

Implementation of Health Promoting Hospital in Government and Private Indonesian Hospitals: Is There Any Difference?

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Abstract: Health promotion in hospitals (HPH) has been a challenge for hospital regarding the reorientation of health services. This study aims to evaluate the implementation of HPH in government and private hospitals in Jakarta, Indonesia. A cross-sectional study was conducted through a survey and self-assessment tools involving 223 hospital employees, using proportional random sampling and bivariate analysis ($\alpha=0.05$). The results showed that employees in both hospitals (government and private) had good knowledge towards HPH (74.8% and 76.9%). However, the participation of the employees was poor in HPH training (20.9% and 10.2%), as well as in HPH-related activities (45.2% and 25.9%). The proportion of employee with good attitude towards HPH in the government hospital (77.4%) was higher than in the private hospital (51.9%), and was significantly different ($p=0.006$). The HPH national standard for both type of hospital had not been well achieved (52.2% and 52.8%), and no significantly different. However, the implementation of standard 2, 3, and 4 of HPH showed the significantly different, but not for standard 1 (“the hospitals have health promotion regulations”). The management in both hospitals should enforce the socialization, activeness, and HPH training for employees to improve the achievement of HPH standards.

1 INTRODUCTION

Health-Promoting Hospital (HPH) has experienced various developments in many countries in the world since the Ottawa Charter from WHO for health promotion in health services. During these three decades, the role of the health service sector must move towards health promotion to further contribute to health at the population level (Johansson, Weinehall and Emmelin, 2009), far beyond its responsibility in providing curative and clinical services. Health Promoting Hospital aims to provide comprehensive high quality medical and treatment services through health promotion activities to patients, hospital staff, and the community as part of the hospital's routine identity and practice (Kemenkes RI, 2011). That is, the hospital integrates health promotion and prevention efforts and policy and rehabilitation services into curative services.

WHO has the HPH standard used by the hospital in various countries, which is including five standards: (1) Management Policy Standard, (2) Patient Assessment Standard, (3) Patient Information and Intervention Standard, (4) Promoting a Healthy

Workplace Standard, and (5) Continuity and Cooperation (World Health Organization/Regional Office for Europe, 2004). At the national level (Indonesia), regulation of the Minister of Health no. 004 of 2012 concerning Technical Guidelines for Hospital Health Promotion needs to be adjusted to the development of science, legal needs, and the latest development of HPH standards at the global level. Then in 2019, Indonesia began to apply the latest standards based on the Regulation of the Minister of Health of the Republic of Indonesia no. 44 of 2018 chapter IV article 11 concerning the standard of organizing Health Promoting Hospital (HPH) covering four standards namely (1) the hospitals have health promotion regulations ; (2) the hospital conducts a health promotion assessment for patients, patients' families, hospital human resources, hospital visitors, and communities around the hospital; (3) The hospital carries out health promotion interventions and (4) the hospital carries out health promotion monitoring and evaluation (Kemenkes RI, 2018).

In addition to providing professional education and training for health professionals in hospitals

related to changing health service orientation, HPH frameworks can vary greatly depending on targeted health determinants to be achieved. Clarity, good understanding (well thought), and shared views of all parties involved are vital and are a condition for running and developing HPH. The results of some studies showed that there were differences in the approaches to health promotion efforts according to the perceptions of hospital health professionals towards the health promotion efforts and their strategies to handle them in their daily practice activities (Johansson, Weinehall and Emmelin, 2009). This evidence shows that not all health professionals in health services can able to identify health promotion in their daily roles so that it can bring unnecessary misunderstandings and become obstacles in implementing HPH standards going forward. The main challenges faced are lack of funds, personnel, time management, and personal skills, and efforts are needed to convince hospital leaders and management as top priorities (Guo *et al.*, 2007). Also, with the diversity of health promotion activities, the HPH effort requires a variety of skills from various health professionals (health promotion and other health professions) and non-health, so that this HPH effort is a team activity (Tzenalis, 2014).

The implementation of HPH in hospitals is still running slowly, including hospitals in Indonesia. Mainly the hospital experience in applying the latest HPH standard (2018) is still in its early stages and has not been much researched or studied. The problems in the implementation of HPH are the lack of clear strategies and tools for its implementation (7), lack of funds, personnel, time management, and professional skills (5), the timing of HPH activities depends on the results of coordination with other sectors, human resources in the HPH section are limited, the hospital has not yet socialized the standards and instructions for HPH implementation (8), HPH team has never received special training on the implementation of HPH, and assessment of promotional needs for patients is still one-sided without involving patients more deeply in order to assess the needs of health promotion for patients appropriately and beneficially (9). Although it is difficult to see the short-term and long-term impacts of HPH, some studies showed that the implementation of HPH standards had a positive impact in hospitals and closely related with QA (Quality Assurance) (Pölluste *et al.*, 2007).

In terms of achieving HPH standards, a descriptive-analytic survey study found that the average value of compliance with WHO HPH standards of private hospital scores higher than in state hospitals. In general, the highest score is for

patient information standards, and interventions in both types of hospitals, and the lowest score is for patient assessment (11). Another survey showed that the compliance score with HPH standards as follows: 88,8% were at weak to moderate level, and only one hospital (11.1%) was at a good level (12). The results of previous study conducted in 2018 at three private Muhammadiyah Hospitals in Jakarta, Indonesia, showed that total achievement scores in each HPH national standard in the hospitals were still not optimal, ranging from 49.8% to 61.4%. The level of achievement of all standards varied in each HPH standard indicator (13). This study aimed to compare the implementation of the latest HPH national standards in private and government hospitals in Jakarta, the capital city of Indonesia. The result can be used to engage policy makers in evaluating the HPH program implementation based on the evidence.

2 METHOD

This quantitative study design is cross-sectional. The population is permanent employees in Fatmawati General Hospital (owned by government) with 2448 employees and Pertamedika HospitalMedika (private hospital) with 927 employees. In the year of 2019, the two hospitals are Type B, located in South Jakarta, Indonesia, which were chosen purposively. The total sample taken proportionally was 225 permanent employees in both hospitals, namely 115 people in General Fatmawati Hospital and 108 people in Pertamedika Hospital. The exclusion criteria for respondents are permanent employees who are taking a day off or sick.

The survey and self-assessment tools conducted during July 2019. The questionnaire was covered the characteristic of respondents (education, activeness in HPH activities, and participation in HPH training), knowledge, and attitude. Self-assessment tool based on four HPH standards from the Ministry of Health of the Republic of Indonesia. It is contained in the latest Hospital Accreditation Guidelines, namely the National Standard for Hospital Accreditation First Edition. It has been effective since January 1st, 2019, and issued by the Hospital Accreditation Commission of Indonesia. The achievement of HPH standards categorized by: not achieved, partially achieved, and achieved. The number of valid items of each HPH national standards are: 6 items (standard 1), 5 items (standard 2), 5 items (standard 3), 5 items (standard 4). Each HPH standard instrument showed a good reliability score (Cronbach's α -value > 0,7). Comparative analysis of variables was carried out

using a non-parametric test to analyze the difference in two independent means with $\alpha = 0.05$.

The ethics review has been approved by the Health Research Ethics Commission of University Muhammadiyah Prof DR HAMKA (Approval Letter 03 / 19.06 / 048 dated June 16, 2009).

3 RESULTS

3.1 Sample Description

The following table (Table 1) shows the distribution of respondent based on some of their characteristics. Most of the studied sample were medical (78.9%), had higher level of education (96.9%), never had HPH training (83.4%), never participate in HPH activities (64.1%), in good knowledge towards HPH group (75.8%), and had a moderate level of attitude towards HPH (66.8%) (Table 1). Meanwhile, it showed that there are almost equal proportion between the good and moderate perception towards HPH standard implementation (Table 1). It also shows that there is a small percentage of employees to be involved in training and HPH activities in both types of hospital. Of their employees with good

attitude towards HPH more a government hospital (77.4%) than the private hospital (51.6%).

The statistical values of the observed variables are as describes in table 2.

Table 2 above shows that the statistics for the three variables in each hospital have almost same mean value. In details, the mean value of employee knowledge towards HPH is 11.4 and 11,46 means that the employee answered 81,4% of the questions correctly. Also, for the employee attitude towards HPH, it has shown good scores, namely 26,56 and 27,26 (highest score=36). Meanwhile, for the employee perception regarding with the HPH standard achievement, it can be seen that their achievement is still low (mean scores are 34,29 and 34, 25). The highest score is 63, meaning that the achievement of HPH implementation is only around 54,4%.

Furthermore, table 3 shows the resume of the comparison test results of the observed variables between government and private hospitals. It can be seen from table 3 above that there were no significantly different between average scores of employee's knowledge towards HPH, the implementation of HPH standard (total), and standard (1) (the hospitals have health promotion regulations) ($p > 0.05$). While the attitude towards HPH, and the

Table 1. Characteristic distribution of respondents

Category	RS Pertamedika (private hospital)		RSUP Fatmawati (government hospital)		Total	
	n	%	n	%	n	%
Education						
≤ High School	5	4,6	2	1,3	7	3,1
> High School	103	95,4	113	74,8	216	96,9
Job						
Non Medical	16	14,8	31	20,5	47	21,1
Medical	92	85,2	84	55,6	176	78,9
HPH training						
Never	96	88,9	90	78,3	186	83,4
Ever	11	10,2	24	20,9	35	15,7
Missing	1	0,9	1	0,9	2	0,9
HPH activities						
Never	80	74,1	63	54,8	143	64,1
Ever	28	25,9	52	45,2	80	35,9
Knowledge towards HPH						
Good	83	76,9	86	74,8	169	75,8
Moderate	25	23,1	29	25,2	54	24,2
Attitude towards HPH						
Good	52	48,1	26	22,6	74	33,2
Moderate	56	51,9	89	77,4	149	66,8
HPH Standard Implementation						
Good	51	47,2	55	47,8	112	50,2
Moderate	57	52,8	60	52,2	111	49,8

Table 2. Statistics distribution of the observed variables

Statistics	Mean	Median	Modus	Std Dev	Min	Max
RS Pertamedika (private hospital) (n= 115)						
Knowledge	11,4	12	12	1,69	7	14
Attitude	26,56	25	25	3,34	19	32
HPH Standard implementation	34,29	37	42	7,52	21	42
RSUP Fatmawati (government hospital) (n= 108)						
Knowledge	11,46	12	12	1,55	7	14
Attitude	27,26	27	26	3,11	19	32
HPH Standard implementation	34,25	34	30	6,19	21	47

Table 3. The results of comparative test of the average scores of observed variables between government hospital (x_1) and private hospital (x_2) ($\alpha=0,05$)

Variables	Average1 (x_1)	%	Average2 (x_2)	%	p-value (CI)	Sig.
Knowledge towards HPH	11,46	81,85	11,4	81,42	0,143	No
Attitude towards HPH	27,26	85,18	26,56	83,0	0,006	Yes
Total implementation of HPH Standard	34,25	54,36	34,29	54,42	0,968	No
(1) the hospitals have health promotion regulations	9,53	52,94	9,03	50,17	0,092	No
(2) the hospital conducts a health promotion assessment for patients, patients' families, hospital human resources, hospital visitors, and communities around the hospital	8,31	55,40	7,11	47,40	0,000	Yes
(3) The hospital carries out health promotion interventions	8,26	55,0	11,6	77,33	0,000	Yes
(4) The hospital carries out health promotion monitoring and evaluation	8,24	54,67	6,50	43,33	0,000	Yes

achievement of standard 2, 3 and 4 showed a significant difference. The average score of at government hospital are higher than private hospital for attitude, standard 2 and standard 4. This is different for the standard 3, where the average score of private score is higher than government hospital. It seemed that the private hospital carries out more health promotion interventions than government hospital.

4 DISCUSSION

The results showed that most of the employees in both hospitals were higher education and medical group, however, only a small proportion stated that they participated in activities related to HPH (25,3%) and received HPH training HPH (13,5%). This is important information for each hospital management, because the number of hospital staff who are active in

HPH training activities can strengthen the relationship between HPH conditions, hospital characteristics and self-evaluation of the overall effectiveness of the organization in HPH (Lin and Lin, 2011). The fact that there was a low involvement of employees who participate in HPH training and activities, supports several previous studies, where the lack of trained HPH personnel, training, funds and physical facilities are obstacles to implementing health promotions in hospitals, so that the HPH framework becomes difficult to understand by employee (McHugh, Robinson and Chesters, 2010; Tatang and Mawartinah, 2019). In this study, the high education of employees did show the good score of employees towards HP, but this was not enough to support their activeness in HPH efforts.

According to the employee's attitude towards HPH, the results showed a significant difference between government and private hospitals, and the average score of government hospital employees was better than private hospital. The previous study

showed different result that although the average score of knowledge of employees in private Indonesian hospitals towards HPH was low (55,9%), but their attitude towards HPH was good (74,25%) (Tatang and Mawartinah, 2019). Good attitude from various profession (health or non-health) is important in supporting clarity, good understanding (well thought) and shared views, and is a prerequisite for implementing and developing various public health programs, including HPH program. HPH is a team work that must be developed to be effective (Tzenalis, 2014). Cross-professional (medical and non-medical) team work in hospitals related to HPH is important because there are differences in the approach to health promotion efforts according to the perceptions of health professionals in hospitals and their strategies for handling health promotion efforts in daily practice activities. Not all health professionals in hospitals are able to identify health promotion in their daily roles, so it can lead to unnecessary misunderstandings and become obstacles in developing HPH practices in the future (Johansson, Weinehall and Emmelin, 2009).

With the high workload of employees in hospitals, there is also a group called "demarcater", namely a group of health workers who explicitly separate health promotion efforts, but in some cases they actually behave as health promotion workers (Johansson, Weinehall and Emmelin, 2009). They think that HPH is enough to be handled by special health promotion personnel and they feel that they do not need to be actively involved in HPH activities, HPH training is sufficient for HPH unit members, besides the positive impact felt from the implementation of the HPH program is difficult to measure. However, they support HPH efforts to be implemented and developed and involve the community, and they also know that the HPH program can ensure a safe, clean and healthy workplace. The results of the research show that there is a positive impact from the application of HPH standards in hospitals which has brought improvements to a number of indicators in hospitals (Amiri *et al.*, 2016). The positive impact of this HPH is still not well socialized among hospital staff and management, so that HPH has not become a priority or focus in the health service strategy in hospitals. This could be the reason for the low involvement of hospital employees in HPH activities and training.

Regarding the achievement of HPH standards for the two types of hospitals, the result showed that the achievements were still not optimal and also did not differ significantly. The results of previous studies in other countries and in Indonesia are also similar, for example a descriptive-analytic survey in 38 hospitals

from 5 (five) provinces in Iran found that the average value of compliance with the WHO HPH standard (5 standards) was similar (54.1 ± 15.1), and the score of private hospitals was higher than government hospitals. In this study with similar average total score of achievement, the result did not show a significant difference between the two types of hospitals. The other survey in teaching hospitals in Iran also showed an achievement score of 55.5% (medium level) (Afshari *et al.*, 2016). The results of previous studies in Indonesia at private hospitals in DKI Jakarta also showed that the score was not optimal (49.8% to 61.4%) (Tatang and Mawartinah, 2019).

Furthermore, for the achievement of standard 1 HPH, namely "Hospitals have Health Promotion regulations", the achievement of standards is considered to be in moderate/good enough condition and there is no significant difference related to the average score in the two types of hospitals. Implementation of this standard 1 give signals to the commitment of good hospital management to organizational development and to demonstrate to staff the importance of health promotion (VHA, 2009). The implementation of standard 1 is supported by the implementation of the latest HPH Guidelines from the Ministry of Health of the Republic of Indonesia which supports the formation of HPH structures in each hospital, although it has not been implemented optimally. For this reason, HPH is an integrated part of an organization and becomes a "core business", and not just a "side issue," but must be included as part of the culture, direction and strategy of the hospital. This requires the support of high-level policy makers (hospital management) to drive change (VHA, 2009).

This study also showed a low score (47.4%) for the achievement of standard 2, namely "The hospital carries out health promotion assessments / studies for patients, patient families, hospital human resources, hospital visitors, and the community around the hospital", and the average score of private hospitals lower than state hospital. HPH efforts are generally in the form of activities such as "people-centered care" and "healing environments" or health education to patients, creating comfortable workspaces, or community empowerment in priority health programs at the local, national or global level. For this reason, HPH in hospitals will be based on the results of the analysis of the needs of patients, families, visitors and the community around the hospital. In previous study, it was stated that the assessment of the need for promotion for patients still seemed one-sided (from the hospital only) without involving the patient more

deeply in order to assess the need for health promotion for patients appropriately and beneficially. (Hakim, BZ and Fauzi, 2013). The strength of the coherence of the needs of all parties is a key factor in facilitating the introduction of health promotion in health services (Dilani, 2008).

Furthermore, the results of the study indicate that the achievement score of Standard 3, namely the hospital implementing the health promotion intervention, shows a significant difference between government hospitals and private hospitals. The health promotion approach in hospitals leads to contexts/settings where people live, work and play, because the setting/location approach in the early stages is a very interesting and feasible route that will help the organization's actions for the success of a health promotion effort (Poland, Krupa and McCall, 2009). In this case, the employee considers that the hospital is in accordance with the settings in the early stages and is very feasible and interesting to be achieved together through the involvement of individual/group parties around the hospital location. Another study also showed that private hospitals scored higher in HPH interventions than government hospitals in achieving this standard. Another study also showed a score of 70.8 ± 8.1 and achievement scores in private hospitals were higher than government hospitals (Yaghoubi and Javadi, 2013). These results are similar to the results of this study which stated that the intervention score in private hospitals (77.3%) was higher than government hospitals (55%) and the difference was significant ($PV=0.000$).

Finally, for the achievement score of Standard 4, namely "Hospitals carry out monitoring and evaluation of Health Promotion", this study shows the achievement of 54.67% in public hospitals and 43.33% in private hospitals, and this difference is significant. HPH activities must be reviewed after implementation so that they can be improved and make the activity better. In addition, public and private hospitals can carry out routine evaluations internally and externally through accreditation or the application of ISO so that hospitals can improve the achievement of HPH standards on a regular basis (Groene, 2005). As stated earlier, this HPH has been included in the National Standard Hospital Assessment (SNARS), which has only been effective since January 1, 2019 issued by the Indonesian Hospital Accreditation Commission (KARS). This is an opportunity for hospitals (public and private) to be able to carry out monitoring and evaluation of HPH efforts. The low score for standard 4 in private hospitals could also be due to the fact that this hospital

still does not have an HPH unit that should be met according to the HPH standard for this type of private hospital (type B).

5 CONCLUSION

Knowledge and attitudes about HPH from employees in public and private hospitals are good, but have not been accompanied by high participation of hospital employees in HPH activities and training. The total achievement of HPH standards in the two types of hospitals shows that it is not optimal (medium level) and does not differ significantly. For this reason, management in both types of hospitals needs to make the right strategy in increasing the activity or participation of employees in HPH efforts and further socializing the positive impact of the HPH program achievement.

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