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ANALYSIS OF THE IMPLEMENTATION OF HOSPITAL HEALTH PROMOTION (PKRS) AT SIS ALDJUFRIE GENERAL HOSPITAL, PALU

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Abstract

Hospital Health Promotion (PKRS) is an integral component of healthcare services focusing on promotive and preventive efforts, as mandated by Regulation of the Minister of Health of the Republic of Indonesia Number 44 of 2018. PKRS seeks to empower patients, families, health workers, visitors, and surrounding communities to actively improve health status. However, its implementation in many hospitals continues to face various challenges. This study aims to analyse the implementation of PKRS at Sis Aldjufrie General Hospital in Palu using George C. Edward III's policy implementation theory, which includes communication, resources, disposition, and bureaucratic structure. A qualitative descriptive approach was employed. Seven informants—comprising hospital management, the PKRS team, implementing health workers, and patients or their families—participated in the study. Data were collected through in-depth interviews, observation, and document review, and analysed thematically through data reduction, data presentation, and conclusion drawing. The findings reveal that PKRS implementation at RSU Sis Aldjufrie Palu has not been optimal. Communication has not been conducted in a coordinated and sustainable manner. Resource limitations persist, particularly in human resources, facilities, and budget support. Although implementers demonstrate commitment, it is not evenly distributed across all service units. The bureaucratic structure also remains inadequate, indicated by limited Standard Operating Procedures (SOPs) and suboptimal monitoring and evaluation systems. In conclusion, strengthening communication, increasing resources, enhancing implementer commitment, and improving bureaucratic structures are necessary to improve the effectiveness of PKRS implementation in accordance with established standards.

Keywords: Health Promotion Hospital, Hospital, Implementation, Policy, Public Health

Introduction

Provides comprehensive services, including outpatient, inpatient, and emergency care. Hospital Health Promotion (PKRS) aims to empower patients, families, healthcare workers, visitors, and the community to actively participate in improving health. Through Ministerial Regulation Number 44 of 2018, every hospital is required to implement PKRS, which includes policies, needs assessment, planning, implementation, monitoring and evaluation, and activity reporting.

However, the implementation of PKRS in Indonesia is not optimal. Data from the Indonesian Ministry of Health (2022) shows that only around 30% of hospitals implement PKRS according to standards. These obstacles include limited human resources, lack of training, minimal management commitment, lack of a dedicated budget, and the absence of frequently changing SOPs. Similar conditions were also found in several hospitals in Central Sulawesi, including limited staff, facilities, and managerial support.

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Furthermore, suboptimal implementation of PKRS can result in low patient and family participation in the care process and suboptimal changes in health behaviors within the hospital environment. In fact, hospitals function not only as a place for curative services, but also as an institution responsible for promotive and preventive efforts. Therefore, the existence of a structured and sustainable PKRS (Hospital Health Care Program) is crucial in supporting the improvement of service quality and patient safety.

According to George C. Edward III, successful policy implementation is influenced by communication, resources, the disposition of implementers, and bureaucratic structure. These four aspects are determining factors in ensuring the policy can be implemented effectively and sustainably at the organizational level.

Based on initial observations at Kak Aldjufrie General Hospital, Palu, PKRS activities have been implemented in the form of education for patients and families, but have never been comprehensively analyzed. Therefore, this study is needed to examine the implementation of PKRS at the hospital in more depth to identify inhibiting and supporting factors and provide recommendations for improving program implementation.

Method

This research used a qualitative approach with a descriptive case study design to analyze the implementation of Hospital Health Promotion (PKRS) at Sis Aldjufrie General Hospital, Palu. The study was conducted from October to January 2025. Seven informants, consisting of management, the PKRS team, healthcare workers, and patients or their families, were selected using a purposive sampling technique. Data were collected through in-depth interviews, observation, and document review. Data analysis was conducted thematically through data reduction, data presentation, and conclusion drawing. Data validity was maintained through triangulation of sources and methods. The analysis focused on four aspects of policy implementation according to George C. Edward III: communication, resources, disposition, and bureaucratic structure.

Results

1. Communication

Research results indicate that health education activities for patients and families have been implemented by healthcare workers in several service units. However, communication regarding PKRS policies and programs has not been systematically and continuously coordinated. Dissemination of policies and Standard Operating Procedures (SOPs) has not been comprehensive, resulting in uneven understanding of PKRS mechanisms among implementers. Program information dissemination is largely informal and not supported by regular coordination forums.

2. Resources

Research results reveal that resources remain a challenge in PKRS implementation. There is no dedicated staff member fully responsible for the PKRS program, as most staff are still juggling other duties. Health promotion training has not been conducted regularly, there is no dedicated budget allocation, and health promotion facilities and media are still limited.

3. Disposition

The results indicate that implementers have a positive attitude and commitment to providing health education to patients and families. However, this commitment is not evenly distributed across all service units and is not fully supported by a structured internal system.

4. Bureaucratic Structure

Research results indicate that the bureaucratic structure does not fully support the effective implementation of the PKRS. The organizational structure and division of tasks related to the PKRS are not yet optimal. Furthermore, Standard Operating Procedures (SOPs) have not been comprehensively updated in accordance with the latest regulations, and the monitoring and evaluation system has not been implemented routinely and in a structured manner.

Discussion

1. Communication

The communication aspect of the implementation of the PKRS at Sis Aldjufrie Hospital, Palu, has not been optimal. The process of disseminating information regarding policies and the implementation of health promotion programs has not been comprehensive and continuous across all service units. Socialization has been limited, resulting in a lack of a uniform understanding of the objectives, standards, and mechanisms for implementing PKRS. Information transmission between departments has not been fully structured, resulting in varying understandings regarding the roles and responsibilities of each implementer. This situation has resulted in uneven implementation of health promotion activities and a lack of systematic integration as part of organizational policy. Some units have implemented health education, but this has not been fully coordinated. In terms of clarity and consistency of messages, internal communication still requires strengthening. Information regarding PKRS standards and regulations is not yet fully understood by all healthcare workers. This indicates that the elements of clarity, consistency, and continuity of communication in policy implementation have not been optimally met, as stated by George C. Edward III. Nevertheless, patient and family education activities continue to be implemented as part of routine services. However, without the support of a more coordinated and sustainable communication system, the implementation of the PKRS cannot be effective and optimal. Therefore, strengthening internal communication mechanisms is a crucial requirement for improving PKRS implementation.

2. Resources

Limited resources are one of the obstacles to the implementation of PKRS at Sis Aldjufrie Hospital, Palu. The number of personnel specifically responsible for health promotion activities is still limited, preventing optimal and sustainable program implementation. In addition to limited human resources, facilities and infrastructure are also inadequate. Educational media and supporting facilities for health promotion activities are not yet fully available in all service units. This situation impacts the scope and intensity of PKRS activities implemented at the hospital. From a financial perspective, there is no specific budget allocation specifically designated for PKRS activities. Program implementation remains dependent on the availability of existing resources. The lack of structured budget support has limited the development and innovation of health promotion programs. Overall, these resource limitations indicate that PKRS implementation is not supported by adequate prerequisites. In fact, adequate human resources, facilities, and budget are crucial factors in ensuring the success of policy implementation. Therefore, increasing resource support is a strategic step in strengthening the implementation of PKRS.

3. Disposition

From a dispositional perspective, research results indicate a positive attitude and commitment from some implementers in supporting PKRS activities. Several healthcare workers have provided health education to patients and families as part of their service responsibilities. This reflects an

awareness of the importance of health promotion in the hospital environment. However, this commitment is not uniform across all service units. Differences in understanding, motivation, and work priorities mean that PKRS implementation is not yet fully integrated into the hospital's organizational culture. In some units, health promotion activities are still viewed as an additional task. This lack of uniform disposition impacts the consistency of program implementation. PKRS implementation has not been carried out systematically and comprehensively across all service units. As a result, program outcomes have not optimally met expected standards. Therefore, despite support from some implementers, strengthening collective commitment is still necessary. Internalization of health promotion values as part of hospital service quality needs to be improved so that the implementation of the PKRS can be more effective and sustainable.

4. Bureaucratic Structure

The bureaucratic structure in the implementation of the PKRS at Sis Aldjufrie Hospital, Palu, does not fully support optimal program implementation. The organizational structure and internal regulations related to the PKRS still require strengthening to ensure more focused and coordinated implementation. Standard Operating Procedures (SOPs) specifically governing the implementation of the PKRS have not been comprehensively developed. Clarity in workflow, division of tasks, and responsibilities between units still needs to be strengthened to avoid irregularities in the implementation of health promotion activities. Furthermore, monitoring and evaluation mechanisms have not been implemented systematically and sustainably. Activity evaluations are still conducted on a limited basis, resulting in a lack

Conclusion

Based on research results, the implementation of Hospital Health Promotion (PKRS) at Sis Aldjufrie General Hospital, Palu, has not been optimal. Although health education activities have been implemented, their implementation still faces obstacles in the form of uncoordinated communication, limited human resources, facilities, and budget, uneven commitment from implementers, and a bureaucratic structure that does not fully support SOPs and an optimal monitoring and evaluation system. Therefore, strengthening communication coordination, increasing capacity and resource availability, strengthening the commitment of implementers across all service units, and improving the organizational structure and monitoring and evaluation system are needed to ensure PKRS implementation is more effective and in accordance with applicable standards.

References

[1] Afshari, A., Mostafavi, F., Latifi, A., Ghahnaviyeh, L. A., Pirouzi, M., & Eslami, A. A. (2018). Hospitals Reorientation Towards Health Promotion : A Qualitative Study Of Barriers To And Strategies For Implementation Of Health Promotion In Hospitals Of Isfahan , Iran. Https://Doi.Org/10.4103/Jehp.Jehp

[2] Ali, M. N., & Rahman, N. (2024). Influence Of Social Determinants Of Health Service Quality On Patient Satisfaction At Undata Hospital , Palu. Https://Doi.Org/10.56338/Jphp.V4i2.5427

[3] Anggraini, I., & Wibowo, A. (2022). Pelaksanaan Promosi Kesehatan Di Rsud Ibnu Sina Gresik. Indonesian Journal Of Health Economics And Policy (Ijheco), 3(1), 44–58.

[4] Barmo, A., Nugroho, H. S., & Fitriyani, A. (2020). Analisis Implementasi Promosi Kesehatan Rumah Sakit Menggunakan Pendekatan Guttman Dan Likert. Jurnal Kesehatan Masyarakat, 15(2), 134–145.

[5] Fans uri, M., Setiaji, B., Karyus, A., Budiati, E., Rolia, E., Irawan, H., Magister, S., Masyarakat, K., Kesehatan, F., Indonesia, U. M., Studi, P., Sipil, T., Teknik, F., Metro, U. M., Studi, P., Administrasi, M., Sakit, R., & Indonesia, U. R. (2024). Community Research Of Epidemiology (Core) Studi Evaluasi Implementasi Promosi Kesehatan Rumah Sakit. 5(1). Https://Doi.Org/10.24252/Corejournal.Vi.47825

[6] [Green, L. W., & Kreuter, M. W. (2005). Health Program Planning: An Educational And Ecological Approach (4th Ed.). Mcgraw-Hill.

[7] H. Kapantow, Nova, Diana V.D Doda, S. S. (2024). Penerapan Promosi Kesehatan Di Rsud Maria Walanda Maramis Kabupaten Minahasa Utara. 5, 1340–1347.

[8] Herdhana Suwartono, Syamsuriyati, A. R. (2024). The Effect Of Health Care Service Quality On Bpjs Outpatient Patient Satisfaction At Undata Regional Public Hospital, Palu City, Central Sulawesi

[9] Kemenkes, R. (2022). Keputusan Menteri Kesehatan Republik Indonesia Nomor Hk.01.07/Menkes/1128/2022 Tentang Standar Akreditasi Rumah Sakit.

[10] Mokodompit, M., & Kasim, A. (2020). Evaluasi Program Pkrs Di Rsud Luwuk, Kabupaten Banggai. Jurnal Promkes Fkm Untika, 2(2), 60–72.

[11] Nursalam. (2020). Metodologi Penelitian Ilmu Keperawatan: Pendekatan Praktis. Salemba Medika.

[12] Nurdianna, F. (2020). Universitas Airlangga Surabaya The Implementation Of Health Promotion In Airlangga University Hospital Surabaya. 217–231.

[13] Prahesti, M. G. (2014). Evaluasi Standar Promosi Kesehatan Di Rumah Sakit Islam Surabaya Evaluation Standard Health Promotion In Islamic Hospital Surabaya Monica Galih Prahesti Dengan Pelayanan Prima . Sedangkan Pkrs. 23–34.

[14] Rengkung, T. S., Harold, B., Kairupan, R., Jufri, O., Sapulete, M. R., & Kandou, G. D. (2025). Sakit Umum Daerah Odsk Provinsi Sulawesi Utara. 9, 3303–3314.

[15] Sastria, M. E., Rany, N., & Prabu, D. H. (2024). Monitoring Dan Evaluasi Penyelenggaraan Standar. 5, 1967–1974.