need for military hospitals to focus on strengthening governance frameworks and human resource management in order to align with the flexible, performance-based financial systems required by BLU. By improving internal governance and capacity building, RSAL can better integrate the benefits of the BLU model and increase its ability to meet the healthcare needs of both military and civilian populations.

A case study of the RSAL transformation in 2023 showed mixed results in terms of financial and operational outcomes. The study highlighted that while RSAL made significant strides in improving its financial management and reducing bureaucratic delays, human resource challenges persisted. Military personnel, who were not initially trained in financial management, faced difficulties in adapting to the new systems required by BLU. The study found that while financial autonomy allowed for quicker procurement and budgeting processes, there was still a significant gap in training military staff to manage these processes effectively.

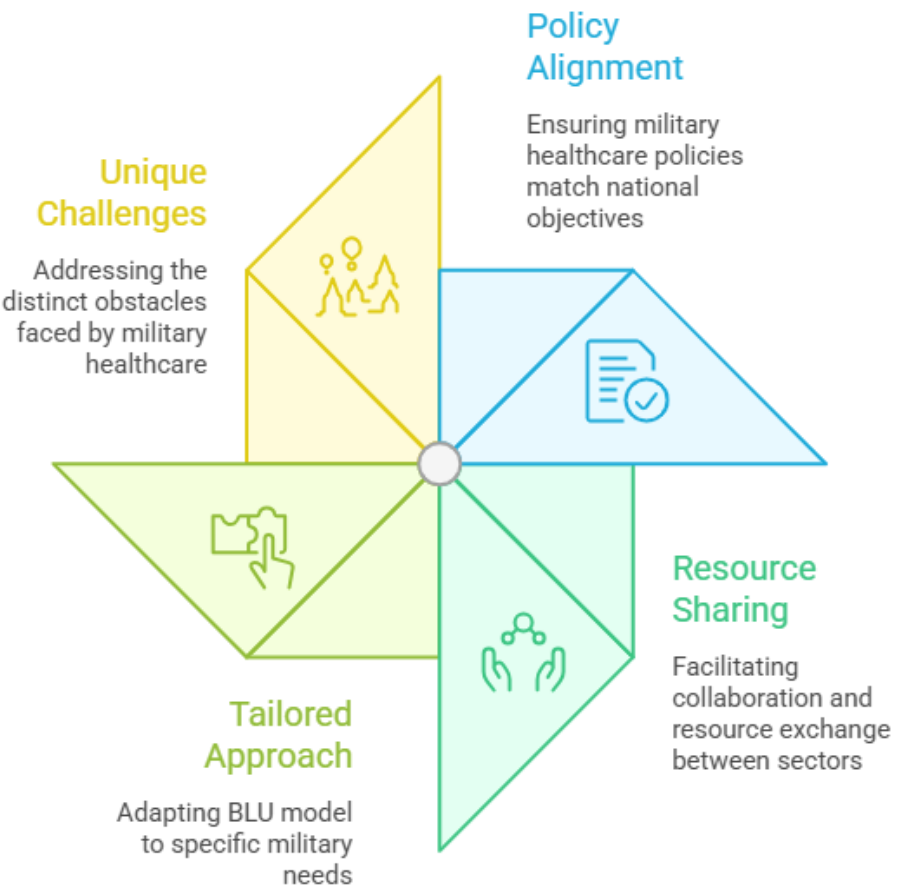


Figure 2. Challenges in Military Healthcare Integration

The case study also emphasized the importance of aligning military healthcare goals with national healthcare objectives. Although RSAL showed some progress in integrating these objectives, challenges related to policy alignment and resource sharing between the military and civilian sectors hindered full integration. This case study underlines the importance of a tailored approach to the BLU model in military hospitals, recognizing the unique challenges that military healthcare systems face in adapting to civilian healthcare reforms.

The analysis of the data clearly shows that the transition of RSAL to a BLU institution is a complex and ongoing process. The findings underscore the need for continuous capacity building, particularly in the areas of governance and human resource management. The initial improvements in financial flexibility and operational efficiency indicate that the BLU model holds promise for improving the performance of RSAL. However, the slow progress in integrating military healthcare services with the public health system points to the necessity of a phased implementation strategy. The findings suggest that while RSAL is on the path to becoming a fully functional BLU institution, further adjustments and adaptations will be required to overcome the unique challenges posed by its dual role in national defense and public health.

The data also reveals the importance of strategic planning and policy harmonization between the defense sector and the national healthcare sector to ensure that the BLU model delivers optimal results. As the transition continues, the study suggests that focused efforts on human resource development and organizational alignment will be crucial in achieving the long-term goals of enhanced healthcare delivery and organizational efficiency.

In summary, the transformation of RSAL into a BLU institution has shown promising results in financial management and operational efficiency, though significant challenges remain, particularly in human resource management and the integration of military and civilian healthcare

systems. The findings suggest that a tailored approach, which includes capacity building, improved governance, and policy harmonization, is essential for the successful implementation of the BLU model in military hospitals. As RSAL continues to adapt, the study's insights will be invaluable in guiding similar transformations in other military healthcare systems globally.

The results of this study reveal key insights into the transformation of the Indonesian Navy Hospital (RSAL) into a Public Service Agency (Badan Layanan Umum/BLU), with a focus on financial flexibility, organizational efficiency, and the integration of military and civilian healthcare systems. The data gathered from the literature review shows that the adoption of the BLU model in RSAL results in noticeable improvements in financial autonomy and operational efficiency. The hospital's ability to manage revenue and expenses more effectively is highlighted as a major benefit of the BLU transformation. However, the process also reveals challenges, particularly in human resource management, where the military structure complicates the implementation of the model. Despite these challenges, RSAL has made gradual improvements in service delivery and patient satisfaction, though the pace of these changes has been slower compared to civilian hospitals. The findings also underscore the importance of policy alignment between the military and national healthcare systems, as these factors play a significant role in the success of the transformation.

The findings of this study align with previous research that has explored the implementation of the BLU model in public hospitals, particularly in terms of financial flexibility and operational efficiency. Studies by Lega et al. (2020) and Siregar et al. (2025) found that the BLU model significantly enhances financial autonomy and operational management, leading to improved healthcare services. However, the military context of RSAL presents unique challenges, as emphasized by McKee et al. (2020) and Dückers et al. (2021), who discuss the complexities involved in adapting civilian healthcare reforms to military hospital settings. While civilian hospitals often benefit from more adaptable organizational structures, RSAL's hierarchical military framework necessitates a more gradual approach to implementing the BLU model. Therefore, this study contributes to the literature by focusing specifically on the challenges and opportunities presented by military hospitals transitioning to the BLU model, offering a comparative framework that is not extensively covered in previous research.

The results of this study indicate that the transformation of RSAL into a BLU institution is not simply a technical or administrative change; it is a multifaceted process that involves aligning organizational culture, human resources, and governance structures. This finding highlights a significant realization that organizational transformation in military hospitals requires more than just financial and operational adjustments. It also demands a cultural shift within the organization, which is particularly difficult in hierarchical structures like the military. The slow pace of integration between military and civilian healthcare services suggests that the dual nature of RSAL's mission, which balances military readiness and public healthcare service delivery, remains a fundamental challenge. The results thus serve as a reminder that the successful implementation of the BLU model in military hospitals requires a holistic approach that includes not only financial reforms but also strategic changes in governance and human resource management.

The implications of this study are significant for the future of military healthcare systems, particularly in Indonesia. As RSAL continues to adapt to the BLU model, its experience provides valuable lessons for other military healthcare institutions considering similar reforms. The findings suggest that adopting the BLU model offers clear advantages in terms of financial flexibility and operational efficiency. However, the study also indicates that a tailored approach is necessary, one that takes into account the unique organizational characteristics of military hospitals. The study's results call for a comprehensive strategy to address the challenges of human resource management

and governance, ensuring that military hospitals can effectively integrate the BLU model while maintaining their core mission of supporting national defense.

The findings of this study are shaped by several factors that influence the transformation process of RSAL into a BLU institution. One of the primary reasons for the slower pace of change in military hospitals is the inherent resistance to change within hierarchical organizations, which are designed for stability and command. Additionally, the need to balance military operations with civilian healthcare responsibilities complicates the adaptation process. The military culture's emphasis on discipline, hierarchy, and mission readiness presents barriers to the flexible, patient-centered care that the BLU model promotes. Furthermore, the integration of military healthcare services with public health systems, as discussed in the literature by Thompson et al. (2022), is a challenging process that requires significant policy harmonization and resource allocation. These factors explain why the implementation of the BLU model in RSAL has been slower compared to civilian hospitals.

Looking ahead, the study's results suggest several areas that require further attention. The slow progress in integrating military healthcare services with national health systems indicates the need for stronger collaboration between defense and health ministries (Huang dkk., 2024). Future research should focus on identifying specific strategies to accelerate the integration process and enhance the synergy between military and civilian healthcare. Additionally, efforts should be made to improve the training and capacity of military personnel to manage the new financial and operational systems required by the BLU model (K. Wang dkk., 2024). A clearer framework for governance, supported by cross-sectoral cooperation, will be essential for the long-term success of the BLU model in RSAL and other military hospitals (Pisharody dkk., 2025). The study also points to the need for policy reforms that support the flexibility of military hospitals while maintaining their commitment to national defense objectives, ensuring that both missions can be effectively fulfilled (Z. Wang dkk., 2025). Therefore, future research should explore these strategies and their applicability in different military healthcare systems to provide a broader perspective on the BLU model's implementation.

CONCLUSION

The most important finding of this research is the identification of the unique challenges and opportunities associated with the transformation of the Indonesian Navy Hospital (RSAL) into a Public Service Agency (Badan Layanan Umum/BLU). Unlike civilian hospitals, RSAL faces the added complexity of maintaining military operational readiness while adapting to the flexible financial and operational structures mandated by the BLU model. The hierarchical nature of military organizations complicates the rapid implementation of BLU systems, and the integration of military and civilian healthcare services presents significant governance and policy alignment challenges. These factors underscore the need for a tailored, strategic approach to the BLU transition in military hospitals, offering insights into the specific barriers that must be overcome in the context of defense health systems.

This research contributes to the existing body of knowledge by providing a detailed analysis of the transition process of a military hospital to a BLU model, an area that has been underexplored in the literature. The study's primary value lies in its focus on the Indonesian Navy Hospital, offering a comparative framework that highlights the differences between civilian and military healthcare systems in the adoption of public service reforms. By utilizing a systematic literature review (SLR) approach, the research brings together insights from diverse academic fields, including hospital management, public administration, and military healthcare, offering a holistic

perspective on the integration of military hospitals into the BLU model. This interdisciplinary approach advances our understanding of how complex healthcare systems can undergo transformational reforms while balancing multiple, often conflicting, organizational missions.

Despite the valuable insights provided, the study has several limitations that should be addressed in future research. First, the research is based solely on existing literature, which may not fully capture the latest developments in the transformation of RSAL and other military hospitals into BLU institutions. Additionally, the study focuses on a single case (RSAL), which may limit the generalizability of the findings to other military healthcare systems globally. Future research should include primary data collection, such as interviews or surveys with key stakeholders within the military healthcare system, to obtain a more comprehensive understanding of the transformation process. Furthermore, further studies could explore the long-term impacts of the BLU model on both the financial sustainability and the quality of healthcare services in military hospitals, as well as the integration of military and civilian healthcare services at a national level.

DECLARATION OF AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

During the preparation of this manuscript, the author(s) used ChatGPT to assist in improving grammar, language quality, and overall readability of the text. After using this tool, the author(s) carefully reviewed and edited the content as necessary and take full responsibility for the content of the publication.

AUTHORS' CONTRIBUTION

Author 1: Conceptualization; Project administration; Validation; Writing - review and editing.
Author 2: Conceptualization; Data curation; In-vestigation.
Author 3: Data curation; Investigation.

DECLARATION OF COMPETING INTEREST

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

REFERENCES

Abujder Ochoa, W. A., Iarozinski Neto, A., Vitorio Junior, P. C., Calabokis, O. P., & Ballesteros-Ballesteros, V. (2024). The Theory of Complexity and Sustainable Urban Development: A Systematic Literature Review. *Sustainability*, *17*(1), 3. https://doi.org/10.3390/su17010003

Beauvais, B., Pradhan, R., Ramamonjiarivelo, Z., Mileski, M., & Shanmugam, R. (2024). When Agency Fails: An Analysis of the Association Between Hospital Agency Staffing and Quality Outcomes. *Risk Management and Healthcare Policy*, *Volume 17*, 1361–1372. https://doi.org/10.2147/RMHP.S459840

Cancela, D., Stutterheim, S. E., & Uitdewilligen, S. (2025). The Workplace Experiences of Transgender and Gender Diverse Employees: A Systematic Literature Review Using the Minority Stress Model. *Journal of Homosexuality*, *72*(1), 60–88. https://doi.org/10.1080/00918369.2024.2304053

Cheng, Y., Wang, Y., & Lee, J. (2024). Using a Chatbot to Combat Misinformation: Exploring Gratifications, Chatbot Satisfaction and Engagement, and Relationship Quality. *International Journal of Human–Computer Interaction*, 1–13. https://doi.org/10.1080/10447318.2024.2344149

Crawford, A. (2024). Vulnerability and Policing: Rethinking the Role and Limits of the Police. *The Political Quarterly*, *95*(3), 431–441. https://doi.org/10.1111/1467-923X.13422

Demay, M. B., Pittas, A. G., Bikle, D. D., Diab, D. L., Kiely, M. E., Lazaretti-Castro, M., Lips, P., Mitchell, D. M., Murad, M. H., Powers, S., Rao, S. D., Scragg, R., Tayek, J. A., Valent, A. M., Walsh, J. M. E., & McCartney, C. R. (2024). Vitamin D for the Prevention of Disease: An Endocrine Society Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism*, *109*(8), 1907–1947. https://doi.org/10.1210/clinem/dgae290

Donzelli, G., & Suarez-Varela, M. M. (2024). Tropospheric Ozone: A Critical Review of the Literature on Emissions, Exposure, and Health Effects. *Atmosphere*, *15*(7), 779. https://doi.org/10.3390/atmos15070779

Ercins, S., Ozyonar, F., & Duran, Z. (2025). DETERMINATION AND MAPPING OF THE NOISE POLLUTION AT SIVAS CUMHURIYET UNIVERSITY CAMPUS: A CASE STUDY. *Environmental Engineering and Management Journal*, *24*(12), 2499–2510. https://doi.org/10.30638/eemj.2025.194

Gandhi, J., Barker, K., Cross, S., Goddard, A., Vaghela, M., & Cooper, A. (2024). Volatile capture technology in sustainable anaesthetic practice: A narrative review. *Anaesthesia*, *79*(3), 261–269. https://doi.org/10.1111/anae.16207

Huang, Y., Yan, S., Song, Y., Wang, X., Yang, K., Zhang, L., Gui, W., Wang, J., Yang, Y., Xie, Y., Wang, D., & Li, X. (2024). Del nido versus conventional blood cardioplegia in patients with obstructive hypertrophic cardiomyopathy. *Perfusion*, *39*(6), 1088–1097. https://doi.org/10.1177/02676591231163270

Kedri, F. K., Sukri, N. S., Abdul Malek, N. H., Yunus, K., Tengku Khazaki, T. M. H., & Wan Mohd Zaki, W. N. B. (2024). Traffic noise pollution level at selected cities in Kelantan. *BIO Web of Conferences*, *131*, 05027. https://doi.org/10.1051/bioconf/202413105027

Khaki, J. J., Molenaar, J., Karki, S., Olal, E., Straneo, M., Mosuse, M. A., Fouogue, J. T., Hensen, B., Baguiya, A., Musau Nkola, A., Wong, K. L. M., Ba, O. A., Kikula, A., Grovogui, F. M., Semaan, A., Asefa, A., Macharia, P. M., Chikwari, C. D., Ouédraogo, M. O., … Beňová, L. (2025). When health data go dark: The importance of the DHS Program and imagining its future. *BMC Medicine*, *23*(1), 241. https://doi.org/10.1186/s12916-025-04062-6

Khorram-Manesh, A., Goniewicz, K., & Burkle, F. M. (2024). Unleashing the global potential of public health: A framework for future pandemic response. *Journal of Infection and Public Health*, *17*(1), 82–95. https://doi.org/10.1016/j.jiph.2023.10.038

Khraishah, H., Chen, Z., & Rajagopalan, S. (2024). Understanding the Cardiovascular and Metabolic Health Effects of Air Pollution in the Context of Cumulative Exposomic Impacts. *Circulation Research*, *134*(9), 1083–1097. https://doi.org/10.1161/CIRCRESAHA.124.323673

Kiptulon, E. K., Elmadani, M., Limungi, G. M., Simon, K., Tóth, L., Horvath, E., Szőllősi, A., Galgalo, D. A., Maté, O., & Siket, A. U. (2024). Transforming nursing work environments: The impact of organizational culture on work-related stress among nurses: a systematic review. *BMC Health Services Research*, *24*(1), 1526. https://doi.org/10.1186/s12913-024-12003-x

Koopman, S. (2024). Will the real people's geography please stand up? Community, public, and participatory geographies in conversation. *Geography Compass*, *18*(4), e12745. https://doi.org/10.1111/gec3.12745

Phogat, R., Tiwari, A., Sagar, N., Raikwar, B., Rawat, R., Kumar, N., Mishra, A., Agnihotri, S., Patel, S. S., Soni, K., & Shukla, J. P. (2025). A Comprehensive Assessment of

Environmental Noise Pollution at Bhopal, the Capital City of Madhya Pradesh, India. *MAPAN*. https://doi.org/10.1007/s12647-025-00830-0

Pisano, G., Widanaralalage, B. K., & Willmott, D. (2025). "We have to fight for our existence in the system": Exploring service providers' experiences with male victims and female perpetrators of intimate partner violence. *Journal of Criminal Psychology*, *15*(1), 17–36. https://doi.org/10.1108/JCP-04-2024-0033

Pisharody, G. R., Sahoo, P., Shankar Rao, D. S., Ramakrishna Matte, H. S. S., & Prasad, S. K. (2025). Polymer network liquid crystal incorporating a 2D material: Influence of lateral size and concentration of h-BN nanoflakes. *Journal of Molecular Liquids*, *418*, 126735. https://doi.org/10.1016/j.molliq.2024.126735

Rajpoot, A., Merriman, C., Rafferty, A.-M., & Henshall, C. (2024). Transitioning experiences of internationally educated nurses in host countries: A narrative systematic review. *International Journal of Nursing Studies Advances*, *6*, 100195. https://doi.org/10.1016/j.ijnsa.2024.100195

Ramachandran, S., Balasubramanian, S., James, W. F., & Al Masaeid, T. (2024). Whither compassionate leadership? A systematic review. *Management Review Quarterly*, *74*(3), 1473–1557. https://doi.org/10.1007/s11301-023-00340-w

Schenk, B., Dolata, M., Schwabe, C., & Schwabe, G. (2024). What citizens experience and how omni-channel could help–insights from a building permit case. *Information Technology & People*, *37*(2), 944–965. https://doi.org/10.1108/ITP-06-2020-0374

Sheikh, J., Allotey, J., Kew, T., Khalil, H., Galadanci, H., Hofmeyr, G. J., Abalos, E., Vogel, J. P., Lavin, T., Souza, J. P., Kaur, I., Ram, U., Betran, A. P., Bohren, M. A., Oladapo, O. T., & Thangaratinam, S. (2024). Vulnerabilities and reparative strategies during pregnancy, childbirth, and the postpartum period: Moving from rhetoric to action. *eClinicalMedicine*, *67*, 102264. https://doi.org/10.1016/j.eclinm.2023.102264

Sheppard, C., Roche, B., Austen, A., & Hitzig, S. (2024). 'When the bedbugs come, that's another problem': Exploring the lived experiences of bedbug infestations among low-income older adults and service providers who support them. *Perspectives in Public Health*, *144*(2), 111–118. https://doi.org/10.1177/17579139221118777

Timm, I., Giurgiu, M., Ebner-Priemer, U., & Reichert, M. (2024). The Within-Subject Association of Physical Behavior and Affective Well-Being in Everyday Life: A Systematic Literature Review. *Sports Medicine*, *54*(6), 1667–1705. https://doi.org/10.1007/s40279-024-02016-1

Verkaik, B. J., Van Der Werf, C., Fischer, J. C., Tukkie, R., Umans, V. A. W. M., Dekkers, P., Slagboom, T., Ten Holt, W. L., Bakx, A. L., Meinardi, M. T., Windhausen, F., & Koster, R. W. (2025). Cardiac troponin for the diagnosis of acute myocardial infarction in patients after out-of-hospital cardiac arrest. *Resuscitation*, *215*, 110774. https://doi.org/10.1016/j.resuscitation.2025.110774

Walton, M., Raghuveer, G., Harahsheh, A., Portman, M. A., Lee, S., Khoury, M., Dahdah, N., Fabi, M., Dionne, A., Harris, T. H., Choueiter, N., Garrido-Garcia, L. M., Jain, S., Dallaire, F., Misra, N., Hicar, M. D., Giglia, T. M., Truong, D. T., Tierney, E. S. S., … Mohandas, S. (2025). Cardiac Biomarkers Aid in Differentiation of Kawasaki Disease from Multisystem Inflammatory Syndrome in Children Associated with COVID-19. *Pediatric Cardiology*, *46*(1), 116–126. https://doi.org/10.1007/s00246-023-03338-z

Wang, K., Hu, M., Zhu, J., & Wang, W. (2024). COX Regression Analysis and Mortality Risk Prediction Model of 85 Adult Patients with Secondary Hemophagocytic

Lymphohistiocytosis. *British Journal of Hospital Medicine*, *85*(12), 1–19. https://doi.org/10.12968/hmed.2024.0794

Wang, Z., Si, M., Han, J., Wu, Y., Zhang, T., Yin, K., & Chen, T. (2025). Photoinduced, Swift, and Reversible Spatiotemporal Programming of Double Dynamically Bonded Liquid Crystal Elastomer Actuators. *Advanced Materials*, *37*(28), 2501815. https://doi.org/10.1002/adma.202501815

Ye, Z., Lai, H., Ning, J., Liu, J., Huang, J., Yang, S., Jin, J., Liu, Y., Liu, J., Zhao, H., & Ge, L. (2024). Traditional Chinese medicine for insomnia: Recommendation mapping of the global clinical guidelines. *Journal of Ethnopharmacology*, *322*, 117601. https://doi.org/10.1016/j.jep.2023.117601

Yilmaz, H., Yanik, S., & Kahraman, C. (2025). Who drives sustainability in distance education? A novel multi-stakeholder analysis using factor analysis and fuzzy MACTOR. *Journal of Cleaner Production*, *529*, 146720. https://doi.org/10.1016/j.jclepro.2025.146720

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