



Original Research Paper

The Influence of Hospital Health Promotion Standards on the Implementation of PKRS at Idaman Regional Hospital Banjarbaru

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Abstract

Background: Health promotion is a hospital institution's effort to ensure the fulfillment of the public's right to obtain health-related information and education, particularly within the hospital environment, and to ensure the provision of holistic, effective, efficient, integrated, and sustainable health services. **Objective:** This study aims to examine the determinants impacting the implementation of health promotion programs at Idaman Hospital in Banjarbaru. **Design:** This study used a quantitative approach with a cross-sectional design. The sample consisted of 156 respondents selected using probability sampling techniques. Data analysis was performed using chi-square tests and logistic regression to identify determinants of hospital health promotion (PKRS) implementation. **Results:** The analysis revealed a significant relationship between PKRS implementation and regulations ($p=0.003$), assessment ($p=0.004$), intervention ($p=0.008$), and monitoring and evaluation ($p=0.001$). Logistic regression analysis revealed that the most dominant factor was monitoring-evaluation with a p-value of 0.003 and an odds ratio [Exp(B)] of 5.421, indicating that PKRS implementing units were 5.4 times more likely to succeed when implementing a continuous evaluation system. These findings recommend strengthening the evidence-based clinical audit system, human resource capacity through tiered training, and integrating the PKRS program into the hospital's strategic plan.

Keywords: PKRS Assessment; Implementation; Intervention; Monitoring and Evaluation; Regulation.

Introduction

Health promotion programs in health-care facilities are strategic initiatives designed to ensure the fulfillment of patients' and communities' rights to access health information and education, particularly within the context of hospital services. Furthermore, this intervention aims to support the delivery of comprehensive health services. Therefore, the implementation of health promotion in hospital institutions must be carried out optimally through an evidence-based, cost-effective, integrated, and sustainable approach^{1,2}.

Health education plays a crucial role in transforming audience knowledge and motivation through the transfer of information, which is expected to modify perceptions and behaviors so that target groups can actively participate in constructive health behavior change. In addition, health promotion aims to realize comprehensive health services. Thus, the implementation of health promotion in hospital institutions needs to be optimized through approaches that are efficient, effective, integrated, and continuous^{3,4}.

The establishment of a Hospital Health Promotion Program (Promosi Kesehatan

Rumah Sakit/PKRS) is one of the important components in supporting hospital accreditation, particularly in relation to improving service quality. Effective PKRS implementation is demonstrated through policies referring to four main standard pillars: formal regulations regarding PKRS established by the hospital institution; comprehensive assessment processes covering patients and their families, all health and non-health workers, hospital visitors, and communities within the hospital coverage area; structured evidence-based interventions implemented systematically; and continuous monitoring and evaluation mechanisms for all PKRS programs⁵.

Several strategic issues in the implementation of Hospital Health Promotion (PKRS) require attention. These include institutional policy, where PKRS has not yet been optimally integrated as a hospital policy priority in health promotion programs; fulfillment of patient rights, where access to information regarding disease prevention and management remains limited; the physical environment, where hospital environments need to meet safety, cleanliness, and health standards; and strategic partnerships, where collaboration networks with stakeholders need to be expanded to strengthen promotive and preventive approaches in health-care services^{6,4}.

Based on the study by Prahesti (2017), hospitals had not allocated dedicated human resources fully focused on implementing health promotion programs. The existing health promotion team consisted of medical and paramedical personnel, including physicians, nurses, and midwives, who carried dual responsibilities. Observations showed that the implementation of hospital health promotion activities had not fully met the operational standards established by the Health Promotion Center of the Indonesian Ministry of Health in

2011. This condition occurred because hospital services remained dominated by curative-rehabilitative approaches, whereas ideally hospitals should actively contribute to improving community health status through IEC strategies (Information, Education, and Communication)^{7,8}.

The study by Suriani and Darusman (2023) revealed that the Hospital Health Promotion (PKRS) team at Bhayangkara Hospital had performed its main duties and functions optimally. However, the study also identified several implementation barriers, including administrative system inefficiency, limited supporting facilities and infrastructure, and the absence of a dedicated operational room, all of which affected the productivity of the team.

In the current context of digital transformation, the use of digital media platforms has become essential to ensure public access to health information. Therefore, previous studies recommend the development of official PKRS accounts on social media platforms such as Instagram and Facebook, optimization of hospital websites as health education media, and digital-based information dissemination strategies to expand the reach of health promotion^{9,8,10}.

Based on the study by Hendriani and Hadi (2020), Dr. Soekardjo Regional General Hospital had implemented various health promotion initiatives, including the provision of health education programs, development of health information media, implementation of counseling activities with community groups, and training programs to improve hospital human resource competence. However, the study also revealed that efforts to develop hospital human resource capacity had not yet achieved comprehensive optimization. Existing implementation remained partially focused on health education activities as the main priority program^{11,8}.

The study by Fairuz and Katmini (2022) showed that the implementation of Hospital Health Promotion (PKRS) at Ibnu Sina Hospital had not yet met optimal standards. Several critical findings were identified, including an organizational structure that remained at the unit level, whereas according to PKRS guidelines it should have reached the installation level, and the absence of a comprehensive assessment of hospital human resource competence in PKRS implementation^{12,8}.

Based on the education activity report of the Hospital Health Promotion (PKRS) unit at Idaman Hospital Banjarbaru from January to December 2023, all intervention programs had been implemented according to schedule. However, the disease incidence rate at the hospital still showed a high trend. This phenomenon is consistent with previous findings by Saputra et al. (2022), who identified a gap between PKRS program implementation and health outcomes in type B hospitals. Based on this background, the research question proposed in this study is: What factors influence the effectiveness of PKRS implementation at Idaman Hospital Banjarbaru?

Materials and Methods

Study Design

This study used a quantitative research approach with a cross-sectional design conducted at Idaman Hospital Banjarbaru from May to June 2024. The cross-sectional design was selected because it allows the researcher to measure the independent variables and dependent variable at the same time within a specific study period. This design was considered appropriate for identifying the relationship between hospital health promotion standards, including regulation, assessment, intervention, monitoring, and evaluation, and the implementation of the Hospital Health

Promotion Program (PKRS). Through this approach, the study was able to describe the existing conditions of PKRS implementation and analyze the factors influencing its effectiveness in the hospital setting.

Sample

The study population included all health workers, specifically nurses and midwives who interacted directly with patients, as well as staff of the Hospital Health Promotion (PKRS) unit, with a total population of 256 people. The sample was selected using a proportionate stratified random sampling technique to ensure that each group within the population was represented proportionally. Based on the sample size calculation, 156 respondents were included in this study. The respondents were selected according to the inclusion criteria, namely health workers and PKRS staff who were actively involved in hospital services or health promotion activities and were willing to participate in the study. This sample was considered adequate to represent the population and to analyze the factors associated with PKRS implementation at Idaman Hospital Banjarbaru.

Data Collection Technique

The sample size was determined using a proportionate stratified random sampling technique. Based on the sample size calculation, the minimum number of respondents required was 156 individuals who met the study inclusion criteria.

Data were collected using two main techniques: (1) structured interviews and (2) distribution of questionnaires that had undergone construct validity testing (Cronbach's $\alpha > 0.70$) and reliability testing ($r > 0.60$). The research instrument consisted of five main variable dimensions: (a) policy regulation, (b) needs assessment process, (c) intervention design, (d) monitoring and

evaluation system, and (e) implementation of Hospital Health Promotion (PKRS).

Data Analysis Technique

Data analysis was conducted in stages. Univariate analysis was used to map respondent characteristics. Bivariate analysis using the chi-square test ($\alpha = 0.05$) was conducted to examine the relationship between variables. Multivariate analysis using logistic regression was then performed to identify the dominant predictors influencing PKRS implementation.

Ethical Consideration

All research procedures obtained ethical approval from the Research Ethics Committee of Idaman Regional Hospital, Banjarbaru City (No. 031/KEPK-RSDI/V/2024). Prior to data collection, all respondents were provided with clear information regarding the purpose, procedures, benefits, and potential risks of the study. Participation was voluntary, and respondents had the right to refuse or withdraw from the study at any time without any consequences. Informed consent was obtained from each respondent before the interview and questionnaire completion. The confidentiality of respondents' identities and responses was strictly maintained, and all collected data were used solely for research purposes. The study was conducted in accordance with ethical principles, including respect for autonomy, beneficence, non-maleficence, and justice.

Results

Based on Table 1, among the 156 respondents studied, the majority were female, totaling 103 respondents (66%). In terms of age group, most respondents were adults aged 26–45 years, totaling 136 respondents (87.2%). Based on the highest level of education, most respondents had a Diploma educational background, totaling 104 respondents (66.7%).

Table 1. Frequency Distribution of Respondent Characteristics Based on Sex, Age, and Education at Idaman Regional Hospital, Banjarbaru City

Characteristics	Frequency	Percentage
Sex		
Male	53	34
Female	103	66
Age		
Adolescent Age	4	2.6
Adult Age	136	87.2
Elderly Age	16	10.3
Education		
Diploma	104	66.7
Bachelor's Degree	50	32.1
Master's Degree	2	1.3
Total	156	100

Source: Primary Data, 2024

Table 2 shows the results of the analysis of the regulation variable. Among 88 respondents who stated that regulations were effective, 15 respondents (17%) stated that PKRS was not implemented, while 73 respondents (83%) stated that PKRS was implemented. Meanwhile, among 68 respondents who stated that regulations were not effective, 26 respondents (38.2%) stated that PKRS was not implemented, while 42 respondents (61.8%) stated that PKRS was implemented. The statistical test obtained a p-value of 0.003. Because the p-value was less than α ($0.003 < 0.05$), this indicates a statistically significant influence of the regulation variable on PKRS implementation at Idaman Hospital Banjarbaru.

The analysis of the assessment variable showed that among 111 respondents who stated that assessment was implemented, 22 respondents (19.8%) stated that PKRS was not implemented, while 89 respondents (80.2%) stated that PKRS was implemented. Meanwhile, among 45 respondents who stated that assessment had not been implemented, 19 respondents (42.2%) stated that PKRS was not implemented, while 26 respondents (57.8%) stated that PKRS was implemented. The

statistical test obtained a p-value of 0.004. Because the p-value was less than α ($0.004 < 0.05$), this indicates a statistically significant

influence of the assessment variable on PKRS implementation at Idaman Hospital Banjarbaru.

Table 2. Chi-Square Test Results of the Variables Regulation, Assessment, Intervention, Monitoring, and Evaluation on the Implementation of Hospital Health Promotion at Idaman Hospital Banjarbaru

Variable	PKRS Implementation				Total		P
	Not Implemented		Implemented		N	%	
	N	%	N	%	N	%	
Regulation							
Not Effective	26	38.2	42	61.8	68	100	0.003
Effective	15	17	73	83	88	100	
Total	41	26.3	115	73.7	156	100	
Assessment							
Not Implemented	19	42.2	26	57.8	45	100	0.004
Implemented	22	19.8	89	80.2	111	100	
Total	41	26.3	115	73.7	156	100	
Intervention							
Not Implemented	13	46.4	15	53.6	28	100	0.008
Implemented	28	21.9	100	78.1	128	100	
Total	41	26.3	115	73.7	156	100	
Monitoring and Evaluation							
Not Implemented	10	58.8	7	41.2	17	100	0.001
Implemented	31	22.3	108	77.7	139	100	
Total	41	26.3	115	73.7	156	100	

Source: Primary Data, 2024

The analysis of the intervention variable showed that among 128 respondents reporting that interventions had been implemented, 100 (78.1%) stated that PKRS was implemented, while 28 (21.9%) reported it was not. Among the 28 respondents indicating that interventions had not been implemented, 15 (53.6%) still reported PKRS implementation, whereas 13 (46.4%) reported no implementation. Statistical analysis using the Chi-square test yielded a p-value of 0.008, which was below the significance level of 0.05. These findings indicate a statistically significant association between the intervention variable and the implementation of PKRS at Idaman Hospital Banjarbaru, suggesting that interventions contribute positively to improving PKRS implementation.

Table 3. Logistic Regression Analysis of Regulation, Assessment, Intervention, Monitoring, and Evaluation on the Implementation of Hospital Health Promotion at Idaman Hospital Banjarbaru

Independent Variable	Sig.	Exp (B)	95% CI	
			Lower	Upper
Assessment	0.015	2.697	1.211	6.005
Intervention	0.019	2.966	1.197	7.350
Monitoring and Evaluation	0.003	5.421	1.810	16.238

Source: Primary Data, 2024.

Based on the analysis of 139 respondents who stated that monitoring and evaluation were implemented, 108 respondents (77.7%) confirmed PKRS implementation, while 31 respondents (22.3%) stated that it was not implemented. On the other hand, among 17

respondents who stated that monitoring and evaluation were not implemented, 10 respondents (58.8%) consistently stated that PKRS was not implemented, while 7 respondents (41.2%) reported that it was implemented. Statistical analysis showed a p-value of 0.001 ($p < 0.05$), indicating a statistically significant influence of the monitoring and evaluation variable on the implementation of Hospital Health Promotion (PKRS) at Idaman Hospital Banjarbaru.

Discussion

The Influence of Health Promotion Regulation on Implementation at Idaman Hospital Banjarbaru

The statistical analysis revealed a significant influence between regulatory aspects and the implementation of Hospital Health Promotion (PKRS) at Idaman Hospital Banjarbaru. Based on the Pearson chi-square test, a p-value of 0.003 ($p < 0.05$) was obtained, indicating a statistically significant relationship between the regulation variable and PKRS implementation in the institution.

The findings of this study are consistent with the study by Fairuz and Katmini (2022), which revealed that Ibnu Sina Hospital, Gresik Regency, had developed various policy instruments related to Hospital Health Promotion (PKRS), including organizational guidelines, Marketing Unit decrees, PKRS policies, information guidelines, and Standard Operating Procedures for PKRS¹².

Referring to Minister of Health Regulation No. 44 of 2018, hospitals should pay attention to written policies regarding health promotion. The existence of such policies is expected to facilitate optimal, effective, and efficient implementation of health promotion in hospitals.

According to the Ministry of Health (2022) on hospital accreditation, every hospital must integrate education for patients and families as

part of the care process, adjusted to its mission and services as well as the characteristics of its patient population. Maulana (2017) also stated that regulation plays an important role in ensuring that health promotion programs are implemented effectively and continuously, thereby increasing awareness and healthy behavior among patients and the community^{1,13}.

Based on the Indonesian Ministry of Health (2018) regulation on Hospital Health Promotion, this regulation provides detailed guidelines for hospitals in implementing PKRS programs. The regulation establishes standards that must be followed by all hospitals, thereby ensuring that health promotion programs can be implemented consistently and effectively¹⁴.

Based on the study by Afshari et al. (2016), the preparation of clear regulations and operational guidelines regarding health promotion in hospitals is a fundamental prerequisite for improving the quality of health services. This finding is in line with recommendations in the Health Promotion Partnership Guide with NGOs, which states that the clinical competence of health workers should include health education capacity, including the ability to provide medical information and effective health counseling to patients¹⁵.

The Influence of Health Promotion Assessment on Implementation at Idaman Hospital Banjarbaru

The results showed an influence of assessment on PKRS implementation at Idaman Hospital Banjarbaru. Based on the statistical analysis using the Pearson chi-square test, a p-value of 0.004 was obtained, which was less than 0.05, indicating that assessment influenced PKRS implementation at Idaman Hospital Banjarbaru.

The findings of this study are consistent with the study by Manete et al. (2022), which showed that 20 respondents (83.3%) confirmed

that health promotion needs assessments had been conducted for patients and their families, 19 respondents (79.2%) stated that health promotion needs assessments had been conducted for hospital human resources, and 15 respondents (62.5%) indicated that health promotion needs assessments had not been conducted for visitors and the surrounding community at Luwuk Regional General Hospital¹⁶.

Assessment helps identify specific needs and objectives, as well as develop effective strategies to improve the quality of health services. Thus, health promotion assessment enables hospitals to optimize performance and increase public awareness of the importance of health. Nurmala and KM (2020) explained that assessment also helps provide information and motivation to individuals, thereby increasing knowledge and skills in adopting a healthy lifestyle. Therefore, health promotion assessment enables individuals and communities to change behavior and improve their health^{14,17}.

According to the Indonesian Ministry of Health in 2022 regarding hospital accreditation, health facilities are required to provide information to patients and their families regarding the types of care and services available, as well as how to access them. Patients and families need comprehensive information about services provided by the hospital and how to access them. The purpose is to align patient expectations with the hospital's capacity. If the hospital cannot provide the required service, it must provide information about alternative services available elsewhere. Health information must be delivered in a timely manner, and patients' socioeconomic status must not become a barrier to patients or families obtaining the information they need¹.

Assessment is an important step in PKRS implementation because it helps hospitals

understand the specific needs and health conditions of patients. Minister of Health Regulation No. 44/2018 requires continuous assessment to evaluate the readiness and capacity of hospitals in implementing health promotion. In this way, PKRS programs can be adapted to actual needs in the field, thereby increasing their effectiveness and efficiency.

The Influence of Health Promotion Intervention on Implementation at Idaman Hospital Banjarbaru

The statistical analysis revealed a significant relationship between intervention and the implementation of Hospital Health Promotion (PKRS) at Idaman Hospital Banjarbaru. Based on the Pearson chi-square test, a p-value of 0.008 ($p < 0.05$) was obtained, indicating that intervention had a statistically significant influence on PKRS implementation in the institution.

The findings of this study are in line with the study by Manete et al. (2022), which revealed that 21 respondents (87.5%) indicated that Hospital Health Promotion (PKRS) interventions had not been implemented for patients and their families, 22 respondents (91.7%) reported that PKRS interventions had been implemented for health workers in the hospital, and 15 respondents (62.5%) stated that PKRS interventions had been implemented for visitors and the surrounding community. The study was conducted at Luwuk Regional General Hospital and showed disparities in PKRS implementation based on intervention targets¹⁶.

Health promotion interventions deliver information and provide motivation to individuals so that they can increase their knowledge and skills to practice a healthy lifestyle. In this way, such interventions enable individuals and communities to change their behavior and improve their health¹⁸.

Based on the Ministry of Health Regulation (2022) concerning Hospital Accreditation Standards, every health facility is required to assess the educational needs of patients and evaluate their readiness and capacity to receive health information. Health education in this context focuses on increasing the health literacy of patients and families to facilitate informed clinical decision-making, active participation in the care process, and continuity of therapeutic management in the home environment. This educational needs assessment aims to identify specific knowledge gaps among patients and families, develop personalized educational interventions, and adapt delivery methods to the characteristics of recipients. Through this mechanism, health workers can map the competencies and deficits in understanding of patients and families, enabling them to design education programs that precisely match individual needs¹.

The intensity of seeking health information through various communication channels, both directly (such as interaction with health workers, health counseling, or peer group discussions) and indirectly (through print and electronic media), significantly influences individual health practices. This finding indicates that information-seeking patterns act as a determinant in shaping health behavior. Furthermore, cues to action in the health behavior change model are understood as external stimuli that trigger individuals to adopt specific health actions. This mechanism works through a cognitive process that transforms perception into concrete action^{19,20}.

Based on the guidelines of the Indonesian Ministry of Health (2018), the implementation of health promotion interventions is carried out through two main approaches: (1) delivery of health information and education, and (2) use of IEC media (Information, Education, and Communication) adapted to patients' health risk profiles. Health determinants that become

the focus of interventions include smoking status, history of alcohol consumption, level of physical activity, nutritional status indicators, socioeconomic conditions, and other risk factors.

All health education activities provided by health workers to patients and their families must be fully documented in the electronic medical record. Furthermore, the Hospital Health Promotion (PKRS) program is designed as a response to the needs assessment results of hospital human resources. Its implementation includes various strategies for delivering health messages through print media (leaflets and booklets), outdoor media (billboards and information boards), audiovisual media (educational videos), and direct approaches (face-to-face), either individually or in groups¹⁴.

An individual's level of knowledge is influenced by various determinants, including intrinsic factors such as education level, age, and occupation, as well as extrinsic factors such as the sociocultural environment and physical environmental conditions. As a preventive effort, health promotion can be implemented through periodic health counseling, need-based educational interventions, use of multimedia as a means of disseminating health information, and development of adaptive communication, information, and education (IEC) materials^{21,13}.

The study conducted by Leonita (2018) showed that social media makes a positive contribution to health promotion efforts. Therefore, interventions based on assessment results are very important for addressing identified health problems, and Minister of Health regulations emphasize the importance of planned and measurable interventions to support PKRS programs. Effective interventions that are tailored to patients' needs can improve the quality, reach, and sustainability of health promotion activities in hospital settings²².

The Influence of Monitoring and Evaluation of Health Promotion on Implementation at Idaman Hospital Banjarbaru

The results showed an influence of monitoring and evaluation on PKRS implementation at Idaman Hospital Banjarbaru. Based on the statistical analysis using the Pearson chi-square test, a p-value of 0.001 was obtained, which was less than 0.05, indicating that monitoring and evaluation influenced PKRS implementation at Idaman Hospital Banjarbaru.

The findings of this study differ from the study by Manete et al. (2022), which reported that 17 respondents (70.8%) indicated that they had not implemented a monitoring and evaluation system for health promotion interventions, and 16 respondents (66.7%) stated that they had not reviewed policies, guidelines, and standard operating procedures at Luwuk Regional General Hospital¹⁶.

In the study by Sastria et al. (2024), monitoring and evaluation played an important role in identifying specific needs and targets and in formulating effective strategies to improve the quality of health services. Thus, monitoring and evaluation enable hospitals to optimize performance and increase public awareness of the importance of health²².

Monitoring and evaluation of health promotion programs are essential for improving their implementation. This process helps monitor the success of health promotion programs and determine effective follow-up actions. Therefore, monitoring and evaluation enable health promotion implementers to optimize performance and increase public awareness of the importance of health²².

Monitoring and evaluation (M&E) are crucial components in the implementation of Hospital Health Promotion (PKRS). Minister of Health Regulation No. 44 of 2018 explicitly emphasizes the importance of continuous M&E to assess program progress and effectiveness. Monitoring facilitates early detection and rapid

problem solving, while evaluation provides comprehensive analysis of program achievements and their impact on improving health status.

Routine and systematic M&E is a key requirement for ensuring that PKRS program implementation remains consistent with planning and achieves the targeted outcomes. Based on the study findings, it can be concluded that the four main components regulation, assessment, intervention, and M&E are critical determinants of successful PKRS implementation in hospital institutions.

Another equally important determinant is the commitment of top hospital management. This commitment can be actualized through the formulation of binding internal policies, provision of adequate resources, enforcement of standard operating procedures, and implementation of reward and punishment systems²³⁻²⁵.

In general, PKRS implementation in hospitals is highly dependent on regulation, assessment, intervention, and monitoring and evaluation²³⁻²⁵. These components provide a comprehensive framework for every element of implementation and, when applied properly, can ensure that PKRS programs run effectively using community empowerment, advocacy, and partnership strategies². The program is also supported by appropriate methods and media, valid and accurate data and information, and optimal resources, including competent professional personnel^{19,20}.

Conclusion

Based on the results of the study, it can be concluded that regulation, assessment, intervention, monitoring, and evaluation influence the implementation of health promotion at Idaman Hospital Banjarbaru. The variable with the greatest influence on the implementation of hospital health promotion was monitoring and evaluation. Therefore,

Idaman Hospital Banjarbaru is expected to pay greater attention to the implementation of hospital health promotion, including the importance of supportive attitudes from all hospital human resources in the form of commitment to implementing hospital health promotion.

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Conflict of Interest Statement

The author(s) declare no commercial, financial, or personal conflicts of interest related to this research. All authors approved the final manuscript and consented to its publication in *Healthy Tadulako Journal*.

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