

IMPLEMENTATION OF HEALTH PROMOTION AT THE SPECIAL PULMONARY HOSPITAL UPTD OF NORTH SUMATERA PROVINCE IN 2025

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Article History:

Received: 2025-08-30

Revised: 2025-09-23

Accepted: 2025-10-21

Publish: 2025-10-31

Key words:

Health promotion, hospital, PKRS, patient education, UPTD Specialized Lung Hospital

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ABSTRACT

This study aims to describe the implementation of Hospital Health Promotion (PKRS) at the Special Pulmonary Hospital Technical Implementation Unit of North Sumatra Province in 2025. The background of the study is based on the importance of PKRS in increasing the awareness, attitude, and healthy behavior of patients and their families, as well as supporting the achievement of public health status. The study uses a qualitative approach with observation and in-depth interviews with PKRS officers, as well as a review of hospital documents. The results of the study indicate that the implementation of PKRS has been going quite well, marked by the existence of a special PKRS unit and support from hospital management through the preparation of SOPs and regular monitoring and evaluation. Health promotion activities are carried out through individual or group counseling, as well as utilizing print, electronic, and social media. Thus, the study found several obstacles, including budget limitations, infrastructure, and patients' limited time to participate in education. The program's accessibility is considered quite good because health information can be accessed through various hospital services and social media. Overall, the PKRS at UPTD RS Khusus Paru PROVSU has been implemented according to standards, although it still requires reinforcement in terms of resources and budget support to reach a wider audience and be sustainable.

Introduction

The healthcare system in the past was more disease-oriented, meaning that it only waited until someone was sick, then the person would be treated, requiring hospitalization, and after recovery, they would be discharged, only to relapse with the same illness and need hospitalization again. This cycle would continue until we realized the importance of maintaining health, which requires a series of efforts because the care and treatment provided in hospitals are just a small part of these efforts (Depkes RI, 2011). Health development has a goal, which is to make everyone more aware, more willing, and

more capable of living a healthy life. This aims to achieve an optimal level of health in the country, making hospitals as one of the health service institutions play a very appropriate role in achieving this goal (Kemenkes).

Health promotion is a concept that involves various efforts to increase public awareness and knowledge about health, as well as to encourage healthier behavioral changes (Depkes RI, 2000). Health promotion can be carried out through various media, such as advertising campaigns, health education, and social activities. The scope of health promotion is very broad and can be viewed from various dimensions, such as the level of health services

and the settings or places where health promotion is conducted. The targets of health promotion can be individuals, groups, or the community as a whole. The Collaborating Centre for Health Promotion in Health and Health Care emphasizes that hospitals should engage in health promotion and disease prevention when providing health services (Kemenkes RI, 2019). In addition, in Indonesia, a proactive hospital approach has also been developed, where essentially, hospitals must be able to function as health service institutions that provide comprehensive individual health services, including inpatient, outpatient, and emergency care, and actively participate in the care process to support behavior and environmental changes, as well as maintain and improve health towards achieving optimal health status (Sanggolongan et al. 2024).

The development of the health promotion paradigm in hospitals in Indonesia began in 1994, when it was still called Hospital Community Health Promotion (PKMRS). The term hospital community health promotion (PKMRS) was changed to Hospital Health Promotion in 2003. Numerous programs under the PKRS program have been widely implemented, such as advocacy, preparing a program for PKRS, and conducting socialization about the PKRS program to directors of Government Hospitals. PKRS training, development and distribution of media, as well as the development of models and PKRS (Depkes RI, 2011). The implementation of hospital health promotion (PKRS) is very beneficial for increasing knowledge for patients and their families, as well as visitors to the hospital, about various types of diseases and the necessary steps for their prevention. In addition, health promotion in hospitals is an effort by the hospital to enhance the abilities of patients, families, and visitors so that they can play a positive role in healing and disease prevention, thereby speeding up the recovery and rehabilitation process, improving health, preventing disease, and developing various efforts to improve public health through learning

in accordance with each social and cultural context independently (Depkes RI, 2011)

The importance of health promotion in hospitals lies in the effectiveness of medical treatment, which, besides being influenced by the existing pattern of health services, the attitudes and skills of the PKRS units, is also significantly affected by the environment, the attitudes, and lifestyle of patients and their families, as well as depending on the level of positive cooperation between health personnel and the patients and their families. Health development is aimed at increasing an individual's awareness, willingness, and ability to live healthily so that the improvement of public health can be realized to the highest degree. The purpose of Hospital Health Promotion is to create a hospital community capable of implementing Clean and Healthy Living Behavior (CHLB) through changes in the knowledge, attitudes, and behaviors of hospital patients, as well as the maintenance of the hospital environment, and being able to utilize all services provided by the hospital effectively (Depkes RI, 2011).

However, the analysis of objective conditions related to the implementation of health promotion at the UPTD Special Lung Hospital of North Sumatra Province is still limited. There is not much qualitative data explaining how the PKRS work unit functions, how management policies support it, and to what extent health workers provide promotive and preventive education to patients and their families. The types of health promotion carried out, the availability of facilities and infrastructure, access to information, as well as the forms of health promotion activities implementation have also not been revealed in detail. In addition, aspects of facility procurement, monitoring and evaluation mechanisms, and the application of PKRS Standard Operating Procedures (SOPs) have not been studied in depth. Therefore, research entitled "Implementation of Health Promotion at the UPTD Special Lung Hospital of North Sumatra Province in 2025" is important to be conducted in order to provide a real picture of

how PKRS is implemented in this hospital. This research is expected to be able to identify the challenges and obstacles that exist, as well as identify opportunities for strengthening hospital health promotion in the future.

Methodology

This study uses a qualitative approach with the aim of providing a comprehensive description of the implementation of Hospital Health Promotion (PKRS) at the UPTD Special Lung Hospital PROVSU (Nurdiana Fitri 2017).

The study was conducted at the UPTD Special Lung Hospital PROVSU and carried out in September 2025. Data collection techniques were conducted through direct observation as well as in-depth interviews with relevant parties to obtain comprehensive information regarding PKRS implementation.

Interviews were conducted with all PKRS implementing staff at UPTD Special Lung Hospital PROVSU. The results of this study were obtained from primary and secondary data

collected through observations and respondents' answers. Questions posed to respondents were prepared based on previously established indicators, ensuring alignment with the research objectives and avoiding deviations.

The data sources in this study consist of primary data obtained through interviews with resource persons or informants from the PKRS team, as well as secondary data obtained from hospital archives and documents. To improve the accuracy of the information, this study applies triangulation techniques with the aim of gathering as complete data as possible from various sources. In the data collection process, several methods are used, namely: (1) primary data obtained through observation of various PKRS team activities in program implementation, as well as interviews with relevant parties using questions appropriate to the research focus; (2) secondary data collected through documentation or literature review

Results and Discussion

Result

Table 1. Interview Results of Respondents on the Implementation of PKRS at the UPTD Specialized Lung Hospital PROVSU in 2025.

Indicator	RA	AS	DA	EA
Work units & facilities	PKRS unit exists, 4 staff; print, electronic & social media	The unit is available but the facilities and room are not yet complete because we just moved in.	The PKRS unit has been in existence since 1987, the facilities run according to SOP	Units already exist; health promotion is carried out according to patient needs.
Management policy	Supportive, but limited budget	There is attention, but limited funds & space	In accordance with management SOP	Support, through a doctor's letter for the

				implementation of PKRS
Counseling/education	Given to patients & families, specifically for sensitive TB/RO patients; via leaflets & media	Mandatory, especially for new TB patients; explain so there is no stigma (witchcraft, smoking)	Education so that patients know the disease & prevent transmission	Individual education for pulmonary TB patients, also groups (2x/month)
Execution time	Daily (indirect), group counseling 2x/month, (tentative)	Group counseling is conducted twice a month, while daily counseling is provided indirectly (tentatively)	Individual: Monday–Friday, Group: 2x/month	Individual: daily (new TB patients), Group: 2x/month
Promotion type	Direct (individual, group), indirect (print, electronic, social media)	Direct (group, individual), social media (IG, FB)	Counseling, leaflets, television	Child TB counseling, MDR, lung polyclinic
Obstacle	Limited print media, limited budget	Time & situational constraints, patients sometimes lose focus	Obstacles to media printing limitations due to budget	There are no significant obstacles
Access	Good enough, can be reached via social media	Easy, directed from registration → general polyclinic → PKRS	Smooth, no obstacles	Through the MDR, children, lung polyclinic
Implementation	Carried out by the PKRS team & other health workers	The hope for the future is to be able to reach	Education inside & outside the	Individual education according to SOP, while the

	(doctors, nurses, pharmacists)	patients outside the hospital.	building, patients & staff	patient is waiting in the polyclinic
Procurement of facilities	Proposed annually, limited realization; 2026 plan	Adjusted funds & service priorities	Planned a year in advance, realized the following year	Must be submitted first, usually the realization is the following year
Monitoring & evaluation	Performed periodically, check media & patient education in medical records	Hierarchical: unit head → section head → non-medical support → field head	Judging from changes in patient behavior	Hospital standards, according to procedures
SOP	There are 6 SOPs, compiled based on the rules & references of other hospitals.	Yes, depending on hospital conditions	According to the Minister of Health Regulation, management is carried out	According to Ministry of Health standards

The results of the study indicate that the implementation of Hospital Health Promotion (PKRS) at the UPTD Special Lung Hospital of the Province of North Sumatra has been running quite well, although it still faces several obstacles, especially in terms of the availability of infrastructure and budget limitations. In principle, the existence of a PKRS unit with specialized personnel is an important step to support health promotion programs in hospitals. The presence of four trained health promotion personnel (Respondent RA) has met basic service needs, but the number is still limited compared to the number of patients who require education every day. This is in line with the standards of the Indonesian Ministry of Health (2011) which emphasizes the importance of the availability of specialized PKRS personnel as the spearhead in delivering health information.

Management Support and Budget Constraints

Respondents generally assessed hospital management support for the PKRS as good, as evidenced by the existence of policies, the development of standard operating procedures (SOPs), and annual budgeting. However, all respondents stated that budget constraints remain a major obstacle. This limitation directly impacts the availability of promotional media, particularly print media, which is essential for patient education. This finding aligns with Larasanti's (2018) findings, which state that the success of PKRS is determined not only by management commitment but also by the adequacy of resources, including funding, media, and staff. Therefore, despite management support, its implementation remains suboptimal due to limited budget allocation.

Implementation of Health Promotion

Based on interview results, PKRS is implemented using direct and indirect methods. The direct method is carried out through individual and group counseling. Individual counseling is more focused on new patients, especially those with drug-sensitive and drug-resistant tuberculosis (Priyatno, Auliya, and Duri 2023). Group counseling is conducted routinely at least twice a month, although implementation often depends on patient availability and hospital conditions. Meanwhile, the indirect method is implemented through electronic media such as television, leaflets, and social media. This strategy aligns with the concept of modern health promotion, which emphasizes the use of various communication channels to increase message reach (Kemenkes, 2019).

The implementation of the PKRS is not solely carried out by the health promotion unit, but also involves other healthcare professionals such as doctors, nurses, and pharmacists. This multi-professional involvement demonstrates the integration of clinical services with preventive and promotive activities. This aligns with the principle of a "health-promoting hospital," which emphasizes that health promotion is the responsibility of all parties in the hospital, not just the PKRS unit (Sanggelerang et al., 2024).

Implementation Barriers

Respondents identified several obstacles in implementing the PKRS. The primary obstacle was limited access to print media due to budget constraints. Other obstacles included time constraints and patients' conditions, which did not always permit them to participate in group counseling. Interestingly, one respondent stated that there were no significant obstacles, as the PKRS could be implemented routinely according to standard operating procedures (SOP). These differing perceptions may stem from differences in individual experience and position within the program. However, in general, it can be concluded that the largest obstacles were external

factors such as budget and facilities, while internal obstacles included limited time and patient readiness.

Accessibility and Implementation

The study results indicate that access to health promotion at the Special Lung Hospital of the Province of North Sumatra is quite good. Patients are directed to receive education from the registration stage to services in the outpatient clinic. Furthermore, social media is also used to reach the wider community outside the hospital. This aligns with the PKRS's goal of not only focusing on patients but also encompassing their families and the surrounding community (Kemenkes, 2000). The implementation of the PKRS program in practice is not limited to counseling in the waiting room or inpatient area, but also occurs outside the hospital building. This indicates an expansion of the reach of promotive and preventive services, which aligns with the national health development goal of increasing awareness, willingness, and ability to live a healthy life for individuals and the community.

Monitoring, Evaluation, and SOP

Monitoring and evaluation are carried out periodically by the PKRS unit. This monitoring includes ensuring the availability of promotional media, recording patient education in medical records, and reviewing changes in patient behavior following education. According to respondents, evaluations are conducted in stages, starting with the unit head, the section head, the section head, and finally hospital management. This approach aligns with the principles of healthcare quality management, which prioritizes multi-layered oversight for more measurable results.

Meanwhile, the Standard Operating Procedures (SOPs) used have been developed based on Ministry of Health regulations and adapted to hospital conditions. RA stated that there are six SOPs that ensure all counseling, both direct and indirect, is in accordance with

procedures. This demonstrates efforts to standardize PKRS activities so that they run according to regulations. However, several respondents also emphasized the need for flexibility in the SOPs to adapt to hospital conditions, for example when patients arrive outside of scheduled times or when space conditions are limited. This adjustment is important so that the SOPs are not merely administrative rules but can also be implemented effectively in the field.

Conclusion

The implementation of Hospital Health Promotion (PKRS) at the Special Lung Hospital Technical Implementation Unit (UPTD) of North Sumatra Province in 2025 has been running quite well through individual and group outreach activities, as well as the use of print, electronic, and social media. The existence of a PKRS unit with specialized personnel and management support through policies, SOPs, and monitoring mechanisms are key supporting factors in program implementation. However, budget and infrastructure limitations remain obstacles that affect the smooth running of activities, particularly in the provision of print media and expanding the reach of health promotion. Despite these obstacles, accessibility of educational services is considered quite good and the program can be integrated with clinical services by other health workers, thus supporting public health development goals.

Acknowledgments

The authors would like to express their deepest gratitude to Ms. Zuhriana Aidha, S.Kep, M.kes, and Mr. Ridho Amalona, S.K.M., their supervisors, who provided guidance, direction, and motivation during the preparation of this research. They also express their gratitude to all respondents and the UPTD Special Lung Hospital of the North Sumatra Province for their support and facilitation of the research.

May all their kindness be rewarded abundantly by Allah SWT. should be conducted in a more structured manner, incorporating clear achievement indicators, so that PKRS implementation results can be measured and used as a basis for future improvements.

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