

Optimising the Role of Hospital Health Promotion in Improving Superior Services

Optimalisasi Peran Promosi Kesehatan Rumah Sakit dalam Meningkatkan Layanan Unggul

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ABSTRACT

This study used a descriptive qualitative approach with the aim of evaluating the implementation of the Hospital Health Promotion Programme (PKRS) at RSUD Jenderal Ahmad Yani Metro City in 2024. The research sample consisted of 8 informants selected using purposive sampling technique, which included 1 Head of PKRS Installation, 3 medical staff, and 4 patients. Data collection techniques were conducted through in-depth interviews, direct observation, and documentation. Analysis was conducted using a thematic analysis approach. The results showed that the implementation of the Hospital Health Promotion Programme (PKRS) at RSUD Jenderal Ahmad Yani Metro City still faces obstacles, such as the lack of structured training for medical and non-medical staff, the non-integration of the PKRS programme in all hospital service lines, and the absence of structured ongoing evaluation. Strengthening the use of educational media, coordination between departments, and increasing the budget to support CSE activities are also needed. It is expected to improve service quality, reduce nosocomial infection rates, and strengthen public awareness of the importance of Clean and Healthy Living Behaviour (PHBS) in providing superior health services.

Keywords: Health promotion, hospital, health education

ABSTRAK

Penelitian ini menggunakan pendekatan kualitatif deskriptif dengan tujuan untuk mengevaluasi pelaksanaan Program Promosi Kesehatan Rumah Sakit (PKRS) di RSUD Jenderal Ahmad Yani Kota Metro pada tahun 2024. Sampel penelitian terdiri dari 8 informan yang dipilih menggunakan teknik purposive sampling, yang meliputi 1 Kepala Instalasi PKRS, 3 staf medis, dan 4 pasien. Teknik pengumpulan data dilakukan melalui wawancara mendalam, observasi langsung, dan dokumentasi. Analisis dilakukan dengan pendekatan analisis tematik. Hasil penelitian menunjukkan pelaksanaan Program Promosi Kesehatan Rumah Sakit (PKRS) di RSUD Jenderal Ahmad Yani Kota Metro masih menghadapi kendala, seperti kurangnya pelatihan terstruktur untuk staf medis dan non-medis, ketidak-terintegrasiannya program PKRS di seluruh lini pelayanan rumah sakit, serta tidak adanya evaluasi terstruktur yang berkelanjutan. Perlu penguatan penggunaan media edukasi, koordinasi antar departemen, dan peningkatan anggaran untuk mendukung kegiatan PKRS juga diperlukan. Diharapkan dapat meningkatkan kualitas layanan, menurunkan angka infeksi nosokomial, serta memperkuat kesadaran masyarakat akan pentingnya Perilaku Hidup Bersih dan Sehat (PHBS) dalam memberikan pelayanan kesehatan unggul.

Kata Kunci: Promosi kesehatan, rumah sakit, edukasi kesehatan

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INTRODUCTION

Health care in hospitals plays a very important role in the global health system, which aims to ensure the welfare of the community through effective and quality medical services. However, in this modern era, hospitals are not only required to provide curative services, but also play an active role in increasing public awareness of the importance of a healthy lifestyle.¹ One of the efforts that can be made is through Hospital Health Promotion (CHP), which serves to empower the community in maintaining health and preventing disease through behaviour change. PKRS, with its holistic approach, helps to realise WHO recommendations by empowering individuals and communities to take an active role in maintaining and improving their health, both within and outside the hospital environment.²

In Indonesia, attention to the implementation of CSE has increased after the issuance of the Minister of Health Regulation No. 44/2018 on the Implementation of Hospital Health Promotion. This regulation directs hospitals to not only provide curative services, but also organise promotive and preventive activities. Despite clear guidelines on the implementation of CSP, many hospitals still face challenges in optimising the implementation of this programme.³ Clean and Healthy Living Behaviour (PHBS) has improved, a number of hospitals still struggle to integrate CSP thoroughly in their operations.⁴ This shows that although regulations are in place, effective implementation still requires further attention.

At the local level, RSUD Jenderal Ahmad Yani Metro City faces similar problems in implementing

CSE. Some of the programmes that have been implemented, such as Edukasi Mingguan (EDUMY) and Ahmad Yani untuk Mutiara Hati (AYUMI), although useful, still do not fully meet the standards set out in Permenkes No. 44/2018. The evaluation showed constraints in terms of regulation, assessment and monitoring of the CSE programme. In addition, limited human resources and adequate facilities, as well as a lack of integration of the CSE programme into hospital operations, are major barriers to achieving optimal CSE goals at RSUD Jenderal Ahmad Yani.

One of the impacts of suboptimal implementation of CSE is the high rate of nosocomial infections, which often occur in hospitals due to low awareness of hygiene and lack of strict implementation of health standards. These nosocomial infections not only pose a risk to patient safety, but can also damage the hospital's reputation in the eyes of the community.⁵ Therefore, it is important for hospitals to optimise CSE to prevent nosocomial infections and improve overall service quality.⁶ Optimising CSE will increase public awareness of the importance of hygiene and better health standards, which in turn will improve the hospital's image and public confidence in the services provided.⁷

Against this background, this study aims to analyse and evaluate the implementation of CSE at RSUD Jenderal Ahmad Yani Metro City. The main focus of this study is to assess the extent to which the implementation of CHAP standards is in accordance with existing regulations, as well as identify factors that hinder the optimal implementation of CHAP. This study will fill the



existing knowledge gap regarding the implementation of CSE in local hospitals, with the aim of providing strategic recommendations that can help improve the effectiveness of CSE implementation. It is hoped that this study can contribute to reducing the number of nosocomial infections, increasing awareness about PHBS, and ultimately improving the quality of service at RSUD Jenderal Ahmad Yani Metro City.

MATERIALS AND METHODS

This study used a descriptive qualitative approach with the aim of evaluating the implementation of Hospital Health Promotion (PKRS) at RSUD Jenderal Ahmad Yani Metro City in 2024. The qualitative approach was chosen because it allowed the researcher to gain an in-depth understanding of the implementation of CHP in the hospital, as well as to identify factors that hinder or influence the effectiveness of the programme.⁸ This study was conducted at RSUD Jenderal Ahmad Yani Kota Metro, which is located in Metro City, Lampung. The research was conducted from January to June 2024, with the aim of obtaining relevant and up-to-date data on the condition of the PKRS implementation in the hospital. The population in this study was all staff and stakeholders involved in the CSE programme at the hospital, including the CSE manager, medical staff, and health facility managers.

The research sample consisted of 8 informants selected using *purposive sampling* technique. The research sample consisted of 8 informants who were selected using *criterion sampling* technique. The *criterion sampling* technique was chosen

because the researcher needed informants who met certain criteria relevant to this study, namely having in-depth experience and understanding of the implementation of CHAP. The selected informants consisted of 1 Head of PKRS Installation, 3 medical staff, and 4 patients who were expected to provide specific information regarding the implementation of PKRS, as well as barriers or supporting factors that affect the effectiveness of the programme. This technique was used because the researcher needed informants who had understanding and experience related to the implementation of CSE, so that they could provide in-depth and relevant information.⁹

Trustworthiness in this study was maintained by using data triangulation, which is a technique to check the consistency of data results by comparing information obtained from various sources or data collection methods. Triangulation was conducted by combining several data collection techniques, such as in-depth interviews, direct observation, and documentation. In-depth interviews were conducted to explore the experiences, understanding, and barriers faced in implementing CSE.^{10,11} Observation of health promotion activities included observation of health education to patients and families, counselling in treatment rooms, routine health checks, health campaigns in hospital areas, use of social media for health promotion, and community involvement in the CSE programme. Documentation was used to obtain secondary data related to policies and reports on the implementation of CSE activities as well as programme evaluation reports. The implementation of CSE was conducted by first collecting data. Afterwards, data was analysed using a thematic



analysis approach. Data presentation was done in narrative and tabular form to facilitate understanding of the research results and provide a clear picture of the condition of CSE implementation at RSUD Jenderal Ahmad Yani.

RESULTS

This study analyses the implementation of Hospital Health Promotion (CHP) at RSUD Jenderal Ahmad Yani Metro City, with a focus on efforts to optimise health services. Based on interviews with various informants, including 1 head of the PKRS Installation, 3 medical staff, and 4 patients, it was found that although PKRS has been implemented, its implementation still faces a number of challenges that affect service quality, especially in terms of regulation, assessment, intervention, and evaluation.

Table 1. Implementation of the CSE Regulation at General Ahmad Yani Hospital

Aspects	Implementation Condition	Constraints
PKRS Regulation	Not yet optimal	Lack of detailed strategic plan
CHAPS Standard	Not met	Limited human resources and budget

Source: Primary data, 2024

The regulation of PKRS at RSUD Jenderal Ahmad Yani Metro City already exists in the form of written guidelines, but its implementation is not in accordance with the standards set out in Permenkes No. 44/2018. Based on an interview with the Head of the PKRS Installation, the hospital does not have a detailed strategic plan regarding the implementation of PKRS. This has caused CSE activities to be less coordinated and not integrated

with the overall hospital managerial. Trained human resources and adequate budget are the main challenges for optimal implementation of CSE.

The implementation of the PKRS regulation in this hospital has not fully complied with the standards set out in Permenkes No. 44/2018. This can be seen from the absence of a detailed strategic plan regarding the implementation of CSE that is integrated with hospital management. According to the data, the absence of a clear strategic plan hampers coordination between units related to CSE, so many activities are not well coordinated. Limited human resources and inadequate budget are also major challenges affecting the quality of CSE implementation. Therefore, to improve the effectiveness of CSE implementation, hospitals need to develop a clear strategic plan that can guide the overall management of this health programme.

Table 2: Limitations of the CSE Needs Assessment at RSUD Jenderal Ahmad Yani

Aspects	Condition	Constraints
Needs Assessment	Limited	No assessment survey for CSE needs
Assessment Coverage	Limited	There is no assessment for all elements of the hospital

Source: Primary data, 2024

The assessment conducted at RSUD Jenderal Ahmad Yani is still limited. Based on interviews with medical staff, it is known that there is no comprehensive assessment to identify health promotion needs among patients and hospital staff. In addition, there are no formal mechanisms such as suggestion boxes or regular surveys that collect direct feedback from patients and families regarding their health needs. Without proper assessment, the hospital cannot design programmes



that suit the specific conditions and needs of patients and medical personnel.

A more in-depth assessment process that involves the active participation of patients is necessary to design interventions that are targeted and in line with real needs. For this reason, the hospital needs to conduct a more comprehensive assessment, either through the PKRS needs survey, suggestion box, or other methods that allow the collection of more holistic data on health needs in this hospital.

Assessments conducted in hospitals are still very limited. The absence of assessment surveys to determine health promotion needs among patients and hospital staff means that programmes are not always relevant to specific conditions and needs. Without a comprehensive assessment, hospitals cannot design targeted and measurable programmes. Therefore, conducting more in-depth assessments is essential for hospitals to identify the specific needs of patients and medical personnel and develop more effective CHE programmes.

The implementation of CSE interventions at RSUD Jenderal Ahmad Yani shows that there are several activities that have been running, such as the weekly education programme (EDUMY) which is held every week at the outpatient installation. However, this activity has not covered all hospital service units, including inpatient and emergency rooms. One of the main problems faced is the limited number of staff involved in counselling and the lack of varied counselling methods. The programme focused more on lectures, which proved less effective in increasing active participation from patients and their families.

In addition, the provision of educational media such as posters in the rooms has not been optimised. Educational posters placed in outpatient rooms and other rooms in the hospital should be a supporting tool to visually convey health information to patients and families. However, the current posters are less informative and not integrated with the ongoing PKRS programme. Providing educational media that is more structured and in line with the health topics that are the focus of CSE will improve the effectiveness of counselling.

Table 3. Implementation of CSE Interventions at RSUD Jenderal Ahmad Yani

CSE programme	Implementation	Constraints
Education Weekly (EDUMY)	Limited implementation	Limited staff and focus of lecture counselling
AYUMI Programme	Running limited	Not integrated with other units

Source: Primary data, 2024

Several CSE interventions have been implemented, such as the weekly education programme (EDUMY) conducted in the outpatient department. However, this programme has not covered all hospital service units, and the methods used are still limited to lectures, which have proven to be less effective in increasing active participation of patients and families. The programme is also not integrated with other units, leading to a lack of reach and impact of the programme.

In addition, the provision of educational media such as posters in outpatient rooms or other treatment rooms is still limited. Provision of more varied educational media integrated with the CHW programme would strengthen health education and



provide more accessible information to patients and families. Therefore, it is important to expand the reach of the CSE programme, involve more service units, and develop more varied and interactive extension methods, such as the use of educational posters that are more informative and relevant to the patient's condition.

Despite the intervention, interviews with medical staff showed that awareness of PHBS among patients and families is still low. The PKRS programme has not succeeded in increasing patients' awareness of the importance of hygiene and prevention of nosocomial infections. This is reflected in the lack of significant behavioural change among patients, which should be one of the main objectives of a hospital health promotion programme.

Table 4. Evaluation of the CSE Programme at General Ahmad Yani Hospital

PKRS programme	Evaluation	Follow-up
Weekly Education (EDUMY)	Unstructured	No follow-up evaluation
AYUMI Programme	Good enough	No long-term impact analysis

Source: Primary data, 2024

Monitoring and evaluation of the PKRS programme at RSUD Jenderal Ahmad Yani is still not optimal. According to an interview with the head of the PKRS Installation, the hospital does not have a structured evaluation system to assess the results of each PKRS activity. The absence of regular evaluation hampers the hospital in knowing the effectiveness of the programme. This also makes it difficult to determine the corrective measures needed for the CSE programme to achieve the desired goals.

The absence of a structured evaluation system makes it difficult for hospitals to assess the effectiveness of the CSE programme. This irregular and unstructured evaluation hampers the hospital in taking the necessary corrective measures to improve the effectiveness of the programme. For the CSE programme to function optimally, hospitals need to develop a clear and structured monitoring and evaluation system to measure the success of the programme and identify areas that require improvement.

The use of media in supporting CSE at RSUD Jenderal Ahmad Yani is still limited. Interviews with medical staff showed that the hospital uses social media such as Instagram and Facebook to disseminate information, but the use is not optimal. The content posted is irregular, and mostly focuses on general information about the hospital, without emphasising on more in-depth health promotion.

Table 5. Evaluation of the PKRS Programme at RSUD Jenderal Ahmad Yani

Social Media	Implementation	Constraints
Instagram and Facebook	Limited	Content is less organised and does not focus on CHAP

Source: Primary data, 2024

The use of social media such as Instagram and Facebook as a means of disseminating health information is still limited and irregular. While social media can be an effective platform to reach more patients and the public, the content posted does not focus enough on in-depth health promotion. Hospitals need to utilise social media more optimally by providing content that is more targeted and relevant to the health issues prioritised in CSE.



Table 6: Patient Satisfaction with PKRS Services

Aspect	Satisfaction Level	Constraints
Health counselling	Moderately satisfied	Lack of in-depth information after hospital discharge
Interaction with staff	Moderately satisfied	Lack of follow-up of the programme

Source: Primary data, 2024

Patients interviewed expressed satisfaction with the existing CHW services, however, they felt that they lacked adequate information on their health, especially regarding the prevention of nosocomial infections and the importance of hygiene. Despite programmes such as EDUMY, some patients felt that the information provided was not in-depth enough and there was no follow-up after they were discharged from the hospital.

Although patients were moderately satisfied with the existing CHAP services, they expressed that the information provided lacked depth and there was no follow-up after discharge. This suggests shortcomings in the post-service training system and in ensuring that the information provided during hospitalisation can be passed on or continued after the patient returns home. More organised and systematic follow-up is needed to ensure continuity of information and reminders to patients on the importance of staying healthy.

Nosocomial infections are still a major problem at RSUD Jenderal Ahmad Yani, despite the implementation of the CSE programme. Based on interviews with medical staff, it was found that the CSE programme has not succeeded in significantly reducing the nosocomial infection rate, which is largely due to the lack of awareness of PHBS

among patients and hospital staff.

Table 7. Effect of CHAP on Nosocomial Infection RatesPKRS

Nosocomial Infection Indicator	Incidence Rate	Constraints
Nosocomial Infection	15 cases (Jan-Mar 2024)	Low hygiene awareness among patients and medical staff

Source: Primary data, 2024

One of the main objectives of CSE is to reduce the nosocomial infection rate, but data shows that the infection rate has not decreased significantly. This is largely due to low awareness of clean and healthy behaviours (PHBS) among patients and medical staff. Therefore, the CSE programme should focus more on increasing awareness and more tangible behaviour change, especially in terms of preventing nosocomial infections.

DISCUSSION

The results of this study revealed several important findings related to the implementation of Hospital Health Promotion (CHP) at RSUD Jenderal Ahmad Yani Metro City, which affects the quality of health services and awareness of Clean and Healthy Living Behaviour (PHBS) among patients and medical staff. The findings cover a number of factors, including regulatory implementation, health needs assessment, intervention implementation, and programme evaluation. Based on the results of this analysis, several policies that can improve the effectiveness of CSE implementation in this hospital have been identified, including improved staff training, integration of the CSE programme, and programmatic evaluation.



One of the main problems found was the lack of deep understanding of the importance of CSE among medical staff and patients. The non-optimised implementation of CSE regulations is reflected in the incomplete strategic plan and lack of trained human resources. Research conducted by Ai Dewi Hendriani in 2020 on health promotion in hospitals also showed that without clear regulations and an integrated strategic plan, health promotion efforts in hospitals will not run effectively.¹² This is in accordance with the findings in this study which show that the regulation of CSE at General Ahmad Yani Metro Hospital is still not well coordinated and does not have a clear long-term strategy. In this case, more up-to-date data and references on the implementation of CSE policies are needed to clarify the weaknesses in the implementation of regulations in this hospital.

In addition, health promotion needs assessment issues were also found in this study. The lack of a comprehensive assessment of the health needs of patients and medical staff meant that the implementation of CSE interventions was not based on accurate data. A number of previous studies, such as the one conducted by Muhaimin Fansuri, revealed that an in-depth assessment is an important step in designing health promotion programmes that meet the needs of patients.¹³ Without a good assessment, the programme will not achieve the desired targets and will not be in accordance with the health priorities in the hospital. This study supports the importance of assessment to maximise the effectiveness of CSE programmes.

The next finding is related to the implementation of CSE interventions. Although the hospital has

implemented several education programmes such as Education Weekly (EDUMY) and the AYUMI programme (Ahmad Yani for Mutiara Hati), the results are still limited due to limited human resources and lack of repetition of materials to patients and families. In health promotion theory, as described by Nurmala, the approach used in health promotion should be based on continuous education, which allows patients to maintain healthy behaviour in the long term.¹⁴ The programmes carried out at RSUD Jenderal Ahmad Yani have not fully covered this aspect, because many programmes are one-off and no follow-up or repetition is carried out. The policy implication is that the government and hospital management need to consider more integrated policies to ensure the sustainability of health education programmes, including additional budget for retraining medical staff and strengthening the involvement of patients' families.

In addition, the lack of programmed evaluation of CSE implementation is also a significant problem. Research by Rheza Giovanni emphasises that evaluation is one of the essential components of hospital management.¹⁵ A good evaluation can provide useful feedback to improve ongoing programmes and determine whether the set objectives are being achieved.¹⁶ Without systematic and programmed evaluations, hospitals will find it difficult to know whether their programmes are successful or not, and what needs to be improved to achieve better results.¹⁷ The policy implication is that periodic assessment needs to be included in the CSE policy, which involves measuring short-term and long-term outcomes.¹⁸ The hospital should



establish an evaluation system that measures changes in PHBS behaviour with more measurable and reliable indicators.¹⁹

The importance of integrating CSE in all aspects of hospital services was also a key finding in this study. Integrating CSE programmes into daily hospital services is a step that can increase its effectiveness.²⁰ Research conducted by Pavani Rangachari on the importance of an integrative approach in health services to achieve comprehensive and sustainable care.²¹ Therefore, to ensure that CSE programmes are effective, there needs to be deeper integration in every aspect of care, from admission to recovery.²² The policy implication is that deeper policies should encourage hospitals to strengthen interdepartmental coordination and ensure that CSE becomes an integral part of all aspects of medical care.

In terms of staff training, this study supports the findings of Yustikasari, who pointed out that increased training for medical and non-medical staff is essential for the success of the CSE programme.²³ In an interview with the head of the CSE Installation, it was suggested that further training should be provided regularly on the implementation of the CSE programme, PHBS, and good hygiene practices. This training should involve all levels of hospital staff so that awareness of the importance of health promotion can permeate the culture of the hospital and be applied in every service provided. However, the results of this study also contradict some previous studies that suggest that although training is conducted regularly, other factors such as lack of managerial support or inconsistent policies may hinder the effectiveness

of such training. This indicates that while staff training is an important step, strong policies and managerial support are also indispensable to ensure the success of CSE programmes.²⁴

The results of this study provide a clear picture of the challenges faced in implementing CSE at RSUD Jenderal Ahmad Yani Metro City, including issues in regulatory implementation, health needs assessment, intervention delivery, and programme evaluation. The findings reflect the importance of a deeper understanding of CSE among medical staff and patients, as well as the need to improve the evaluation system and integration of the programme into all aspects of hospital services.²⁵ Despite various efforts, such as the implementation of educational programmes and limited assessments, gaps in coordination and human resources are still major obstacles hindering the success of the programme. This study provides important insights into the need for a more comprehensive approach in the implementation of CSE so that the programme can be more effective in improving the quality of health services and awareness of PHBS in hospitals.

CONCLUSION AND SUGGESTIONS

The implementation of Hospital Health Promotion (CHP) at RSUD Jenderal Ahmad Yani Metro still faces obstacles, such as the lack of structured training for medical and non-medical staff, the non-integration of CHP programmes across hospital service lines, and the absence of structured ongoing evaluation. Although some programmes such as Edukasi Mingguan (EDUMY) and Ahmad Yani untuk Mutiara Hati (AYUMI)



have yielded positive results in increasing health awareness, measures to improve the effectiveness of CSE need to be taken, such as structured staff training at least twice a year, integration of the CSE programme across all service units with a target of 80% implementation in the first year, and structured evaluation every six months to measure the impact of the programme. In addition, strengthening the use of educational media, coordination between departments, and increasing the budget to support CSE activities are also needed. With these steps, it is expected to improve service quality, reduce nosocomial infection rates, and strengthen public awareness of the importance of Clean and Healthy Living Behaviour, which ultimately supports the hospital's goal of providing superior health services.

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CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest that could affect the results or interpretation of this study.

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