

Kelas Rawat Inap Standar (KRIS) As a Means of Equalizing The Quality of Health Care Services: Narrative Review

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Abstract

Introduction: Kelas Rawat Inap Standar (KRIS) is part of the Jaminan Kesehatan Nasional (JKN) service reform agenda aimed at eliminating differences in inpatient classes based on contributions and realising equal quality of health services in all Indonesian hospitals. **Objective:** This Narrative Review aims to examine the readiness for KRIS implementation in hospitals and identify challenges related to infrastructure, human resources, bed capacity, financing, and data management. **Method:** The study employs a narrative literature review method, selecting literature published between 2021 and 2025. A total 26 scientific articles were used as the theoretical foundation and conceptual context and 7 core articles. **Result and Discussion:** The results of the study show that the implementation of KRIS is still hampered by the physical readiness of hospitals, limited human resources, and the diversity of facility capacities in meeting inpatient room standards. However, the implementation of KRIS also offers opportunities to improve service equity, inpatient efficiency, and reduce class discrimination. **Conclusions:** In conclusion, the success of Kelas Rawat Inap Standar (KRIS) is highly dependent on strengthening funding support, adjusting facilities, improving human resources, adequate information systems, and continuous evaluation to ensure equal inpatient services for all Jaminan Kesehatan Nasional (JKN) participants.

Introduction

Health is a fundamental right enjoyed by every citizen and is the most important indicator of the well being of the nation and the state. In the context of national development, the level of public health depends not only on the availability of medical facilities but also on equitable access to high quality healthcare services. Through the Sustainable Development Goals (SDGs), the Indonesian government has reaffirmed its commitment to ensuring equitable and high quality access to healthcare services for all Indonesian citizens, free from any form of social or economic discrimination.

Equality refers to the provision of the same standard of inpatient care to all JKN participants, while Equity refers to fairness in the provision of services, taking into account avoidable differences and varying needs among different population groups. Access refers to an individual's ability to reach and use health services without geographical, financial, or other relevant barriers. Quality refers to the extent to which health care services can increase the likelihood of achieving desired health outcomes and are consistent with evidence based professional knowledge. Readiness refers to a hospital's capacity to implement KRIS requirements, including the availability of adequate infrastructure, human resources, funding, information systems, and other supporting resources.

As a manifestation of this commitment, the Indonesian government has implemented the Jaminan Kesehatan Nasional (JKN) Scheme since 2014 through the Badan Penyelenggara Jaminan Sosial (BPJS) for Health. This has represented a major reform for the health sector, as it has succeeded in expanding the coverage of social health insurance to more than 200 million participants, yet behind this success lie fundamental issues within the Jaminan Kesehatan Nasional (JKN) Scheme, particularly regarding disparities in the quality of care between inpatient classes in hospitals, where the classification is divided into Classes I, II and III under the old scheme. Hakiki (2025) states that Class I participants pay higher contributions and generally receive better facilities and services, whilst Class III participants pay lower contributions and receive more basic facilities. The tangible inequalities resulting from this contribution-based class system are reflected in the healthcare experience in terms of the comfort of patient rooms, the availability of facilities, and the speed of medical services. Ensuring equitable quality of healthcare for all Jaminan Kesehatan Nasional (JKN) participants presents a significant challenge in the face of these inequalities.

The issue of inequality in the quality of healthcare services faced by participants in the Jaminan Kesehatan Nasional (JKN) Scheme has been addressed by the government through a new policy set out in Peraturan Presiden Nomor 59 Tahun 2024 on the Kelas Rawat Inap Standar (KRIS), which serves as a single system to replace the tiered inpatient class system; however, according to Lubis et al (2024), to date there has been no public awareness campaign regarding inpatient service tariffs following the implementation of the Kelas Rawat Inap Standar (KRIS), leading to uncertainty regarding service costs. Furthermore, in its implementation, the Kelas Rawat Inap Standar KRIS) faces various structural challenges.

Research findings indicate that hospitals are not yet fully prepared to implement all the criteria set out in the Kelas Rawat Inap Standar (KRIS). The implementation of the Kelas Rawat Inap Standar (KRIS) can be achieved by preparing the 12 existing criteria (Lubis et al., 2024). Research by Sudrajat & Rahayu (2025) found a low percentage of 15.87% at the Bandung City Regional General Hospital, which is owned by the Bandung City Council. This is corroborated by the study by Ilmansyah & Basabih (2025), which

states that only eleven public hospitals (38%) out of twenty nine in Jakarta Province met the criteria, whilst eighteen public hospitals (62%) did not meet the criteria. Furthermore, based on research by Pramana & Priastuty (2023), it was stated that geographical and demographic factors influence the public's perception of the Kelas Rawat Inap Standar (KRIS). This situation highlights the need for a comprehensive analysis of the readiness of the Kelas Rawat Inap Standar (KRIS), including healthcare facilities, implementation strategies, and the potential social and economic impacts of its implementation.

Against this background, this narrative review aims to analyse the challenges and opportunities associated with the implementation of the Kelas Rawat Inap Standar (KRIS) within the Jaminan Kesehatan Nasional (JKN) system, which represents a step towards ensuring equitable access to healthcare services in Indonesia. This narrative review integrates various recent research findings published between 2021 and 2025 to provide an empirical overview of the dynamics surrounding the Kelas Rawat Inap Standar (KRIS) policy at both national and regional levels.

Method

This study employs a narrative review approach as the basis for analysis to gain a comprehensive understanding of the implementation of the Kelas Rawat Inap Standar (KRIS) policy in Indonesia. This method focuses on the synthesis of scientific findings without the collection of field data, through a critical review of publications discussing the readiness of healthcare facilities, regulatory aspects, hospital capacity, and the dynamics of Kelas Rawat Inap Standar (KRIS) implementation within the Jaminan Kesehatan Nasional (JKN) system.

The literature review was conducted from October through December 2025 using several information sources and academic search platforms, namely GARUDA, Google Scholar, ResearchGate, and Semantic Scholar. Additional manual searches via Google were also conducted to identify relevant publications not found through these academic search platforms. The search was conducted using the following search terms separately: "Kelas Rawat Inap Standar (KRIS)", "KRIS JKN", "Peraturan Presiden Nomor 59 Tahun 2024", and "Hospital Readiness for Kelas Rawat Inap Standar (KRIS)".

Publications identified through the search process were then progressively screened based on their titles, abstracts, and full texts in accordance with the established eligibility criteria. The inclusion and exclusion criteria are presented in Table 1. Following the screening process, a total of 26 publications were retained as the theoretical and conceptual foundation for this review and of these, 7 core articles were selected for a more in-depth synthesis because they were most relevant to the review's objectives and provided substantive information on hospital readiness and the implementation of Kelas Rawat Inap Standar (KRIS). The other publications were used to support the conceptual context and discussion.

Table 1
Inclusion and Exclusion Criteria

No	Criteria	Inclusion Criteria	Exclusion Criteria
1	Publication period	Publications published between 2021 and 2025.	Publications published before 2021 or after 2025.
2	Topic relevance	Publications discussing Kelas Rawat Inap Standar (KRIS), the implementation of Kelas Rawat Inap Standar Jaminan Kesehatan Nasional (KRIS JKN), hospital readiness, facilities and infrastructure, human resources, bed capacity, funding, information systems, the equitable distribution of services, or other aspects relevant to the implementation of Kelas Rawat Inap Standar (KRIS).	Publications not related to Kelas Rawat Inap Standar (KRIS) or its implementation.
3	Publication type	Scientific research articles, literature reviews, and analyses of policies or legislation relevant to the purpose of the review.	Editorials, news articles, commentaries or publications that lack adequate analysis
4	Full text availability	Publications available in full text for review.	Publications for which the full text is not available
5	Relevance to review objectives	Publications containing findings or analyses regarding hospital readiness, barriers, implementation or the implications of Kelas Rawat Inap Standar (KRIS).	Publications whose content does not contribute to the objectives of the review
6	Duplication	One version of the publication that meets the criteria	Duplicate publication

Research and Discussions

1. Result

This stage yielded seven key articles, which subsequently formed the basis for the core discussion due to the depth of their findings regarding hospital readiness and the challenges of implementing the Kelas Rawat Inap Standar (KRIS) policy. An in-depth analysis of these seven articles is presented in the discussion table to highlight comparisons of research methodologies, scope of study and key findings. The results and discussion are set out in the table below.

Table 2
Description of Result

No	Author	Title	Type of Research, Data Collection Methods, Sample Population or Informants	Results
1	(Muliani & Suryono, 2025)	Analisis Hukum Ekonomi Terhadap Kebijakan Kelas Rawat Inap Standar (KRIS) dalam Upaya Mewujudkan Efisiensi dan Keadilan Jaminan Kesehatan Nasional	This study employs a qualitative policy analysis that examines regulatory documents, the legal framework and relevant literature. The approach adopted includes a legislative analysis to examine the legal basis underpinning	The study's findings show that, from a normative perspective, the provisions of Kelas Rawat Inap Standar (KRIS) promote equitable access to and distribution of healthcare services, thereby strengthening the foundations of a more inclusive national health

			the Kelas Rawat Inap Standar (KRIS) policy, as in Undang-Undang Nomor 40 Tahun 2004, Undang-Undang Nomor 24 Tahun 2011, serta Peraturan Presiden Nomor 59 Tahun 2024. In addition, a conceptual approach was adopted. This study utilised data sources drawn from primary, secondary and tertiary legal sources, through a literature review.	system. However, there are a number of obstacles at the implementation level, particularly relating to the readiness of hospital facilities and the emergence of some dissatisfaction amongst participants, which still need to be addressed.
2	(Salsabila al.,2024)	et Evaluasi Kelengkapan Data Informasi terkait survei Kelas Rawat Inap Standar (KRIS) untuk Mendukung Keputusan Kesehatan di Dinas Kesehatan Sleman	This study is a qualitative descriptive study, with data collected from relevant scientific journals and hospital websites, the data sources for this study comprise the information available on hospital websites and scientific documents, which constitute the study population.	This study found that the main challenges still relate to raising awareness and increasing hospitals involvement in the data collection and reporting process, including the ability to adapt to regulatory updates and technological developments. Therefore, ongoing adjustments to policies and strategies are required to overcome these barriers. In general, all hospitals have completed the Kelas Rawat Inap Standar (KRIS) survey form, although some still need to provide the contact details of the Person in Charge (PIC). Whilst progress has been made in terms of reporting, continued attention remains essential to encourage the involvement of relevant parties and strengthen preparedness in the face of changes in the environment.
3	(Afni Bachtiar, 2022)	& Analisis Kesiapan Implementasi Kelas Rawat Inap Standar: Studi Kasus Di RS Wilayah Kabupaten Tangerang (PP No 47 Tahun 2021)	This study is a quantitative and qualitative research project, with data collected via questionnaires and in depth interviews, the target population for the quantitative approach comprises the directors of the 25 hospitals in Tangerang Regency, whilst selected	Research shows that, as of the end of 2021, hospitals readiness for Kelas Rawat Inap Standar (KRIS) remained below 60%, with compliance regarding ward occupancy rates being higher than for intensive care units (23%), isolation wards (36%) and full-time specialist doctors (15-20%) in private hospitals, 100%

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4	(Raafiana & Andriani, 2025)	Kesiapan Rumah Sakit Dalam Implementasi Kebijakan Kelas Rawat Inap Standar (KRIS) JKN : <i>Literature Review</i>	informants were used for the qualitative approach. This study is a systematic review using the PRISMA method, with data collected through a search for articles on Google Scholar using the keywords “Kesiapan Rumah Sakit”, “Implementasi Kebijakan”, and “KRIS JKN”, and the final sample consisted of 10 selected articles published between 2022 to 2024.	public hospitals in terms of numbers). Some of the criteria that have not yet been met include bathroom facilities and their accessibility, bed density, and the availability of oxygen outlets. Efforts to meet the 12 criteria have already begun in stages, but it is estimated that it will still take around 1-2 years before they are fully met.
5	(Pramana al., 2023)	et Perspektif Masyarakat Pengguna BPJS Kesehatan Mengenai Kebijakan Kelas Rawat Inap Standar (KRIS)	This study is a qualitative study employing a case study approach, involving the collection of primary data in the form of audio recordings of interviews and secondary data in the form of academic journals, books, institutional archives and relevant legislation; informants were selected using purposive sampling via the maximum variation technique.	The research findings indicate that Badan Penyelenggara Jaminan Sosial (BPJS) users from various classes in the study area tend to respond quite favourably to the proposed implementation of Kelas Rawat Inap Standar (KRIS), accompanied by expectations that monthly contributions will be adjusted to be more proportionate than under the previous class based system. This study also identified discrepancies with other studies conducted in different regions, which reached opposing conclusions; consequently, there is a need for wider public awareness campaigns that are sensitive to the characteristics of the community, taking into account geographical and demographic contexts.
6	(Dharmayanti et al., 2023)	Pemenuhan Ketersediaan Kelas Rawat Inap Standar Bagi Peserta Jaminan Kesehatan Nasional Dalam Perspektif Hak Asasi Manusia	This research is a normative legal study or a literature review employing a statutory approach, a case-based approach, a historical approach and an analytical approach, with data collection carried out using secondary legal materials comprising primary, secondary and	Research shows that the provision of standard inpatient care for participants is a state obligation in fulfilling the right to health, as this requirement is mandated by the Undang-Undang Sistem Jaminan Sosial Nasional and forms part of the principle of equity in national health policy. Within the

		tertiary legal sources obtained from a review of the literature as the source of research data.	framework of human rights, the provision of these services is regarded as the state's responsibility in ensuring the basic health needs of the entire population are met.
7	(As'ady et al., 2025)	Implementasi Kelas Rawat Inap Standar Jaminan Kesehatan Nasional Terhadap Sarana Prasarana di RS Wawa Husada Malang	Quasi qualitative, in depth interviews, documentation and survey instruments; informants included the Chief Executive of Wawa Husada Hospital, the Deputy Director of Medical Services, the Head of the Medical Services Division, the Head of the Inpatient Ward Section, and the Heads of Inpatient Wards A to I
			Wawa Husada Hospital has, in fact, already met around ten basic criteria for the implementation of Kelas Rawat Inap Standar (KRIS), However, there are still two components that have not been fully met, specifically regarding accessibility standards for bathroom facilities and the requirements concerning inpatient ward capacity. As of 2024, the hospital has not yet been able to meet the requirement of a maximum of four beds per room, with a minimum distance of 1.5 metres between the sides of the beds.

Table 3
Challenges in the Implementation of Kelas Rawat Inap Standar (KRIS)
Based on a Literature Review

Factor	Statement	References
Man	a. The readiness of healthcare workers and human resource capacity varies from region to region	(Afni & Bachtiar, 2022; Raafiana & Andriani, 2025)
	b. The availability of full time specialist doctors is not yet evenly distributed	
	c. All parties need to play an active role in the implementation of Kelas Rawat Inap Standar (KRIS)	
Money	a. Public perception of the level of contributions is under scrutiny	(Muliani & Suryono, 2025; Pramana & Priastuty, 2023)
	b. Participants may feel disadvantaged as a result of the standardisation of service classes	
	c. A decline in premium compliance could threaten the sustainability of the Jaminan Kesehatan Nasional (JKN) Scheme	
Material	a. Hospital infrastructure readiness is not yet uniform	(Afni & Bachtiar, 2022; Salsabila et al., 2024)
	b. Limited intensive care and isolation facilities	
	c. There are still hospitals that do not yet meet all Kelas Rawat Inap Standar (KRIS) criteria	
Machine	a. The completeness of Kelas Rawat Inap Standar (KRIS) survey data still needs to be improved	(Salsabila et al., 2024)
	b. There are hospitals that have not yet provided complete Person in Charge (PIC) data	
Method	a. The need for regulatory harmonisation and ongoing evaluation	(As'ady et al., 2025; Dharmayanti et al., 2023)
	b. Implementation requires a phased approach in line with the hospital readiness	

- c. A dedicated team is required to evaluate and monitor the implementation of Kelas Rawat Inap Standar (KRIS)
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2. Discussion

The Jaminan Kesehatan Nasional (JKN) Scheme is a strategic national programme in Indonesia aimed at realising fair and equitable health protection for all Indonesian citizens. In 2014, the Jaminan Kesehatan Nasional (JKN) Scheme was launched by the Badan Penyelenggara Jaminan Sosial (BPJS) for Health. There are three classes of hospitalisation: Class 1, Class 2 and Class 3, as set out in the Jaminan Kesehatan Nasional (JKN) policy administered by Badan Penyelenggara Jaminan Sosial (BPJS) for Health. Those in the upper middle income bracket have access to better healthcare facilities compared to those in the lower middle income bracket due to financial constraints.

Physical Readiness

Implementing the 'Kelas Rawat Inap Standar' (KRIS) poses a major challenge if hospitals are not yet equipped with the necessary infrastructure and are therefore unable to meet the specified standards. A number of studies indicate that the implementation of Kelas Rawat Inap Standar (KRIS) still faces obstacles such as infrastructure that does not yet meet the criteria, unclear funding arrangements, and the readiness of human resources and operational regulations, thereby presenting challenges at the policy implementation stage (Adelia et al., 2025; Putri & Chalidyanto, 2025).

The readiness for the implementation of the Kelas Rawat Inap Standar (KRIS) in hospitals in Indonesia indicated that, by the end of 2021, the readiness of these hospitals remained below 60%, consequently, several aspects such as ward occupancy, intensive care units and isolation wards require urgent attention. Furthermore, a study by Saleh et al (2024) revealed that the implementation of Kelas Rawat Inap Standar (KRIS) requires improvements to facilities and infrastructure, as well as enhanced policy awareness, to ensure that Kelas Rawat Inap Standar (KRIS) can meet standards comprehensively. In line with these findings, the results of the national self assessment indicate that approximately 81% of regional hospitals are deemed ready, although nearly 78% of these still require infrastructure adjustments, renovations, and support in terms of facilities and funding to fully meet Kelas Rawat Inap Standar (KRIS) standards, including through enhanced awareness raising and readiness for regulatory implementation (Arisa et al., 2023; Saleh et al., 2024)

Human Resources

Hospital readiness for the Kelas Rawat Inap Standar (KRIS) is influenced by variations in geographical and demographic conditions, hospital ownership status, and the capacity of the human resources available in each region. In line with this, Munadi et al (2025) state that the implementation of Kelas Rawat Inap Standar (KRIS) requires comprehensive readiness in terms of infrastructure, human resources, information systems, and adjustments to internal regulations, these challenges are particularly prevalent in private hospitals with limited budgets or facilities.

Bed Capacity

Empirical studies show that the limited number of hospital beds in Indonesia does not even meet the World Health Organization's (WHO) ideal ratio of one bed per 1.000 inhabitants (Kurniawati et al., 2021). Other findings indicate that the implementation of

Kelas Rawat Inap Standar (KRIS), is predicted to result in a reduction in bed capacity of around 21% in private hospitals, which will further restrict Jaminan Kesehatan Nasional (JKN) participants access to healthcare services (Handoyo et al., 2025). Furthermore, the Kelas Rawat Inap Standar (KRIS), policy has led to a reduction in bed capacity, which has increased waiting times and created a heavy workload, particularly in hospitals with limited resources, despite its aim of improving equity in service provision (Meidiawaty, 2024).

Financing

These challenges include the need for costly renovation and installation of inpatient facilities, the risk that hospitals may fail to meet standards due to budgetary constraints, and the impact on operational efficiency and the quality of healthcare services. The Kelas Rawat Inap Standar (KRIS) policy has led the public to focus intensely on the level of premiums, with this programme in place, premium amounts should be adjusted to reflect the monthly income that Badan Penyelenggara Jaminan Sosial (BPJS) for Health service users are able to pay. Economic factors are currently the strongest reason why the level of premiums is receiving such attention. Soraya et al (2023) explain that economic conditions play a major role in determining people's ability to meet their healthcare needs; consequently, the Jaminan Kesehatan Nasional (JKN) premium structure is designed based on income levels and includes subsidies for low income groups. Research by Azizah & Maharani (2025) shows that the household income per family member is correlated with the compliance of Pekerja Bukan Penerima Upah (PBPU) participants in paying their Jaminan Kesehatan Nasional (JKN) contributions ($p < 0.05$).

Information System

To support the effectiveness of the evaluation and monitoring processes, the dedicated team must be equipped with a reliable and integrated information technology system. To support the effectiveness of the evaluation team's work, hospitals require integrated information technology support that enables real-time monitoring of service performance. Research by Hakiki (2025) confirms that the implementation of Kelas Rawat Inap Standar (KRIS) requires infrastructure development, the enhancement of healthcare staff competencies through training, and a transparent monitoring system to ensure the successful realisation of this policy.

Equity

The principle of justice in the Kelas Rawat Inap Standar (KRIS) policy can be understood as an effort to realise Rawlsian distributive justice in the context of public services in the health sector, particularly as the previous class system created service differentiation based on participants ability to pay. Differences in inpatient facilities depending on Badan Penyelenggara Jaminan Sosial (BPJS) for Health contributions had led to economic inequality and service discrimination prior to the implementation of Kelas Rawat Inap Standar (KRIS). Findings (Amelia et al., 2025; Samodra & Wirantari, 2024) show that the class system in fact resulted in inequities in access and quality for lower class participants, whilst Imtihani & Nasser (2024) demonstrate that the reform towards a single standard class aligns with Rawls's principles as it provides greater benefits to the most economically disadvantaged groups.

The fulfilment of the right to a standard inpatient room for Jaminan Kesehatan Nasional (JKN) participants is an obligation that hospitals must fulfil as a form of protection for every individual in need of care. This obligation has a legal basis as it reflects the existence of a legal relationship between two legal entities, namely the patient and the hospital. Within this relationship, each party has reciprocal rights and obligations that must be respected and carried out in a balanced manner. According to research by Pratama et al (2021), the implementation of legal protection for patients enrolled in the Program Jaminan Kesehatan Nasional-Kartu Indonesia Sehat (JKN-KIS) scheme is reflected in the fulfilment of patients rights in accordance with legislation when they receive healthcare services in hospitals.

Quality Implications

Empirical studies show that the success of Kelas Rawat Inap Standar (KRIS) implementation depends on measurable and effective policy evaluation at the healthcare facility level, particularly in private hospitals as part of the Jaminan Kesehatan Nasional (JKN) service system (Desria et al., 2025). In addition to conducting evaluations, the team must also devise practical solutions and provide recommendations for improvement to enhance the quality of care and ensure compliance with applicable standards.

Conducting regular evaluations plays a vital role in ensuring that hospitals continually update and adapt in line with policy changes and patient needs. Through the existence of this specialised team, it is hoped that hospitals will be able to achieve optimal performance by providing healthcare services that not only comply with national regulations but also align with patient expectations. These efforts at continuous evaluation and improvement will strengthen the hospital's capacity to provide high quality and sustainable services.

Study Limitations

This narrative review has several limitations that should be considered when interpreting its findings. First, the review relied on secondary data from publications between 2021 and 2025 without collecting primary data directly from hospitals. Therefore, the findings may not fully reflect current hospital readiness or actual conditions during KRIS implementation. Second, although 26 publications were reviewed, only seven core articles were included in the in-depth synthesis, potentially limiting the diversity of evidence. Third, the literature search was conducted through selected academic platforms and manual searches, which may have excluded relevant studies published elsewhere. Fourth, differences in research designs, geographical coverage, hospital characteristics, and assessment methods across the included studies made direct comparisons difficult. Additionally, the narrative review approach did not involve a formal assessment of methodological quality or risk of bias, which may affect the strength of the conclusions. Future research should incorporate systematic review methods, standardized readiness indicators, and primary data from hospitals across different Indonesian regions to provide stronger evidence regarding KRIS implementation, healthcare equity, service quality, and policy effectiveness

Conclusion

This narrative review indicates that the Kelas Rawat Inap Standar (KRIS) policy is a key instrument for achieving equitable quality of Jaminan Kesehatan Nasional (JKN) services through the simplification of inpatient classes. However, its implementation still faces significant obstacles, particularly limitations in hospital infrastructure, human resource readiness, funding, and disparities in bed capacity. Furthermore, management adaptation, tariff adjustments and social resistance also pose challenges during the transition process. Nevertheless, the literature confirms that Kelas Rawat Inap Standar (KRIS) has strong potential to improve equity of access, eliminate contribution-based class discrimination and strengthen the quality of healthcare services. The key to the successful implementation of this policy lies in collaboration amongst stakeholders, regulatory strengthening, facility improvements, staff training, a robust information system, and regular evaluation at hospital level. With consistent and targeted efforts, Kelas Rawat Inap Standar (KRIS) can serve as a catalyst for the transformation of healthcare services towards a fairer, higher quality and more sustainable system for all Jaminan Kesehatan Nasional (JKN) participants.

Declaration of AI Assistance

AI tools, including ChatGPT, Gemini, or Claude AI, were used during the preparation of this manuscript for grammar checking, paraphrasing, and translation. The authors reviewed and verified the final content and take full responsibility for its accuracy and scientific integrity

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