

## HEALTH PROMOTION HEALTHY BEHAVIOR AND RELIGIOSITY ON SUSTAINABLE MARKETING OF HEALTHCARE SERVICES

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### Abstract.

The study focused on the development and review of healthcare marketing of the presence of changes in culture, behavior, and community religiosity during the pandemic, with work from home and demands for new behaviors to maintain health, according to health protocols such as healthy clean life style behavior (PHBS) are interesting phenomena that can be researched and observed. Health is the main capital for activities, work, worship, and other things. The existence of an attitude of religiosity in the culture of people's behavior during the pandemic, and according to religious teachings, especially Islam to behave in a clean and healthy life, is highly recommended because cleanliness is the base of health, and cleanliness is seen as part of faith. The application of clean and healthy living behavior (PHBS) in Indonesian society is still a classic problem, this is due to a lack of knowledge about the benefits of healthy living and various factors of common habits carried out by previous generations, such as urinating or defecating inappropriately even in the middle river. Cities, not washing hands and wearing masks with discipline, keeping a distance, are daily occurrences of non-compliance with PHBS that are still common. Currently, there is still little social marketing research based on the new science of Economics and Health, by measuring how the role of religiosity and culture of living according to PHBS in Hospitals (Health Service Providers) in particular to encourage and change the behavior of health consumers (patients) positively. The research is intended to answer the problems and research gaps theoretically, methodologically and practically, include conceptualizing the differences between the roles of religiosity and culture to achieve optimal clean and healthy behavior changes, the implications of which are still debated. The conceptual definition of this is also still not conclusive from a health management perspective. The novelty that is targeted in this research is the development of models and validation of measurements of the role of religiosity in the context of consumer healthy living behavior during a pandemic with perceptions of benefits, beliefs and risks that must be faced in readiness for behavior change towards the new normal.

**Keywords:** benefits, health insurance, health services, pandemic, public health service

### 1. INTRODUCTION

The rapid development of the pandemic is the latest thing that cannot be expected in the role of health services, for example one of the health service provider institutions (such as hospitals). In this case, it is still not optimal and adequate in providing information about health, even though the actions of health service providers in promoting disease, the consequences of disease, and their prevention have been carried out since the beginning of the 2020 pandemic [1]. Indonesia is one of the countries that implements a dual hospital system, which consists of a conventional hospital system and a sharia hospital system (religiously based) which began to emerge according to the Indonesian Religious Leader (MUI) since 2016 which issued a fatwa related to guidelines for implementing sharia hospitals [2]. This fatwa is one of the references for the health industry, especially hospitals if they want to be sharia-based in providing health

services to patients. In addition, the status of a sharia hospital must also obtain a sharia conformity certificate from the MUI. This was implemented starting in 2018 at the IHEX Conference (Islamic Hospital Expo) with the establishment of the first 10 (ten) sharia-based hospitals in Indonesia by MUI. The sharia industry in Indonesia is getting busier, after sharia banks and financial institutions are currently starting to develop into real businesses such as sharia hotels, sharia supermarkets and most recently sharia hospitals. Indonesia, with its majority Muslim population, is a large market share for sharia businesses, so it is not surprising that currently developing businesses are starting to pay attention to the interests of consumers in terms of the need to fulfill religious rules. Sharia business, especially hospitals, is very different from sharia business in banks and financial institutions, the main operation of hospitals in the form of human interaction is an object that is also regulated in the implementation of this sharia hospital [3]. Religious-based hospitals, especially those based on Islamic values, are actually not new in Indonesia. The existence of this hospital type has been around for a long time and is widely spread throughout Indonesia. This is marked by the naming of hospitals in Indonesia that use Islamic words such as RSI, PDHI Hospital and so on.

Then those marked by Arabic names such as Hidayatullah Hospital, Nur Hidayah Hospital, An-Nisa Hospital, and so on, as well as hospitals under the auspices of religious organizations such as PKU Muhammadiyah, NU Hospital, and so on[4]. The existence of a hospital based on Islam does not yet have reference standards and legitimizing institutions. Whether the hospital has fulfilled Islamic values in the implementation of its services or not. The application of Islamic values needs to be confirmed with sharia hospital certification. This is done in order to convince patients who are Muslim that the hospital has adopted Islamic values in its services, so there is no need to hesitate in accepting the treatment given. Some of the reasons for the need for this sharia hospital certification include [5]:

1. The development of a business cooperation scheme between the hospital and the patient as well as a third party requires further exploration. Considering the contract can affect the halalness of the transaction. It is necessary to examine whether the transaction does not contain unlawful elements (maisir, gharar, usury, and zholim) or not in the transaction.
2. The development of medical science should not carry out practices that are contrary to the Shari'a. For example, transgender surgery, inpatient care with different types (not an emergency).
3. The development of medicines and consumables is endeavored to use medicines that contain halal ingredients, such as those that do not contain alcohol, pork gelatin, and so on.
4. The existence of education on religious values in the process of patient care because most of the Indonesian population is Muslim. For example, education on how to pray in bed for example: a patient is Muslim.

The existence of this sharia hospital is also very good to encourage patients who are Muslim to believe that medical treatment is also in accordance with Islamic rules. Considering that currently there are many invitations circulating in the community not to believe in medical treatment and replace it with alternative medicine under the guise of religion. Recently, it was

announced the existence of Mukisi which oversees sharia hospitals and encouraged the existence of a fatwa issued by the National Sharia Council (DSN) since 2016 which became a reference for sharia hospitals. Of course, in the future, other fatwas will support the operational implementation of this sharia hospital [6].

The existence of a dual hospital system that has been running in the community during the pandemic brings the consequences of competition and competition that occurs between hospitals with conventional services and sharia-based hospitals. Although the two hospital service systems are calling in society has been running but the conventional patient care system already has a larger number of health consumers (patients). The imbalance in the emergence of sharia-based hospitals also creates an imbalance in the perception of health customers, especially during the covid19 pandemic. To this day, first such as halal certification on products circulating in the market, even though there is Law number 33/2014 concerning Halal Product Assurance (JPH) and the Halal Product Guarantee Agency (BPJPH) already exist, but the legal instruments of the Indonesian Government Regulation (PP) governing the implementation of the JPH law have not been ratified voluntary not mandatory who [7].

Second, in the organizational structure and governance of a Sharia Hospital, there must be at least two Sharia Supervisory Boards (DPS) who are tasked with implementing advice, control, and opinions, and recommendations so that sharia compliance (sharia compliance) is fulfilled properly. In addition, as an organ of a Sharia Hospital, there needs to be a Sharia Committee (KS) which has daily duties as an internal auditor to carry out, monitor, and oversee all hospital activities so that they are in accordance with sharia. Therefore, the personnel or human resources (SDI) who are placed on the sharia committee meet the qualifications that have a good understanding of sharia principles and their implementation in Sharia hospital operations [8]. Can managing the current hospital really run according to sharia? Why, because of the issue of drugs and pharmaceutical products, it seems that according to some doctors, very few have been certified sharia. Even quantitatively certified halal medicines and medical devices are still below one percent, or even 0.001 percent. Then how can and dare to declare as a Sharia Hospital? In terms of the hospital management, hospital contracts with partners, nutrition installations, menus, laundry, sanitation, environment, waste disposal, and other visible things can be done easily [9]. Likewise, those related to the spiritual guidance of patients, families, and hospital managers, have been able to run well. Pioneering big ideas and fulfilling the correct sharia provisions, does require guts, talent, risk management, and at the same time a mature big plan. Therefore, the scholars in motivating their people, formulated the wise sentence "الفضل للمبتدي ان احسن المقتدي" which means "the virtue is for the pioneer - or the initiator - even though the follower or successor is better". The plan will surely lead to a great achievement. It can be ascertained, the chance of obtaining the gain is greater for the person who catches it using a net [10]. Moreover, using a cant rang ship which is currently being moratorium by the minister, the results will certainly be even greater. As part of the Muslim community in this country, we share hope that a Sharia Hospital can be managed like five star hotel or "healthy house".

Customers come immediately greeted with a smile, welcome, and a very friendly and friendly welcome. Management is trying its best, so that customers and their families get excellent service satisfaction. Not only services related to treatment, but also services to the heart, mind, and feelings of pleasure, are an important part of the treatment process [11]. Therefore, the standard operating procedure or SOP related to the soft skill capacity of Islamic Hospital SDI is an important part that must be made and implemented so that good hospital governance (GHG) of Sharia Hospital can run well, professionally, and satisfy customers. On the other hand, sharia hospitals in Indonesia are a very unique health care system, where a very strong factor in influencing satisfaction and loyalty of sharia services in Indonesia is religiosity. Religiosity is an interpersonal relationship between humans and Allah SWT as well as a pattern that regulates humans to be regular in life, including health, so that worship of Allah SWT does not become chaos. A person's religiosity is manifested in various aspects of his life, such as religious activities, not only when a person performs rituals (worship), but also when carrying out other activities driven by supernatural powers. Based on this attitude, humans carry out an activity in accordance with the provisions of their religion, according to the orders of their Lord with the aim of getting His pleasure [12].

Based on the theory of reasoned action, which assumes that belief represents the information a person has about an object, so that religion and attitudes can be highly correlated. This is evidenced by other studies in Europe, Turkey and the United Arab Emirates, showing that religiosity is a moderating factor and has an important influence. On the intentions of a consumer either directly or indirectly. The application of religiosity as a moderating variable in the health industry opens up new opportunities in social marketing research on religiosity in sharia hospitals, especially in Indonesia. So far, several studies in Indonesia, in particular, apply religiosity to sharia compliance only as a separate factor, namely the religiosity of the customer but is not induced in the behavior of health consumers themselves in dealing with sharia hospitals. Research on religiosity is mostly in industries such as hospitality, food and beverage, and tourism [13].

This study is to answer the research problem of the gap between social marketing and health promotion efforts to increase understanding and provide support to the community for healthy behavior by utilizing the role of religiosity and culture in healthy behavior effectively. In particular, it affects behavior changes that can affect a person's own state of health. During the pandemic and WFH (Work from Home), community religiosity has increased, this can be seen from many Indonesians who are increasingly obedient in worshiping because of the situation of working from home, praying from home, and activities from home. There are many benefits that can be obtained by having a high religious attitude, as revealed, the implementation of worship brings benefits to medical and psychological health [14]. Medical benefits, such as starting from the beginning of prayer, we are required to perform ablution, it turns out that we must be clean, and even the procedures for prayer from takbir, bowing, prostration to greetings are reflected in it as a physical activity that reflects so that our organs move so that it results in being healthy, also reveals the implementation of fasting. It also has benefits for physical and psychological health. A healthy body condition, and a calm psychological state can lead to a

strong health consumer society so as to create an orderly and safe society. The consistent application of PHBS in Indonesian society is still a problem to this day [15].

A healthy body condition, and a calm psychological state can bring strong members of the community so as to create an orderly and safe society, as stated in the word of Allah SWT in (Q.S. An-Nisaa ':9) An-Nisa' Verse 9 "And be afraid (to Allah) those who if they left weak offspring behind them whom they feared for (their welfare). The verse that invites us to prepare us can have a young generation who becomes strong so that there is no concern for their welfare [16]. The verse above indicates the need for a religious attitude and clean and healthy living behavior in creating a strong, safe, peaceful and prosperous young generation. The application of clean and healthy living behavior (PHBS) in Indonesian society is still a problem. This is because there is still a lack of knowledge and awareness of implementing health protocols, during a pandemic such as 5M (wearing masks, washing hands, maintaining distance, staying away from crowds, and reducing mobility). Including the benefits of healthy living and various factors of common habits carried out by previous generations, such as urinating and defecating in rivers, which are daily occurrences that are still often found both in remote areas and in big cities in Indonesia [17].

## II. METHODS

This study is a literature review that is part of a qualitative research, related to the research subject. Research is descriptive the social phenomena in detail. Based on this research, the research objective is to describe the development of healthcare and healthcare provider's services in Indonesia. The approach used is a positivistic approach, namely an approach that uses constructed logic, namely logic about procedures for conducting research that is highly organized and structured in an ideal, formal and systematic form. This study aims to examine the effect of perceived benefits, beliefs, and risks of running a culture of health protocols on healthy hygiene behavior mediated by the variable of religiosity, and the research design used is survey research using a questionnaire [18]. This study uses a descriptive research design, which is a research method aimed at describing existing phenomena that are currently taking place. The research method is a research method that quantifies data, usually applying certain statistical analysis. The approach used is a positivistic approach, namely an approach that uses constructed logic, namely logic about procedures for conducting research that is highly organized and structured in an ideal, formal and systematic form [19].

The study aims to examine the effect of perceived benefits, beliefs, and risks of running a culture of health protocols on healthy hygiene behavior mediated by the variable of religiosity, and the research design used is survey research using a questionnaire. The data collection technique used by researchers in carrying out data and information collection is by taking secondary data where the information comes from the official Indonesian Ministry of Health (MOH) website, government regulation, internet and scientific journals, also where the data obtained in in-depth interviews with the experts to confirmed the completeness of the policy or related data involved in this research. Measurement of better community PHBS regarding disease and its prevention, use of good health services, more adherence to treatment and

participation in health decisions, increased social support and sharing of support to others so that people are able to independently share their experiences about better behavior change in healthy. Changes in the body, side effects of disease and the positive impact of implementing healthy behaviors and lifestyles. From the perspective of healthy living, all of the previous research above supports effort, benefit, trust and satisfaction in developmental achievement and health information. In this study it is hypothesized as follows [20]:

H1: Perception of Benefits has a positive and significant effect on Healthy Behavior

H2: Trust has a positive and significant effect on Healthy Behavior

H3: Risk has a positive and significant effect on Healthy Behavior

H4: Religiosity has a positive and significant effect on Healthy Life Attitudes

The test was carried out on 225 students from the health faculty of University in Jakarta. The population of this study were students of the existing health faculty and located in Jabodetabek. The sample size is 300 respondents, with the sampling method used in this study is non-probability sampling, namely purposive sampling or judgmental sampling, which is a sampling technique based on considerations based on certain criteria. The method of data analysis by testing the model proposed in the study uses the Structural Equation Model (SEM). The inclusion criteria (recipients) in this study consisted of recipients of inpatient services at Jabodetabek health service providers from July 2020 to July 2021, conscious, over 18 years old, able to read and write, understand Indonesian, willing to provide real data and cooperative to researchers. The exclusion criteria (rejection) in this study consisted of patients who were not willing to provide data and were uncooperative, and had mental health problems. Testing the model proposed in this study uses the Structural Equation Model (SEM). There are six steps in model testing which are as follows [21]:

Step 1: Define the construct

Step 2: Develop and specification of measurement model

Step 3: Design the study to get empirical results

Step 4: Assess the validity of the measurement model

Step 5: Structural model specification

Step 6: Assess the validity of the structural model

### III. RESULT AND DISCUSSION

Based on the results of processing the data obtained are grouped based on the independent variables, namely the level of knowledge and attitudes, and the dependent variable, namely the act of living clean and healthy. The data were then analyzed to see whether there was a relationship between each dimension with PHBS and religiosity, as well as attitudes with PHBS in the sample. Then from the data obtained, data processing is carried out using the help of the

SPSS application. The data and results that have been processed are then presented in the form of percentages, and are described according to their respective effects as follows[16]:

### **1. Benefits (usage) with Clean and Healthy Life Behavior**

The benefits (usefulness) that are owned and felt by a person usually tend to affect behavior changes within the individual. Changes in the individual referred to here are changes that are in line with elements of health caused by several factors. These factors include education taken, personal experience, traditions, and customs[22]. This means that the higher the level of knowledge a person has, the more people will practice Clean and Healthy Behavior (PHBS). Perceived usefulness is defined here as “the degree to which a person believes that using a particular healthcare system would enhance his or her performance”. Perceived usefulness is the extent to which a person believes that using a system will improve himself or her performance[23].

Twenty-five uses of health information are the benefits expected by users in carrying out the task of dividing the dimensions of Perception of Benefits or Benefits into the following:

1. Usefulness is able to improve individual performance (improves job performance).
2. The usefulness of the system is able to increase the level of individual productivity (increases productivity).
3. The usefulness of the system is able to increase the effectiveness of individual performance (enhances effectiveness).

The usefulness of the system is useful for individuals (the system is useful) in Health.

Based on the results of the study, it was found that the patient's perception of clean and healthy life was based on the effect of the benefit dimension 89.65%, based on the belief dimension 82.25%, patient perception based on the risk dimension 80.55%, patient perception based on the religiosity dimension 85.12%, and in general 84.60%.

H1: Benefits (usability) affect Clean and Healthy Behavior during the pandemic

### **2. Trust with Clean and Healthy Life Behavior**

Trust by operational definition is the expectation that the trusted consumer will not commit fraud by taking personal advantage in certain situations. Trust is the belief that each party is interdependent and needs each other. Trust is related to the belief that the trusted party will fulfill its commitments[24]. According to defines trust as an assessment of one's relationship with others who will carry out certain transactions in accordance with expectations in an environment full of uncertainty. The same thing was also stating that trust is built before certain parties know each other through interactions or transactions. In health behavior, towards a healthy life is the belief in carrying out activities and efforts to form a healthy life by building awareness of the soul and mental health in a person.

H2: Trust affects Clean and Healthy Behavior during the pandemic

### **3. Risks with Clean and Healthy Life Behavior**

The theory of risk was first coined by Baur's theory. Risks in consumer behavior have an influence on consumer attitudes to assess the high and low risk factors in choosing a place, goods or services[25]. According to research risk in the process of interacting is something that consumers will think about and will influence in decision making, which consists of 6 (six) dimensions of risk factors that become parameters. In health, activities, treatment, and therapy or healing efforts contain risk factors that can inhibit or slow down the risk of recovering or returning to health.

H3: Risks affect Clean and Healthy Behavior during the pandemic

### **4. Religiosity with Clean and Healthy Life Behavior**

The term religiosity comes from the English "religion" which means religion, then becomes the adjective "religios" which is operationally defined to mean religious or pious. "Religion" means belief in God, belief in the existence of power above humans. Religiosity is part of a person's personal characteristics which by itself will describe personality as an internalization of religious values as a whole. The development of public health services in Indonesia has succeeded in improving health services more evenly. Advances in science and technology have resulted in more and more educated and informed community groups so that they can choose and demand quality health services[26]. In the next 22 century, the development of health services is in line with technological advances, as can be seen in the main facilities and support for primary individual health services. Then this will be able to increase its profits and the insurance company can survive in the midst of the covid-19 pandemic[27].

H4: Religiosity affects Clean and Healthy Behavior during the pandemic

The presence of changes in people's behavior during the pandemic in Indonesia, with work from home and demands for new behaviors to maintain health according to health protocols such as healthy hygiene behavior (PHBS) are interesting phenomena that can be researched and observed. The high number of covid-19 sufferers to this day and there is no certainty about the circulation of anti-virus, while on the other hand there is still a low perception of the benefits, trust, and risks that can be obtained from non-compliance with PHBS which is a new problem in the situation towards a new normal[28]. Health is the main capital for activities, work, worship and other things. The existence of religious attitudes and other factors in this study can be a new perspective in people's behavior during the pandemic, and according to religious teachings, especially Islam, to behave in a clean life, it is highly recommended because cleanliness is the basis of health, and cleanliness is seen as part of faith. The application of clean and healthy living behavior (PHBS) in Indonesian society is still a classic problem, this is due to a lack of knowledge about the benefits of healthy living and various factors of common habits carried out by previous generations, such as urinating or defecating inappropriately even in the middle river. In the city, not washing hands and wearing masks with discipline, is a daily occurrence of non-compliance with PHBS that is still common[29].

Currently, there are still few social marketing researches that measure how the role of religiosity in clean and healthy living behavior to encourage and change health behavior positively is still rarely carried out. This research is intended to answer the problems and research gaps theoretically, methodologically and practically, from the gaps between the weaknesses and strengths of the role of religiosity in health, to the uniqueness of this research to influence and encourage healthy behavior. The theoretical and methodological gaps include conceptualizing the difference between the role of religiosity to achieve optimal healthy behavior change, the implications of which are still debated[30]. The conceptual definition of this is also still not conclusive in terms of management, health, as well as economic impact. Another review that needs to be reviewed is the validity of the measurement[31].

The novelty that is targeted in this research is the development of models and validation of measurements of the role of religiosity in the context of consumer healthy living behavior during a pandemic with perceptions of benefits, beliefs and risks that must be faced in readiness for behavior change towards the new normal. The specific target that has been achieved in this research continues to answer theoretical, methodological, practical research problems from the gap between the role of religiosity in the context of social marketing and health promotion as moderating or mediating, thus influencing the achievement of healthy living behavior. The long-term goal of this study is to test a model that can be generalized for future researchers and can be used in the development of measuring instruments related to religiosity in people's healthy living behavior[32]. The health industry, with the latest government policies, makes health services currently have very tight competition, so a good sustainable marketing strategy is needed in promoting and educating the public continuously, to survive and maintain its existence in the new normal era with the parameters of the Indonesia National Health Insurance.

#### **IV. CONCLUSIONS**

Based on the results of the study, it was found that the patient's perception of clean and healthy life was based on the effect of the benefit dimension 89.65%, based on the belief dimension 82.25%, patient perception based on the risk dimension 80.55%, patient perception based on the religiosity dimension 85.12%, and in general 84.60%. This study has discussed the measurement of the community's clean and healthy living behavior in achieving a clean and healthy living standard by taking advantage of the role of religiosity which can increase perceptions of usefulness, trust, and minimize the risk of disease in the community on health, as well as promote positive behavior change, thus can collaborate and complement health promotion in social marketing and individual health promotion which are still conventional. In society, religious views can also influence a person in deciding something, such as about one of the factors that influence consumer behavior is social factors that contain elements of religion in it [33].

Religious activities, which are closely related to religiosity, do not only occur when performing rituals of worship but also other activities that are driven by inner strength. Responses, observations, thoughts, feelings and attitudes towards obedience that are colored by religious

feelings are called religiosity. Religiosity can be seen from religious activities in daily life which are carried out routinely and consistently. Religion is the most important foundation of culture that influences people's living habits, such as attitudes and values [34]. Religion has an impact on everyday life both on consumption and culturally. Religious commitment and belief affect a person's feelings and attitudes towards his activities. Some consumption behaviors related to religiosity are the prohibition of Muslims from consuming products that contain pork and alcohol, and should choose healthy, halal foods [35]. Religiosity is a dogma that must be practiced for every adherent. The influence of religion on various aspects of human life has been studied by many researchers in the field of social sciences, it turns out that it can still be used with the addition of the new dimensions above to realize clean and healthy living behavior as the basis for sustainable health promotion for health services [36]

Currently, there are still few social marketing researches that measure how the role of religiosity in clean and healthy living behavior is to encourage and change health behaviors in a positive way. This research is intended to answer the problems and research gaps theoretically, methodologically and practically, from the gaps in the weaknesses and strengths of the role of religiosity in health, to the uniqueness of this research to influence and encourage clean and healthy living behavior. The theoretical and methodological gaps include conceptualizing the difference between the roles of religiosity to achieve optimal healthy behavior change, the implications of which are still debated. The conceptual definition of this is also still not conclusive in terms of health management, especially health promotion in marketing science which needs a new perspective from future researchers, especially after the pandemic period. Another review that can be reviewed by future researchers. The future is about the validity of the measurement [37]. Religiosity and religion will continue to influence health care at the patient, health care provider and community levels. It is good for the medical community to appreciate this fact and about the role of religion in health care in times of pandemic. At the macro level, a better understanding of patient values and societal behavior change can help increase the impact of faith-based health initiatives and improve future hospital policies and medical legislation for Indonesia [38].

At the individual level, recognizing the role of religion and spirituality in medicine can help healthcare professionals approach their patients with more empathy and trust and strengthen team-based collaboration [39]. Further studying the impact of religion and religiosity can then help explain why healthcare professionals may feel moral pressure when their values conflict with their patients and how they can adjust to this [40]. The novelty in this research can be achieved through the development of models and validation of measurements of the role of religiosity in the context of healthy consumer behavior during the pandemic with perceptions of benefits, beliefs, and risks that must be faced in readiness for behavior change towards the new normal. Health promotion is a new phenomenon in behavior change during the current pandemic towards a clean and healthy life. Global acceptance that health promotion and clean and healthy lifestyle (CHLB) behavior in social marketing science is determined by many factors outside the health system which include socioeconomic conditions, consumption patterns related to food and communication, demographic patterns, learning environment, family patterns, religiosity, cultural and social structure of society. In some situations,

healthcare issues can be effectively addressed with a holistic approach by empowering individuals and communities to take action for their health, encouraging leadership for public health, promoting cross-sectoral action to build sound public policies across all sectors and creating health systems. Sustainable [41].

Even though not a new concept, health promotion has received a boost that includes actions at the individual and community levels, strengthening health systems and multi-sectoral partnerships that can be directed at specific health conditions. It should also include a settings-based approach to promoting health in specific settings such as schools, hospitals, workplaces, residential areas and communities. Health promotion needs to be built into all policies and if used efficiently will result in health marketing outcomes for health care providers and positive behavior change in clean healthy lifestyle.

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## REFERENCES

- [1] J. J. Cavallo and H. P. Forman, "The economic impact of the COVID-19 pandemic on radiology practices," *Radiology*, 2020, doi: 10.1148/radiol.2020201495.
- [2] A. S. Moriya, W. B. Vogt, and M. Gaynor, "Hospital prices and market structure in the hospital and insurance industries," *Health Economics, Policy and Law*, 2010, doi: 10.1017/S1744133110000083.
- [3] E. Mahadewi, A. Heryana, . Herwanto, R. Astini, and N. Surip, "Marketing Mix Study using Social Media in Hospital," 2020. doi: 10.5220/0009826004060413.
- [4] W. Quentin et al., "Paying hospital specialists: Experiences and lessons from eight high-income countries," *Health Policy*, 2018, doi: 10.1016/j.healthpol.2018.03.005.
- [5] D. C. Hsia and C. A. Ahern, "Good quality care increases hospital profits under prospective payment," *Health Care Financing Review*, 1992.
- [6] Joint Commission International, "JCI Accreditation Standards for Hospitals," Joint Commission International Accreditation Standards for Hospitals, 2015.
- [7] WHO, "Together on the road to universal health coverage: A call to action," World Health Organisation (WHO), 2017.
- [8] E. P. Mahadewi, A. Heryana, Y. Kurniawati, and I. Ayuba, "Analisis Waktu Tunggu Pelayanan Poliklinik Paru di Rumah Sakit Umum Daerah (RSUD) Tangerang," *Gorontalo Journal of Public Health*, 2019, doi: 10.32662/gjph.v2i1.463.
- [9] E. Puspitaloka Mahadewi, I. Putri Yanuarti, A. Heryana, and R. Kusumapradja, "The Effect of Exclusive Breastfeeding in Grogol Petamburan Health Center," 2020. doi: 10.5220/0009950026572662.
- [10] E. P. Mahadewi, A. Heryana, and S. Kuswanti, "Kepuasan Layanan Pasien Jkn Berhubungan Dengan Kinerja Petugas Kesehatan," *Jurnal Bunga Rampai*, 2019.
- [11] "Has the National Health Insurance Scheme improved hospital efficiency in Taiwan? Identifying factors that affects its efficiency," *African Journal of Business Management*, 2010.

- [12] I. Mathauer and F. Wittenbecher, "Hospital payment systems based on diagnosis-related groups: experiences in low- and middle-income countries," *Bull World Health Organ*, 2013, doi: 10.2471/blt.12.115931.
- [13] The Joint Commission, "National Patient Safety Goals Effective January 1, 2016. Hospital Accreditation Program.," The Joint Commission, 2016.
- [14] W. Quentin, D. Scheller-Kreinsen, M. Blümel, A. Geissler, and R. Busse, "Hospital payment based on diagnosis-related groups differs in Europe and holds lessons for the united states," *Health Affairs*, 2013, doi: 10.1377/hlthaff.2012.0876.
- [15] Ministry of Health of the Republic of Indonesia, "Indonesia Basic Health Research, 2018," 2018.
- [16] H. Thabrany, "Politics of National Health Insurance of Indonesia : A New Era of Universal Coverage," 7th European Conference on Health Economics, 2008.
- [17] D. A. Rosman and J. C. Apfeld, "The economics of health care," in *An Introduction to Health Policy: A Primer for Physicians and Medical Students*, 2013. doi: 10.1007/978-1-4614-7735-8\_11.
- [18] sulisty basuki, "Metode Peneltian," *Metode Penelitian*. 2006.
- [19] T. Şahin, S. Ocak, and M. Top, "Analytic hierarchy process for hospital site selection," *Health Policy and Technology*, 2019, doi: 10.1016/j.hlpt.2019.02.005.
- [20] R. Khana, M. M. Singh, F. Damanhoori, and N. Mustaffa, "Investigating the importance of implementing ethical value on a healthcare system within a social media context," *International Journal of Innovation, Creativity and Change*, vol. 12, no. 5, 2020.
- [21] World Health Organization, *Global diffusion of eHealth: Making universal health coverage achievable*. 2016.
- [22] AS. Ambarriani, "Hospital Financial Performance In the Indonesian National Health Insurance Era," *McKinsey Quarterly*, 2014.
- [23] H. Li and P. Hilsenrath, "Organization and finance of China's health sector: Historical antecedents for macroeconomic structural adjustment," *Inquiry (United States)*, 2016, doi: 10.1177/0046958015620175.
- [24] M. Z. Younis, P. A. Rivers, and M. D. Fottler, "The impact of HMO and hospital competition on hospital costs," *Journal of Health Care Finance*, 2005.
- [25] L. Gurrieri and J. Drenten, "Visual storytelling and vulnerable health care consumers: normalising practices and social support through Instagram," *Journal of Services Marketing*, vol. 33, no. 6, 2019, doi: 10.1108/JSM-09-2018-0262.
- [26] N. Chen, X. Chen, K. Wang, and X. Niu, "Progress and challenges in the architecture and service pattern of earth observation sensor web for digital earth," *International Journal of Digital Earth*, 2014, doi: 10.1080/17538947.2013.834385.
- [27] M. Soofi, M. Bazyar, and A. Rashidian, "Types of moral hazards and its effects on insurance marketing and health system," *Hospital*, 2012.
- [28] K. Montgomery, *Big Data Now*. 2013.
- [29] L. Liu et al., "Greencloud: A new architecture for green data center," 2009. doi: 10.1145/1555312.1555319.
- [30] M. Lagarde, "Health Care Financing: Provider Payments," in *Introduction to health economics.*, 2011.
- [31] J. Weinman, "The future of cloud computing," 2011. doi: 10.1109/TTM.2011.6005157.
- [32] F. T. Liu, "96. Technopreneurship," in *Thirty Years Hundred Stories*, 2018. doi: 10.1355/9789814695350-101.

- [33] Marhaeni, Z. Fanani, B. Hartono, and B. A. Nugroho, "The influence of the marketing mix (Product, price, promotion, place, process, entrepreneurs and physical evidence) to customer satisfaction and loyalty in buying shredded beef in Palu City, Indonesia," *International Journal of Economic Research*, 2015.
- [34] C. F. Hofacker, E. C. Malthouse, and F. Sultan, "Big Data and consumer behavior: imminent opportunities," *Journal of Consumer Marketing*, 2016, doi: 10.1108/JCM-04-2015-1399.
- [35] S. Folland, A. C. Goodman, M. Stano, S. Folland, A. C. Goodman, and M. Stano, "Economic Efficiency and Cost-Benefit Analysis," in *The Economics of Health and Health Care*, 2018. doi: 10.4324/9781315103488-4.
- [36] Azrul Azwar, "Manajemen Pelayanan Kesehatan," *eJournal Ilmu Pemerintahan*, 1996.
- [37] H. Thabrany and Z. Abidin, "Evaluation of The National Drug Formulary and Electronic Catalog For The Indonesian UHC," *Value in Health*, 2017, doi: 10.1016/j.jval.2017.08.2749.
- [38] B. Murti, "Asuransi Kesehatan Berpola Jaminan Pemeliharaan Kesehatan Masyarakat di Era Desentralisasi Menuju Cakupan Semesta," *Institute of Health Economic and Policy Studies (IHEPS). Universitas Sebelas Maret*, 2011.
- [39] F. di Gennaro et al., "Coronavirus diseases (COVID-19) current status and future perspectives: A narrative review," *International Journal of Environmental Research and Public Health*. 2020. doi: 10.3390/ijerph17082690.
- [40] L. Trisnantoro, "Universal health coverage and medical industry in 3 Southeast Asian countries," *BMC Public Health*, 2014, doi: 10.1186/1471-2458-14-s1-i3.
- [41] World Health Organization, "Noncommunicable Diseases Country Profiles 2018," *World Health Organization*, 2018.