

Health promotion and communication activities in Al Islam Hospital Bandung

Retasari Dewi¹, Renata Anisa², Yustikasari³, Abdul Qayoum Safi⁴

^{1,2,3}Faculty of Communication Science, Universitas Padjadjaran, Bandung, Indonesia

⁴Spinghar Institute of Higher Education, Jalalabad, Afghanistan

Submitted: 22 August 2024, Revised: 16 October 2024, Accepted: December 2022, Published: 27 December 2024

ABSTRACT

Background: Health promotion is an important part of the health services strategy in hospitals around the world, including in Indonesia. Hospitals can contribute to improving Indonesians' health by complying with regulations and following government plans. Al Islam Hospital is a type B hospital in Bandung that has adopted diverse health promotion and communication programs. RS Al Islam Bandung is committed to improving the community's health status through various programs.

Purpose: This study aimed to understand how the hospital's health promotions (PKRS) installation implements advocacy, community empowerment, and partnership programs through communication activities and media. **Methods:** We employed a qualitative method that included interviews, observation, and a review of relevant literature. **Results:** The results showed that RS Al Islam Bandung had integrated the principles of effective health communication into its PKRS program. Firstly, hospital management engages in health advocacy by issuing policies in various media that support health promotion programs; secondly, Al Islam Bandung Hospital equips the community with the information, willingness, and skill necessary to tackle the different health issues by involving patients and their families, hospital human resources, and the community; and thirdly, RS Al Islam Bandung establishes collaboration with educational institutions, local communities, and mass media.

Conclusion: For the sustainability and effectiveness of health promotion programs, hospitals must ensure continued cooperation with stakeholders and continue to improve their health communication media. **Implication:** The study suggests that hospital management can conduct a continuous evaluation of health promotion activities carried out at Al Islam Bandung Hospital so that the health promotion and communication activities are not limited to the hospital area. The hospital can achieve this by optimizing its communication media. Hospitals can start using social media analytics and SEO campaigns to produce messages that cater to the needs of their audience.

Keywords: Advocacy; community empowerment; health communication media; health promotion; stakeholder collaboration

To cite this article (APA Style):

Dewi, R., Anisa, R., Yustikasari., & Safi, A.Q. (2024). Health promotion and communication activities in Al Islam Hospital Bandung. *Jurnal Kajian Komunikasi*, 12(2), 172-189. <https://doi.org/10.24198/jkk.v12i2.57408>

Correspondence: Retasari Dewi, Universitas Padjadjaran, Jl. Raya Jatinangor Sumedang KM 21. Email: retasari.dewi@unpad.ac.id

INTRODUCTION

Health promotion has become an important part of the health services strategy in hospitals around the world, including in Indonesia. In regulating aspects of disease promotion, prevention, and treatment, hospitals refer to Undang-Undang No. 36 of 2009 regarding health. The Ministry of Health of the Republic of Indonesia has also formulated short-term and long-term plans to improve health services in Indonesia. To promote health, the government's policy direction must guide the implementation of Hospital Health Promotion (Promosi Kesehatan Rumah Sakit, PKRS) rules and laws in hospitals. It can significantly improve Indonesians' health by complying with regulations and following government plans.

Al Islam General Hospital is one of the type B hospitals in Bandung that has adopted various PKRS programs. One of its visions and missions is to assist government programs in health and education (RS Al Islam Bandung, 2024). Al Islam Hospital is committed to not only being a health service provider but also actively participating in improving the community's health status through various programs, including collaboration with communities and cross-sectoral institutions.

Several studies have highlighted the importance of integrating Hospital Health Promotion (PKRS) in service delivery strategies to increase public awareness of health (Larasanti, 2018; Nurdiana, 2018; Tiraihati, 2018). Hospitals that do not routinely integrate health promotion, disease prevention, and care services will miss out on the opportunity to use patient attendance for health promotion (Wendimagegn & Bezuidenhout, 2019).

Studies by several researchers have confirmed the effects of education on patients' health behaviors. Patients with myocardial infarction who received an educational intervention demonstrated significant improvement in their understanding of cardiovascular disease as well as a significant decrease in their levels of triglycerides, total cholesterol, and LDL cholesterol (Moshki et al., 2022).

In an interview, the head of the hospital's Health Promotion and Marketing Installation

stated that the PKRS strategy at Al Islam Hospital Bandung is based on the principles of effective health communication, community awareness raising, and collaboration with various parties such as local government, non-profit organizations, and the public. Additionally, PKRS is part of the hospital's efforts to expand the reach of health services, increase community participation in health programs, and build engagement with local communities. Thus, the objective of the PKRS at Al Islam Hospital Bandung is to provide information and build a mutually beneficial relationship between the hospital and the community.

The World Health Organization (WHO) emphasizes the importance of including local communities in the planning and implementation of health promotion programs. WHO defines community involvement as a process of building relationships that enable stakeholders to work together to address health problems and improve community welfare (World Health Organization, 2020). In the concept of Community-Based Health Promotion Programs (CBHPPs), stakeholder involvement in health promotion activities is fundamental, starting from program planning, implementation, and evaluation (Owusu-Addo et al., 2015). The purpose is to ensure that the community finds health promotion programs relevant and accepts them. For instance, the breastfeeding mother community (AIMI) in Surabaya's health promotion activities successfully enhances knowledge, cultivates positive attitudes, and fortifies family support, which potentially increases the number of mothers who practice exclusive breastfeeding (Handajani et al., 2018).

Although there have been many studies and agencies that understand the urgency of implementing health promotion, implementing it in hospitals in Indonesia is challenging. One of the challenges is limited resources, both in terms of manpower, budget, and other supporting infrastructure (Suhada & Ain, 2021). In some hospitals, the staff and head of the health promotion department are also health workers (nurses) in other care departments (Anisa, Dewi, & Yustikasari, 2023). This results in excessive workloads, hindering their ability to concentrate on designing health promotion programs. This is due to a lack of

management support for health promotion, which is the case in new hospitals that are still focusing on marketing strategies or government hospitals that find it difficult to recruit new staff because they are centralized. We also found that health promotion staff in some hospitals lacked the ability to design effective messages. Basic nursing education and lack of training in communication skills resulted in poorly produced health promotion media (Nurdianna, 2018). While some hospitals have equipped themselves with websites and social media in the context of digital technology, they have not fully utilized them for health promotion efforts.

Challenges in implementing health promotion come not only from within the hospital but also from external sources. Among them is the government; the lack of collaboration between the hospital and the central government, local government, and related agencies has led to different perceptions of some existing policies and regulations. In addition, the mindset of the community that has not yet realized the importance of preventive health is often an obstacle to the success of the PKRS program. In some areas, resistance to health education programs can reduce the effectiveness of PKRS.

Cultural, social, and structural factors cause resistance to health promotion in some regions of Indonesia. Culture and local beliefs in some parts of Indonesia are still very strong, making it difficult for local communities to accept modern health promotions such as vaccines or contraceptives that are considered contrary to their values (Reskiaddin et al., 2020). Limited health facilities and infrastructure access in some remote areas also make it difficult for health promotion efforts by health workers and local governments (Lelyana, 2024; Mangoma & Sulistiadi, 2024). When the government designs health promotion programs at the central level without actively involving the local community, they fail to address the primary issues faced by the community, leading to resistance (Huff et al., 2015).

PKRS significantly contribute to the economic aspects of society. Improving the quality of community health can reduce long-term health costs, which automatically reduces the financial burden on individuals

and the national health system. From a social aspect, PKRS also plays a role in increasing the knowledge and ability of the community to actively participate in health improvement activities in their community. Overall, these efforts not only improve the socioeconomic aspects of the community but also strengthen the hospital's position in it. Hospitals are present not only when they are sick but are present as institutions that care and assist the community to achieve a better degree of life.

PKRS provides education and builds engagement and relationships with the target audience, which aligns with the concept of branding in public health campaigns (Basu & Wang, 2009). This concept shifts from the traditional approach of educating, instructing, and persuading consumers to building relationships with them. The goal of public relations is to build a mutually beneficial relationship between the hospital and the community through health promotion, which is mutual benefit and mutual understanding.

PKRS is a way for hospitals to build a positive image and branding that will differentiate them from their competitors. A study explains the significant relationship between patient satisfaction and the implementation of standardized hospital health promotion (Amiri et al., 2016). It is known that perceived value and patient satisfaction affect patient loyalty (Wartiningsih et al., 2020). Patient loyalty to the hospital will make these patients loyal or not switch to another hospital (Huang et al., 2021) and bring in new patients (Agustiawan, 2022).

Research on PKRS implementation in Al Islam Hospital Bandung is critical to understanding how the hospital manages and implements health promotion programs, as well as their impact on the community and health services. As communication researchers, the authors emphasize the importance of studying health promotion through a communication lens, given that PKRS initiatives like community empowerment, advocacy, and partnerships essentially involve communication processes. The use of appropriate communication methods and media will aid in PKRS implementation. Therefore, this research aims to investigate the implementation of community empowerment, advocacy, and partnership programs at PKRS

Al Islam Hospital Bandung. This study is expected to provide valuable insights for the development of PKRS programs in hospitals, as well as contribute to Indonesia's health communication literature.

RESEARCH METHOD

This study used a qualitative approach to explore the hospital's health promotion activities at Al Islam Hospital Bandung. We chose this approach to gain in-depth insight into the complex and subjective aspects of health promotion program implementation.

Data were collected using a combination of semi-structured interviews, non-participatory observation, document studies, and literature review. Semi-structured interviews were conducted to allow for in-depth discussions and the emergence of new topics, which is essential for qualitative research. We predetermined the interview guide based on the literature review. Interview protocol: 1). Development of the interview guide: We developed the interview guide based on a literature review of health promotion roles, frameworks, and communication strategies. The guide consisted of 20 open-ended questions to explore the hospitals' health promotion programs. The list of questions was presented to the informants and received approval. 2). Duration of the interviews: The interviews were audio-recorded (with the consent of the informants) to ensure accuracy and facilitate a thorough transcription process. Each interview lasted between 60 and 90 minutes, allowing sufficient time to ask interview questions and elaborate on unclear answers. 3). Selecting Criteria of Informanta: We used the purposive sampling technique to determine the key informants in this study. Based on the required data, we selected informants based on their relevant knowledge, expertise, and direct involvement in hospital health promotion Installation.

We conducted non-participatory observations at Al Islam Hospital Bandung to gain a deep understanding of the implementation of the hospital's health promotion program. We took pictures and observed several things related to the PKRS program. Online observations

Table 1 Informants and their Relevances to this Study

| Informant role | Position | Relevance |
|---|----------------|---|
| Head of Health Promotion and Marketing Installation | Senior Manager | Manage the implementation of hospital health promotion strategies and policies |
| Head of Health Information and Promotion Division | Manager | Supervise the implementation of dissemination of information and health promotion activities. |
| Health Service Promotion Staff (Promlekes) | Staff | Directly involved with the implementation of health promotion activities |

Source: Research Result, 2024

were also conducted on Al Islam Hospital's communication media, such as the website, Instagram account, YouTube, Facebook, and TikTok. This method enabled comprehensive data collection for the program. A document study was used to collect secondary data related to the hospital's health promotion program by Al Islam Hospital Bandung. The data included promotional materials, activity reports, and previous program evaluations. These documents provided insights into the implementation and effectiveness of the program.

We conducted a literature review to understand the existing knowledge on health promotion programs, particularly those related to the PKRS program. This review assisted in identifying key themes and concepts explored during interviews and observations. The collected data was organized and grouped based on the main themes that emerged from the interviews and observations. The combination of transcribing interviews, observations, and reviewing documents.

The triangulation methodology of this research is cross-referencing from interviews,

observations, and document studies. This methodological approach helped validate the findings and provide a comprehensive understanding of health promotion in the hospital program. Triangulation ensures that data collected through different methods converge to provide a robust and reliable picture of program implementation.

RESULTS AND DISCUSSION

Al Islam General Hospital has implemented PKRS management following the Ministry of Health Regulation and meeting Standard 1 Section 7: Patient-Focused Services, Communication, and Education Management. The full accreditation from the Indonesian Hospital Accreditation Commission (Komisi Akreditasi Rumah Sakit, KARS) exemplifies this.

Al Islam Hospital's distinctive feature, with advantage, is that it is based on religion, Islam. Al Islam Hospital Bandung articulates its vision as a hospital that enhances not only physical health but also spiritual well-being. This hospital adheres to a halal policy by implementing Islamic religious law in all areas of products and services, including administration and pocketing Sharia Hospital certification from the Indonesian Ulema Council (MUI) (RS AL Islam Bandung, 2024).

Since 2019, Al Islam Hospital's health promotion has evolved from the Promkes Unit to the Promkes Installation. These policies are subject to hospital regulations and by-laws. The hospital director, functional work units formed by the hospital director, and professional caregivers (Profesional Pemberi Asuhan, PPA) implement PKRS management according to the regulation. Professional caregivers refer to individuals responsible for directly providing care to patients, such as doctors, midwives, nurses, pharmacists, nutritionists, clinical psychologists, physiotherapists, and others (Menteri Kesehatan Republik Indonesia, 2022).

The interviewees' information indicates that Al Islam Hospital's management consists of numerous work units. As a result, the information and marketing division combines health promotion with marketing. Dr. Guntur

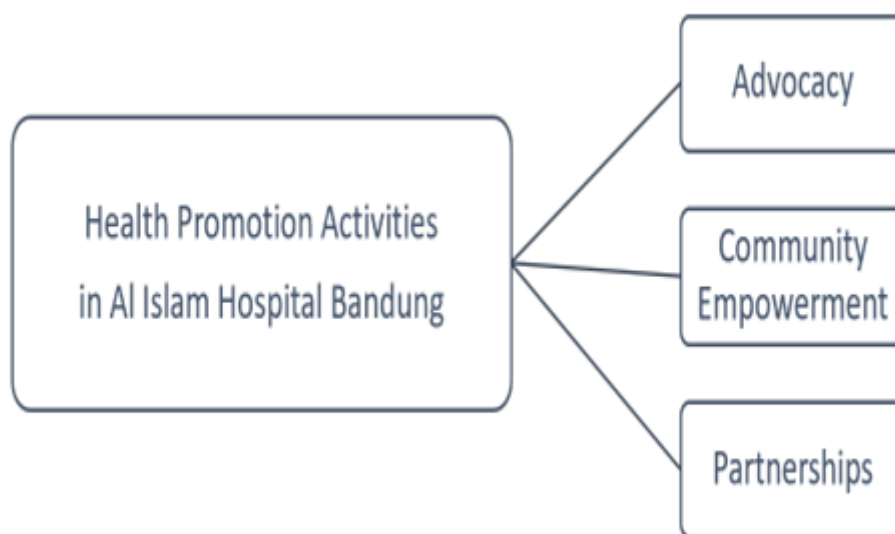
leads the information and marketing division, which oversees two installations: the Health Promotion and Marketing Installation and the Medical Records and Information Systems Installation.

The health promotion and marketing installation's primary tasks and functions include promoting health services, collaborating with external parties, managing communication media, handling customer complaints, providing customer service, employing 24-hour telephone operators, managing service survey activities, and overseeing the spirituality section. At Al Islam Hospital, the Health Service Promotion staff (Promlekes) manage health promotion activities. The Promlekes staff is responsible for managing outreach activities inside and outside the hospital. They are also responsible for informing professional caregivers (PPAs), who will serve as resources in community health counseling activities.

In this research, the authors present the results of the research into three main points, which are available in Figure 1. The implementation of the hospital's health promotion at Al Islam Hospital, namely advocacy, community empowerment, and partnerships.

Advocacy: The Hospital Director fully supports the implementation of integrated health promotion, specifically the PKRS installation at Al Islam Hospital, as demonstrated in the hospital policies that align with health promotion objectives. Hospital policies on health advocacy hold significant importance as they serve as a modality for implementing health interventions in communities that rely on communication (Maibach et al., 2007).

Management has designated Al Islam Hospital as a No Smoking Area (KTR) to support health promotion. Previously, the government had issued regulations regarding the no-smoking campaign, including Regional Regulation No. 11 of 2005 concerning the implementation of K3 and Mayor Regulation No. 315 of 2017, concerning health service facilities as a non-smoking area. When the PKRS unit of Al Islam Hospital transitioned to the PKRS installation in 2019, the hospital's director issued a No Smoking Area (KTR) regulation, as evidenced by Director Decree No. 654/RSAL/KEP/DIR/I/2019, which included



Source: Researcher's observation, 2024

Figure 1 Implementation of health promotion activities in Al Islam Hospital Bandung

IDR 5,000,000 fines for violators (Figure 2).

Initially, the hospital building only had a single no-smoking sign; however, the entire hospital area, including the parking lot, now has these signs. Guntur argues that smoking negatively impacts health and environmental cleanliness, prompting the posting of a no-smoking sign in the parking area.

Observations revealed that the hospital area prominently displays information on smoking prohibition, with posters and symbols strategically placed in areas where patients and hospital visitors frequently congregate or pass by. At the hospital's gate, a sign proclaims, "You are Entering a No Smoking Area." Put Out Your Cigarette Now." This information is written in white capital letters against a red background to ensure visitors' vision.

For effective health advocacy, hospitals must socialize their communication media with the target audience. To ensure that the audience receives information in line with the communicator's goals, health promotion media should meet high-quality and effective media standards and incorporate reliable data (Short et al., 2018).

A media test is necessary to confirm the effectiveness of the health promotion media. A



Source: Researcher's observation, 2024

Figure 2 Restriction of smoking in Al Islam Hospital Bandung

study listed four criteria for evaluating health promotion media, covering: 1) language; 2) identity and contact information; 3) colors based on the hospital's identity; and 4) the size of the media (Qalbina & Agustini, 2023). According to the informants, Al Islam Hospital

has never conducted a special media test on its health promotion media. However, the hospital's management implements a tiered approval process for every publication of health promotion media to ensure the accuracy and quality of the information.

A study shows that KTR advocacy with stickers and pamphlets in hospitals has a positive impact because it can prevent visitors and patients from smoking and encourage visitors and other patients to reprimand smokers in the hospital environment (Fitriastuti & Hastuti, 2019). Another study showed the effectiveness of banners in reducing the number of accidents in the North Lampung Region (Evanne et al., 2019). The use of appropriate communication methods and media makes the message acceptable and allows changes in behavior, attitudes, and beliefs in the target audience (Green & Tones, 2008).

The hospital engages in health promotion through KTR advocacy, a form of health branding. Hospitals show proactive efforts to encourage and prevent unhealthy behavior in their environment. According to a study, we must continue to carry out health campaigns to encourage and maintain positive health behaviors, as well as develop better ways to deliver health campaign products to consumers (Basu & Wang, 2009).

Community Empowerment: The hospital community, also known as hospital stakeholders, encompasses a diverse range of individuals involved in the delivery of health services. These individuals include patients, who provide health consultations; patient families, who have familial ties to patients receiving health services; hospital human resources, who work in hospitals, both medical and nonmedical; hospital visitors, who visit hospitals for various purposes; the community surrounding the hospital, who live or interact in the surrounding area; the government; and the mass media. In communication, we refer to the people involved and concerned with the company as stakeholders.

Upon its role as a comprehensive health services provider for the community, the hospital must strive to equip stakeholders with the necessary knowledge, willingness, and ability to address the diverse health issues



Source: RS Al Islam Bandung, 2024

Figure 3 Bedside Health Promotion

they encounter. Al Islam Hospital promotes community empowerment by providing tailored counseling and education services to its target population. Interviews reveal that Al Islam Hospital divides community empowerment into three target audiences, patients and their families, hospital human resources, and hospital visitors.

Professional caregivers (PPAs) should educate and counsel patients and their families on disease diagnoses, medical actions, health therapies, and rules related to the care they provide. There are two types of channels used by PPA and PKRS to deliver health promotion messages, face-to-face and mediated communication.

Firstly, the face-to-face approach. At Al Islam Hospital Bandung, the PPA uses a form for counseling and education, which the patient or their guardian must read and sign to confirm their understanding and agreement with the information.

PPAs provide counseling and education in treatment rooms, often extending their services to the bedside for health promotion (Figure 3). Doctor-patient communication has several functions, which are health therapy decision-making, exchanging information, improving relationships, overcoming patient doubts, overcoming emotional problems, and improving self-management (Świątoniowska-

Lonc et al., 2020).

When patients are discharged from the hospital or need a re-assessment based on the results of the PKRS, PPA also empowers them and their families in the ongoing PKRS process. PPA promotes health by distributing leaflets or flyers that outline the care guidelines for managing the patient's illness. The goal is to stop the disease from happening again or affecting other family members (Figure 3).

In addition to individual education, the hospital area also offers group education. The patient waiting area serves as a location for health counseling, where patients can receive health education while waiting in line. This can take the form of lectures, simulations, or practices. Health Promotion Staff generally sources the material from the ten most prevalent diseases in the hospital or aligns it with the celebration of health days. The activity uses a projector to display presentation material, as well as distribute flyers to patients and visitors in the counseling area (Figure 4).

PPAs use their scientific competence and communication skills to provide counseling and education to patients, patient families, or hospital visitors. PPAs at Al Islam Hospital have received effective communication training from certified trainers. Excellent communication skills are essential for all health practitioners (Alnasir, 2020; Skarbaliene et al., 2019) because effective communication supports increased patient satisfaction, emotional management, and improved compliance (Ghosh et al., 2020; Surbakti & Sari, 2018).

In practice, communication between PPAs and patients or patients' families often encounters various barriers. A study found five barriers to effective communication between nurses and patients in the Intensive Care Unit (ICU), including role conflict, family demographic factors, misunderstandings, the environment and situation in the ICU, and family psychological conditions (Arumsari et al., 2016). The target audience for PKRS is generally not at their best. The patient's illness impacts their physical and psychological state, which in turn influences their family's psychological state. Communication techniques tailored to the age (Sharkiya, 2023), education level (Astutik & Widodo, 2011), socioeconomic



Source: RS Al Islam Bandung, 2024

Figure 4 Health Education in the Hospital Area

(Loghmani et al., 2014), and language (Chittem & Butow, 2015) of the target audience are required. To achieve communication goals, PPA must not only adjust verbal messages but also adjust its nonverbal messages (Xu et al., 2012).

The use of media in providing information or counseling eases listeners or recipients of information to understand the content of the information. According to research, providing counseling in simple language will attract attention and raise awareness to carry out healthcare (Kusumawardani et al., 2016).

Despite face-to-face counseling and education efforts, the PPA at Al Islam Hospital Bandung has not carefully measured its effectiveness. The hospital service evaluation's results are still based on general data from the hospital customer satisfaction form.

Second, PPA and PKRS use counseling/education media to deliver health promotion messages. Communication technology development has influenced the implementation of health promotion programs in hospitals. In addition to posters, leaflets, brochures, banners, in-house journals, and information boards, some hospitals use audio and audio-visual media available in the hospital. Well-designed health communication materials potentially influence

social norms and behaviors and lead to healthier lives (Handebo et al., 2022).

Al Islam Hospital uses internal TV and audio-land facilities to inform patients, families, and visitors about hospital services and health promotion media. Several waiting room locations, including outpatient clinics, laboratories, radiology, and pharmacies, feature internal TV installations. All hospital areas, including treatment rooms, have audio-land access. The hospital's internal TV and audio-land systems display health education and religious education materials. The Health Promotion and Marketing Installation designs the message and organizes the broadcast schedule.

Spiritual services are one of the added values of Al Islam Hospital. One of the spiritual service programs at Al Islam Hospital includes religious lecture activities (*kultum*), which are routinely carried out in the morning through audio-land and can be heard around the hospital environment, as well as Friday lectures held at the mosque in the hospital area.

Several previous studies have examined the effectiveness of audio (Papilaya et al., 2016) and video (Kantohe et al., 2016; Setiani & Warsini, 2020) as health promotion media that are more effective than flyers or flip charts. According to Ahyana, audio and video media in hospitals can improve the comfort of patients, their families, and visitors there (Ahyana, 2006).

The 'picture superiority effect' is a proven finding in cognition studies: pictures present better in memory tests than words (Hockley, 2008; Mintzer & Snodgrass, 1999). A study found that the use of visual images linked to written or spoken text can significantly improve attention, recall, and understanding of health information (Brotherstone et al., 2006; Houts et al., 2024).

By providing attractive visual content, hospitals can increase the appeal of their health messages. Some of the health promotion materials created by PKRS Al Islam Bandung Hospital include images that demonstrate the relationship between the idea and the text message, such as the smoking ban image. Some video messages use musical illustrations to increase dramatization, such as the Cath Lab Service information video from the cardiac polyclinic. Images will stimulate the target's

emotional response; this response can affect the increase or decrease of behavior on health instructions (Houts et al., 2024). That is why the selection of images/illustrations in health messages is fundamental.

These findings demonstrate the application and extension of the Elaboration Likelihood Model (ELM) in health promotion. The face-to-face approach allows for elaboration between the healthcare provider and the patient. Motivation, prior knowledge, and the quality of arguments presented significantly influence this process, which Petty & Cacioppo refer to as the central route (Petty & Cacioppo, 1986). Caregivers can use engagement strategies to overcome patients' doubts and emotional problems. Health promotion media can influence patients who are less interested in text messages or help reinforce messages delivered by caregivers through face-to-face interactions. A study showed that health messages in the form of infographics can influence patient efficacy more than text messages (Lam et al., 2022). Source appeal, emotional appeal, and visual elements will activate patients' peripheral pathways. Therefore, hospitals should tailor health promotion strategies to patients' different cognitive styles.

The hospital's health promotion installation empowers patients, their families, and the hospital's human resources. This means that hospital human resources are not only the organizers but also the targets of the PKRS program. We expect healthy and well-informed hospital human resources with health issues to have the awareness and ability to behave in a clean and healthy manner, both in the work environment and daily lifestyle.

A study explains that communication barriers between health workers and patients can occur due to fatigue and excessive work pressure (Shafipour et al., 2014). Thus, the hospital's human resources program must be comprehensive, including physical activity, health education, and stress management.

The goal of the PKRS program for the hospital's human resources at Al Islam is to enhance physical and spiritual health. Among them are clean and healthy living behavior counseling programs in the work environment, risk education in the workplace,

waste management education, effective communication, etc. Fitness support programs are also one of the mainstays of PKRS for the hospital's human resources, such as routine health checks (medical check-ups), joint gymnastics, and leisure bikes. The Riyaadhush Shaalihaat Mosque, located at Al Islam Hospital Bandung, hosts Friday prayers, Quran recitation, and Islamic religious studies.

A study explained the need for healthcare organizations (hospitals) to provide interventions that encourage physical activity among employees (Blake & Batt, 2015). Sports and recreational activities that develop workers' social activities can help reduce stressors that can cause physical and emotional stress in the workplace (Leal et al., 2015). Al Islam Hospital Bandung's "Healthy Fun Bike" activity aligns with this approach. The activity resulting from the company's collaboration with a partner company is open to the public so that hospital human resources and the hospital community can also participate in cycling together.

Health promotion programs in the workplace can reduce health risks and increase productivity (Mills et al., 2007). For this reason, the support of hospital management in the success of the PKRS program is crucial, so that investment in these programs successfully improves the welfare of human resources and increases the efficiency and quality of health services at Al Islam Hospital. To ensure the relevance and effectiveness of Al Islam Hospital's health promotion programs, studies are necessary to measure their effectiveness and impact, particularly on hospital human resources.

During the COVID-19 pandemic, PKRS also developed digital-based health promotion. The informant admitted that Al Islam Hospital's website and social media became more active during the pandemic. This is due to the hospital's obligation to hold a PKRS program, but it was hampered by health protocol regulations, so PKRS through social media became the best alternative at that time.

Al Islam Hospital has social media accounts on Facebook, Instagram, TikTok, and YouTube, but the Instagram account @rsalislambandung is the most active. Al Islam Hospital developed health promotion through podcast media during

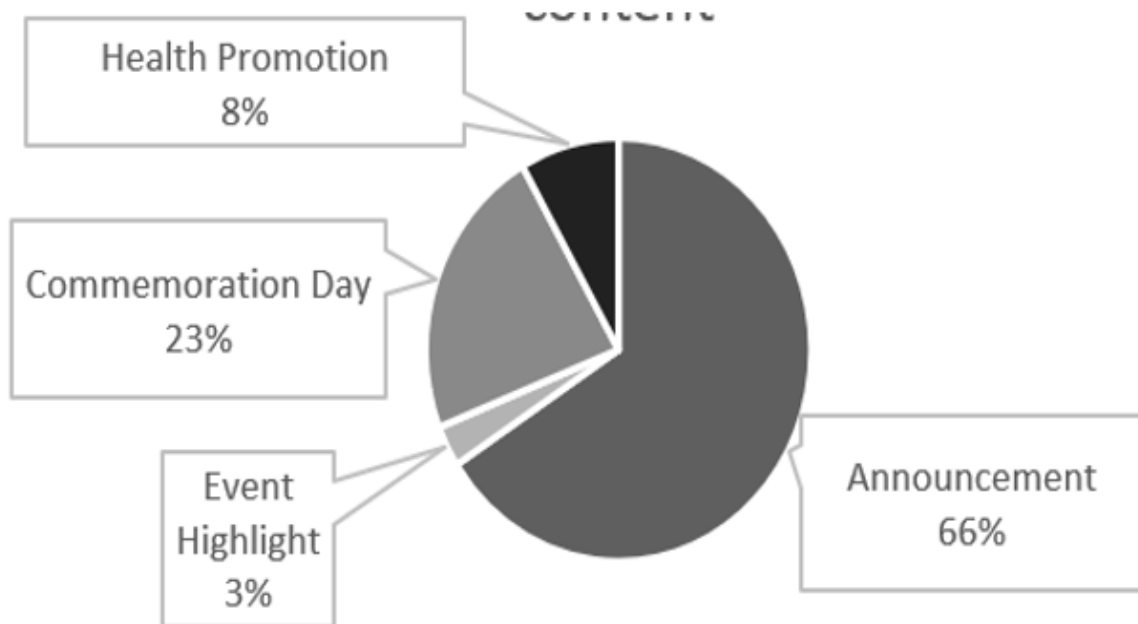
the pandemic, but now it primarily uses the Live Instagram feature for health promotion. Al Islam Hospital routinely rolls out the PKRS program through the Live Instagram feature 3-4 times a month.

The media staff of Al Islam Hospital manages the social media content, beginning with the design of health information content in both digital and printed formats, with approval from the head of the field. In contrast, PKRS at Hasan Sadikin Hospital has its own social media account that specifically provides health information (Anisa, Dewi, Ananda, et al., 2023). Al Islam Hospital has a policy of only having one official social media account.

The hospital shares health information alongside other information on its social media accounts. Research has proven that social media use not only increases access to health information but also reaches a wider target audience and fosters better community engagement, all at a relatively lower cost (Levac & O'Sullivan, 2010). With various social media platforms, hospitals can disseminate health information quickly and efficiently to the public. Other findings suggest that Instagram can be highly promising for delivering engaging health messages (Edney et al., 2018).

Al Islam Hospital Bandung chose social media as a communication channel. Health information that combines images and focuses on real health services can be highly engaging because it meets the audience's information needs. Based on the results of researcher observations on the @rsalislam Instagram account until December 2023 (**Figure 5**), announcement content still dominates at 66%; this content contains activity agenda information and health service information. Health promotion accounts for only 8% of the total content, primarily because it includes warning information without any accompanying educational material.

This content invites the audience to interact, whereas live Instagram content does not. The PPA, or resource person, delivers the material and opens a question-and-answer session with the audience via the comment feature. Al Islam Hospital should contemplate compiling a summary of the presentation outcomes on Live Instagram content and showcasing it in feeds,



Source: researcher's data, 2023

Figure 5 Proportion of @rsalislam's Instagram content

enabling audiences who missed the event to understand the speaker's message.

The health literacy model asserts that health institutions can empower patients by facilitating clear communication, providing easily accessible resources and interactive tools, and offering frequent education and training (Sørensen et al., 2012). Current communication technology requires that hospital communication media not only provide information but also serve as the primary source of accessible and interactive health information for the community.

Partnership: Hospital health promotion is not limited to internal activities. It also includes partnerships with various external parties, such as communities, educational institutions, government agencies, private agencies, and non-governmental organizations. With the principles of equality, openness, and mutual benefit, the hospital builds cooperation with external stakeholders to expand its reach and increase the impact of health promotion for the community.

Cooperation with educational institutions enables Al Islam Hospital in Education (RS AL Islam Bandung, 2021) to realize its vision of facilitating educational and research

activities in the fields of medicine, dentistry, and other multi-professional health education. Students who do internships and research at Al Islam Hospital, according to the source, come from different areas. Some time ago, PKRS received 10 internship students from West Sumatra. Collaboration with educational institutions, such as schools and universities, can increase health awareness and knowledge among students. Partnership programs between health services and educational institutions can serve as a two-way communication channel; educational institutions can collect and provide information to the health service system about the community, and vice versa, providing health service information to the community (Uddin, 2001). This collaboration also aids the development of relevant and practical health education curricula, which can provide long-term benefits to public health (Parker et al., 2003).

Al Islam Hospital also builds partnerships with local communities, such as the Integrated Service Post (Posyandu), Bandung City midwife network, Puskesmas, Youth Organizations, religious assemblies, and healthcare communities around the hospital. Working with local communities has the positive impact of



Source: Al Islam Hospital, 2024

Figure 6 Forms of Al Islam Cooperation with Communities and Mass Media

allowing PKRS to develop health promotion themes and methods that meet the audiences' needs. A study highlighted the importance of personalizing PKRS messages to increase the relevance and effectiveness of communication with the community (Gormley & Koch Fager, 2021). A multi-stakeholder collaborative health literacy case study in Stoke-on-Trent City, UK, suggested the importance of commitment to a shared vision, mutual trust, and respect for each other (Estacio et al., 2017). Openness to sharing, learning, and communicating were important elements that helped make the collaboration a success. By understanding the needs and preferences of the community, the PKRS team can craft more engaging and persuasive messages.

Al Islam Hospital also collaborates with educational institutions and local communities through mass media. Figure 6 shows that Al Islam Hospital conducts collaborative activities with Persadia (The Indonesian Diabetes Association) and TVRI (The Indonesian government's television station). The mass media play an important role in disseminating health information to the public, as well as being a means of publicizing the hospital's service programs (Atkin & Wallack, 1990).

Collaboration with the mass media is an important strategy for PKRS and public relations to increase the hospital's visibility and image.

There are various forms of cooperation between hospitals and television stations, radio, and print media. Some mass media have regular health programs or talk shows that feature doctors or health experts from the hospital. This program helps the public get health information because the packaging is attractive and easily accessible. Santosa Hospital Bandung collaborated with *Pikiran Rakyat* newspaper to produce health articles or sources for health news segments.

Several previous studies have looked at how health institutions can use mass media to promote health information to the public. Strong partnerships with the mass media can increase the effectiveness of health promotion programs by health departments and community partners due to the presence of mass media health education platforms that are more widespread and sustainable (Parker et al., 2003). Another study found that hospitals involved in health campaigns reported an increase in preventive health visits and an improved image in the eyes of the public (Tiraihati, 2018). Hospitals'

consistent delivery of data and evidence-based health information via mass media can have the greatest impact (Atkin & Wallack, 1990).

Hospitals and healthcare professionals should recognize the obstacles hindering individuals from obtaining or comprehending health publications and assimilating the latest treatment methods. This complicates access and understanding for certain individuals. To distribute health information, it is essential to engage hospitals as credible authorities, opinion leaders as local influencers, and health communities as early adopters. Additionally, communication channels such as traditional media and social media platforms should be used for communication. The diffusion of innovation theory explains how a community gradually accepts innovations over time (Rogers, 2003).

Collaboration between health promotion staff and hospital public relations is also a relevant research focus. Both parties' tasks and functions are inseparable, with the health promotion team responsible for providing health education to the community and the public relations team acting as a liaison between the community and the hospital. The public relations team is responsible for socializing all efforts made by the health promotion team to provide information and knowledge about health (Artha, 2021). This collaboration can improve the effectiveness of the PKRS program by combining communication and health services expertise. Therefore, the hospital can create community-relevant and appealing messages.

The relationships developed and maintained by Al Islam Hospital with stakeholders, including patients, their families, human resources, media, communities, and other entities, are relevant to the theory of relationship management in public relations. This theory continuously emphasizes symmetrical relationships, focusing on the management of mutual interests and shared goals in the dissemination of health information (Ledingham, 2003). These efforts result in enhanced patient outcomes and satisfaction while also contributing to public health literacy improvement.

CONCLUSION

This study highlights the implementation of Hospital Health Promotion (PKRS) at Al Islam Hospital Bandung from a communication perspective. Through advocacy strategies, community empowerment, and partnerships with various parties, Al Islam Hospital has implemented various health promotion programs. The issuance of hospital policies in support of The Hospital's Health Promotion program can be an example of concrete efforts from the health promotion advocacy program.

Smoke-free area advocacy can prevent patients and visitors from smoking and positive branding for Al Islam Hospital.

Al Islam's professional caregivers have received training in effective communication. They are responsible for educating and counseling patients and their families through both face-to-face and media channels. They engage in face-to-face interactions at the patient's bedside and provide in-person counseling in the hospital waiting room. Often they also use media such as leaflets and brochures as a guide to managing the patient's illness.

The Hospital's Health Promotion program for community empowerment requires a strong commitment from all stakeholders to get benefits in accordance with the objectives of the activity; therefore, this program cannot run in one direction. The hospital must continue to maintain communication relationships and build trust with stakeholders, whether there is a The Hospital's Health Promotion program. Stakeholders provide positive support to the health promotion program during its implementation. This also applies to partnership programs. To achieve better public health goals, hospitals must continue to maintain a mutually understanding and mutually beneficial relationship with partners based on the principles of equality and openness. Continuous evaluation and adaptation to the needs and dynamics of the community are necessary to ensure the sustainability and effectiveness of the health promotion program.

Health workers' use of health promotion media is critical in promoting pro-health attitudes and behaviors. We need to emphasize increasing the availability of health promotion

media, harmonizing health promotion activities, and building the capacity of health workers.

The study suggests that hospital management can conduct a continuous evaluation of health promotion activities carried out at Al Islam Bandung Hospital so that they are not limited to the hospital area. The hospital can achieve this by optimizing its communication media. Hospitals can start using social media analytics and SEO campaigns to produce messages that cater to the needs of their audience.

This study, while successful in revealing the implementation of Al Islam Hospital's health promotion strategy, suffers from some shortcomings, particularly the lack of a quantitative analysis of the effectiveness of each health promotion program. This will benefit the development of Al Islam Hospital's health promotion program and the science of health communication. Given the limitations of this study, we suggest conducting further research to examine the effectiveness of health promotion programs, thereby enhancing the comprehensiveness of Al Islam Hospital's health promotion strategy.

Author Contributions: R.D. and R.A. conceptualized this article, R.A. handled the methodology, R.D. conducted the analysis, Y.I. curated the data, R.D. prepared the initial draft, R.D. and Y.I. conducted the writing review and editing, R.D. oversaw the visualization, Y.I. oversaw the project administration, and Y.I. acquired the funds. All authors have read and approved the published version of the manuscript. All authors have approved the published version of the manuscript.

Acknowledgments: The authors would like to thank Universitas Padjadjaran for the support and opportunity provided through the internal grant of Research for the Acceleration of Rector Head (RPLK) No. 1549/UN6.3.1/PT.00/2023 on March 27, 2023. We would also like to thank Al Islam Hospital Bandung, especially the Information and Marketing Division, for their willingness to be key informants in this study. Research permit No 8351/UN6.K.1/PT.01.04/2023.

Data Availability Statement: The supporting data utilized in this work is not publicly archived, but it can be obtained by contacting the author, Retasari Dewi, through email.

Conflicts of Interest: The authors declare that there is no conflict of interest in this study. The funder had no role in the design of the study, in the collection, analysis, or interpretation of the data, in the writing of the manuscript, or in the decision to publish the results. The study's key informants have also agreed to be interviewees, and there is no confidential information involving hospital patient data in this study.

Funding: This research was funded by Universitas Padjadjaran No. 1549/UN6.3.1/PT.00/2023, 27 Maret 2023

REFERENCES

- Agustiawan. (2022). Dampak promosi kesehatan rumah sakit (pkrs) terhadap loyalitas pasien di rumah sakit: Sebuah tinjauan literatur. *Media Publikasi Promosi Kesehatan Indonesia (MPPKI)*, 5(2), 134–138. <https://doi.org/10.56338/mppki.v5i2.2046>
- Ahyana, C. (2006). Efektivitas siaran audio-land terhadap kenyamanan pasien rawat inap rumah sakit Al-Islam Bandung. *Diploma Thesis*, Universitas Komputer Indonesia. <https://repository.unikom.ac.id/7779/>
- Alnasir, F. (2020). Effective communication skills and patient's health. *CPQ Neurol Psychol*, 3(4), 1–11. <https://www.cientperiodique.com/article/CPQNP/3/4/63>
- Amiri, M., Khosravi, A., Riyahi, L., & Naderi, S. (2016). The impact of setting the standards of health promoting hospitals on hospital indicators in Iran. *PLoS One*, 11(1), 167–169. <https://doi.org/10.1371/journal.pone.0167459>
- Anisa, R., Dewi, R., Ananda, F., & Ilmu Hubungan Masyarakat, P. (2023). Utilization of instagram social media in health promotion activities at Hasan Sadikin Hospital Bandung. *Jurnal Proteksi Kesehatan*, 12(1), 78–90. <https://doi.org/10.36929/jpk.v11i2.531>
- Anisa, R., Dewi, R., & Yustikasari. (2023). Media dan program promosi kesehatan Rumah Sakit Umum Daerah Di Kabupaten Purwakarta. *Jurnal Ilmu Sosial Dan Pendidikan (JISIP)*, 7(3), 2598–9944. <http://dx.doi.org/10.58258/jisip.v7i3.5048>

- Artha, S. (2021). *Strategi kolaborasi humas RSHS dengan bagian promosi kesehatan RSHS dalam menghadapi krisis virus corona*. Prodi Hubungan Masyarakat, Fakultas Ilmu Komunikasi, 2460–6510. <https://karyailmiah.unisba.ac.id/index.php/humas/article/view/25332>
- Arumsari, D. Piranti., Emaliyawati, E., & Sriati, A. (2016). Hambatan komunikasi efektif perawat dengan keluarga pasien dalam perspektif perawat. *Jurnal Pendidikan Keperawatan Indonesia.*, 2(2), 104–114. <https://doi.org/10.17509/jpki.v2i2.4745>
- Astutik, W. S., & Widodo, Y. (2011). Hubungan tingkat pendidikan dengan kecemasan keluarga pasien dalam menghadapi perawatan di ruang ICU Rumah Sakit Umum Daerah Unit Swadana Pare. *Jurnal AKP*, 33(3).
- Atkin, Charles. K., & Wallack, L. (1990). *Mass Communication and public health: Complexities and conflicts*. (Vol. 121). Sage Publications.
- Basu, A., & Wang, J. (2009). The role of branding in public health campaigns. *Journal of Communication Management*, 13(1), 77–91. <https://doi.org/10.1108/13632540910931409>
- Blake, H., & Batt, M. E. (2015). Employee perceptions of a pedometer walking intervention in a hospital workplace. *International Journal of Health Promotion and Education*, 53(5), 257–270. <https://doi.org/10.1080/14635240.2015.1016621>
- Brotherstone, H., Miles, A., Robb, K. A., Atkin, W., & Wardle, J. (2006). The impact of illustrations on public understanding of the aim of cancer screening. *Patient Educ Couns*, 63(3), 328–335. <https://doi.org/10.17509/jpki.v2i2.4745>
- Chittem, M., & Butow, P. (2015). Responding to family request for nondisclosure: The impact of oncologists' cultural background. *Journal of Cancer Research and Therapeutics*, 1. <https://doi.org/10.17509/jpki.v2i2.4745>
- Edney, S., Bogomolova, S., Ryan, J., Olds, T., Sanders, I., & Maher, C. (2018). Creating engaging health promotion campaigns on social media: Observations and lessons from fitbit and garmin. *Journal of Medical Internet Research*, 20(12), e10911. <https://doi.org/10.2196/10911>
- Estacio, E. V., Oliver, M., Downing, B., Kurth, J., & Protheroe, J. (2017). Effective partnership in community-based health promotion: Lessons from the health literacy partnership. *International Journal of Environmental Research and Public Health*, 14(12). <https://doi.org/10.17509/jpki.v2i2.4745>
- Evanne, L., Istiqomah, U., Kusuma, A. R. D., & Adellia. (2019). *Strategi humas dalam iklan layanan masyarakat untuk mengurangi laka lantas di polres lampung utara*. In C. Fajri (Ed.), Youth Communication Days (pp. 20–25). Prodi Ilmu Komunikasi - Fakultas Sastra, Budaya, dan Komunikasi - Universitas Ahmad Dahlan. <https://seminar.uad.ac.id/index.php/YCD/article/view/11914>
- Fitriastuti, B., & Hastuti, N. H. (2019). Sosialisasi kawasan tanpa rokok (ktr) oleh pemerintah Kabupaten Kulon Progo (di lingkungan RSUD Wates Kabupaten Kulon Progo). *Solifaritas*, 3(2), <https://ejurnal.unisri.ac.id/index.php/sldrts/article/view/4185>
- Ghosh, A. K., Joshi, S., & Ghosh, Amit. (2020). Effective patient-physician communication - A concise review. *J Assoc Physicians India*, 68(6), 53–57. <https://pubmed.ncbi.nlm.nih.gov/32610880/>
- Gormley, J., & Koch Fager, S. (2021). Personalization of patient-provider communication across the lifespan. *Topics in Language Disorders*, 41(2), 249–268. <http://www.vidatak.com/ezboards.html>
- Green, J., & Tones, K. (2008). *Health promotion planning and strategies*. SAGE.
- Handajani, D. O., Pamungkasari, E. P., & Budihastuti, U. R. (2018). Effectiveness of health promotion by indonesian breastfeeding association in increasing exclusive breastfeeding coverage in Surabaya City, East Java. *Journal of Health Promotion and Behavior*, 03(01), 1–15. <https://doi.org/10.26911/thejhp.2018.03.01.01>
- Handebo, S., Adugna, A., Nigusie, A., Shitu,

- K., Kassie, A., & Wolde, M. (2022). Health communication materials use in providing health education among health professionals working at health-care institutions in Gondar City: a cross-sectional study. *International Journal of Health Promotion and Education*, 1–14. <https://doi.org/10.1080/14635240.2022.2154130>
- Hockley, W. E. (2008). The picture superiority effect in associative recognition. *Memory and Cognition*, 36(7), 1351–1359. <https://doi.org/10.3758/MC.36.7.1351>
- Houts, P. S., Doak, C. C., Doak, L. G., & Loscalzo, M. J. (2024). The role of pictures in improving health communication: A review of research on attention, comprehension, recall, and adherence. *Patient Education and Counseling*, 61(2), 173–190. <https://doi.org/10.1016/j.pec.2005.05.004>
- Huang, I.-C., Du, P.-L., Lin, L.-S., Liu, T.-Y., Lin, T.-F., & Huang, W.-C. (2021). The effect of perceived value, trust, and commitment on patient loyalty in Taiwan. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 58(3). <https://doi.org/10.1177/00469580211007217>
- Huff, R. M., Kline, M. V., & Peterson, D. V. P. (2015). *Culture, health promotion, and cultural competence. In Health Promotion in Multicultural Populations: A Handbook for Practitioners and Students* (pp. 3–20). SAGE Publications, Ltd. <https://doi.org/10.4135/9781483368771.n1>
- Kantohe, Z. R., Wowor, V. N. S., & Gunawan, P. N. (2016). Perbandingan efektivitas pendidikan kesehatan gigi menggunakan media video dan flip chart terhadap peningkatan pengetahuan kesehatan gigi dan mulut anak. *E-GIGI*, 4(2). <https://doi.org/10.35790/eg.4.2.2016.13490>
- Kusumawardani, D., Budihastuti, U. R., & Wijaya, M. (2016). The roles of batang public hospital, hiv case manager, people living with hiv, partners, and peer support group, in the prevention of HIV/AIDS Transmission. *Journal of Health Promotion and Behavior*, 01(02), 79–86. <https://doi.org/10.26911/thejhp.2016.01.02.03>
- Lam, C., Huang, Z., & Shen, L. (2022). Infographics and the elaboration likelihood model (elm): Differences between visual and textual health messages. *Journal of Health Communication*, 27(10), 737–745. <https://doi.org/10.1080/10810730.2022.2157909>
- larasanti, a. (2018). Pelaksanaan promosi kesehatan rumah sakit di RSUD Haji Surabaya. *Jurnal PROMKES*, 5(2), 117. <https://doi.org/10.20473/jpk.V5.I2.2017.117-127>
- Leal, L. A., Camelo, S. H. H., Rocha, F. L. R., Vegro, T. C., & Santos, F. C. (2015). Health promotion of nursing staff in hospital environments. *Revista Da Rede de Enfermagem Do Nordeste*, 16(5), 762. <https://doi.org/10.15253/2175-6783.2015000500019>
- Ledingham, J. A. (2003). Explicating relationship management as a general theory of public relations. *International Journal of Phytoremediation*, 21(1), 181–198. https://doi.org/10.1207/S1532754XJPRR1502_4
- Lelyana, N. (2024). Outlining Strategies for Increasing Health Accessibility in Rural Areas of Indonesia. *West Science Interdisciplinary Studies*, 2(02), 357–368. <https://doi.org/10.58812/wsis.v2i02.643>
- Levac, J. J., & O'Sullivan, T. (2010). Social media and its Use in Health Promotion. *Interdisciplinary Journal of Health Sciences*, 1(1), 47. <https://doi.org/10.18192/riss-ijhs.v1i1.1534>
- Loghmani, L., Borhani, F., & Abbaszadeh, A. (2014). Factors affecting the nurse-patient's family communication in intensive care unit of kerman: Qualitative study. *Journal of Caring Sciences*, 3(1), 67–82. <https://doi.org/10.5681/jcs.2014.008>
- Maibach, E. W., Abrams, L. C., & Marosits, M. (2007). Communication and marketing as tools to cultivate the public's health: a proposed “people and places” framework. *BMC Public Health*, 7(1), 88. <https://doi.org/10.1186/1471-2458-7-88>
- Mangoma, J., & Sulistiadi, W. (2024). Island health crisis: Bridging gaps in indonesia's healthcare deserts. *Journal of Indonesian Health Policy and Administration*, 9(2). <https://doi.org/10.7454/ihpa.v9i2.1005>

- Menteri Kesehatan Republik Indonesia. (2022). Standar Akreditasi Rumah Sakit. Keputusan Menteri Kesehatan Republik Indonesia No. HK.01.07/MENKES/1128/2022. Indonesia: Kementerian Kesehatan Republik Indonesia.
- Mills, P. R., Kessler, R. C., Cooper, J., & Sullivan, S. (2007). Impact of a health promotion program on employee health risks and work productivity. *American Journal of Health Promotion*, 22(1), 45–53. <https://doi.org/10.4278/0890-1171-22.1.45>
- Mintzer, M. Z., & Snodgrass, J. G. (1999). The picture superiority effect: Support for the distinctiveness model. *Journal of Psychology*, 112(1), 113–146. <https://doi.org/10.2307/1423627>
- Moshki, M., Mohammadipour, F., Gholami, M., Heydari, F., & Bayat, M. (2022). The evaluation of an educational intervention based on Pender's health promotion model for patients with myocardial infarction. *International Journal of Health Promotion and Education*, 60(1), 25–37. <https://doi.org/10.1080/14635240.2020.1816487>
- Nurdianna, F. (2018). Pelaksanaan promosi kesehatan di Rumah Sakit Universitas Airlangga Surabaya. *Jurnal PROMKES*, 5(2), 217. <https://doi.org/10.20473/jpk.V5.I2.2017.217-231>
- Owusu-Addo, E., Edusah, S. E., & Sarfo-Mensah, P. (2015). The utility of stakeholder involvement in the evaluation of community-based health promotion programs. *International Journal of Health Promotion and Education*, 53(6), 291–302. <https://doi.org/10.1080/14635240.2015.1030033>
- Papilaya, E. A., Zuliari, K., & Juliatri. (2016). Perbandingan pengaruh promosi kesehatan menggunakan media audio dengan media audio-visual terhadap perilaku kesehatan gigi dan mulut siswa SD. *E-GIGI*, 4(2). <https://doi.org/10.35790/eg.4.2.2016.14261>
- Parker, E., Margolis, L. H., Eng, E., & Henriquez-Roldán, C. (2003). Assessing the capacity of health departments to engage in community-based participatory public health. *American Journal of Public Health*, 93(3), 472–476. <https://doi.org/10.2105/AJPH.93.3.472>
- Petty, R. E., & Cacioppo, J. T. (1986). *Communication and persuasion*. Springer-Verlag.
- Qalbina, Z. A., & Agustini, T. R. (2023). Advokasi penerapan kawasan tanpa rokok di klinik umum dan bersalin kusuma sebagai upaya pencegahan dampak asap rokok pada ibu hamil. *Jukeshum: Jurnal Pengabdian Masyarakat*, 3(2), 2774–4698. <https://doi.org/10.51771/jukeshum.v3i2.554>
- Reskiaddin, L. O., Vina, Y. A., Sholikah, & Wartono. (2020). Challenges and barrier on community empowerment in communicable disease on semi rural area: A evidence based practice in Padukuhan Samirono, Sleman Yogyakarta. *Jurnal Kesmas Jambi*, 4(2). <https://doi.org/10.22437/jkmj.v4i2.10569>
- Rogers, E. M. (2003). *Diffusion of innovations* (5th ed.). Free Press.
- RS AL Islam Bandung. (2021). Home: Visi dan Misi. Diambil kembali dari RS Al Islam Bandung Web site: <https://www.rsalislam.com/visi-dan-misi/>
- RS Al Islam Bandung. (2024, Maret 1). Home. Diambil kembali dari <https://www.rsalislam.com/visi-dan-misi/>
- Setiani, D. Y., & Warsini, W. (2020). Efektifitas promosi kesehatan media video dan leaflet terhadap tingkat pengetahuan tentang pencegahan osteoporosis. *Jurnal Kesehatan Holistic*, 4(2), 55–67. <https://doi.org/10.33377/jkh.v4i2.83>
- Shafipour, V., Mohammad, E., & Ahmadi, F. (2014). Barriers to nurse-patient communication in cardiac surgery wards: A qualitative study. *Global Journal of Health Science*, 6(6). <https://doi.org/10.5539/gjhs.v6n6p234>
- Sharkiyya, S. H. (2023). Quality communication can improve patient-centred health outcomes among older patients: a rapid review. *BMC Health Services Research*, 23(1). <https://doi.org/10.1186/s12913-023-09869-8>
- Short, C. E., DeSmet, A., Woods, C., Williams, S. L., Maher, C., Middelweerd, A., Müller, A. M., Wark, P. A., Vandelandotte, C., Poppe,

- L., Hingle, M. D., & Crutzen, R. (2018). Measuring engagement in ehealth and mhealth behavior change interventions: Viewpoint of methodologies. *J med internet res*, 20(11). <https://doi.org/10.2196/jmir.9397>
- Skarbalienė, A., Skarbalius, E., & Gedrimė, L. (2019). Effective communication in the healthcare settings: Are the graduates ready for it? Management. *Journal of Contemporary Management*, 24(Special), 137–147. <https://doi.org/10.30924/mjcmi.24.si.9>
- Sørensen, K., Van Den Broucke, S., Fullam, J., Doyle, G., Pelikan, J., Slonska, Z., & Brand, H. (2012). Health literacy and public health: A systematic review and integration of definitions and models. *In BMC Public Health*, 12(1), <https://doi.org/10.1186/1471-2458-12-80>
- Suhada, M. A., & Ain, R. Q. (2021). Pelaksanaan PKRS di rumah sakit berdasarkan telaah jurnal. *Muhammadiyah Public Health Journal*, 1(2). <https://jurnal.umj.ac.id/index.php/MPHJ>
- Surbakti, E. Fitri., & Sari, Kurnia. (2018). The relationship between consultation length and patient satisfaction: a systematic review. The 2nd International Conference on Hospital Administration (The 2nd ICHA), 4(9), 41–49. <https://dx.doi.org/10.18502/cls.v4i9.3556>
- Świątoniowska-Lonc, N., Polański, J., Tański, W., & Jankowska-Polańska, B. (2020). Impact of satisfaction with physician–patient communication on self-care and adherence in patients with hypertension: cross-sectional study. *BMC Health Services Research*, 20(1), 1046. <https://doi.org/10.1186/s12913-020-05912-0>
- Tiraihati, Z. W. (2018). Analisis promosi kesehatan berdasarkan ottawa charter di Rs Onkologi Surabaya. *Jurnal PROMKES*, 5(1), 1. <https://doi.org/10.20473/jpk.V5.I1.2017.1-12>
- Uddin, I. (2001). Development of health promotion in the hospital setting programme development. *International Journal of Health Promotion and Education*, 39(2), 40–43. <https://doi.org/10.1080/14635240.2001.10806148>
- Wartiningsih, M., Supriyanto, S., Widati, S., Ermawaty, E., & Lestari, R. (2020). Health promoting hospital: A practical strategy to improve patient loyalty in public sector. *Journal of Public Health Research*, 9(2), 1832. <https://doi.org/10.4081/jphr.2020.1832>
- Wendimagn, N. F., & Bezuidenhout, M. C. (2019). Integrating promotive, preventive, and curative health care services at hospitals and health centers in Addis Ababa, Ethiopia. *Journal of Multidisciplinary Healthcare*, 12, 243–255. <https://doi.org/10.2147/JMDH.S193370>
- World Health Organization. (2020). Community engagement: A Health Promotion Guide for Universal Health Coverage in The Hands of The People. <https://www.who.int/publications/i/item/9789240010529>
- Xu, Y., Staples, S., & Shen, J. J. (2012). Nonverbal communication behaviors of internationally educated nurses and patient care. *Research and Theory for Nursing Practice*, 26(4), 290–308. <http://dx.doi.org/10.1891/1541-6577.26.4.290>