

# The Implementation of Non-Smoking Area Policy in Hospital of Islam Faisal Makassar

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## **Abstract**

*Determination of non-smoking area should be held in healthcare facilities, one of them in hospitals. That's why the policy of implementing non-smoking areas (KTR) has been identified as the main intervention strategy in disease control and environmental sanitation. The study aimed to examine more deeply about the implementation of non smoking area (KTR) policy at the Hospital of Islam Faisal Makassar. Qualitative designs have been used in this research. The informants 8 people were obtained by using snowballing sampling/chain sampling. Data collection is done by in-depth interviews, continuous observation during the research and focus group discussion (FGD). Data processing is done by using triangulation and content analysis method. The results showed that communication variables run well based on transmission, consistency, and clarity of the rules that must apply concerning KTR and its application in the Hospital of Islam Faisal Makassar. Whereas, based on the variable of resources at the Hospital of Islam Faisal Makassar has not supported in terms of staff, information and authority, and also in terms of facilities are still not fulfilled. It is expected that the hospital should be increase the things in the form of communication, structure of bureaucracy and disposition well to all elements of the hospital.*

**Keywords:** *non-smoking area, policy, hospital implementation.*

## INTRODUCTION

Mandate of Health Law No. 36 of 2009 article 115 stipulates the Non-Smoking Area Policy (KTR). The Regional Government must determine the area without smoking in its territory. Non-Smoking Area is the responsibility of all components of the nation, both individuals, society, parliament and government to protect the present and future generations. Shared commitment from various elements will greatly influence the success of KTR. (Ministry of Health, 2017).

Viewed from the health aspect, no less than 70 thousand scientific articles mention that smoking endangers health, both active smokers and passive smokers. Smoking is now the cause of death for 10 percent of the world population. That is, one in ten of our inhabitants of the earth die from cigarette smoke (Muliku, 2016). According to the results of the 2013 Basic Health Research (Riskesmas) by the Health Research and Development Agency (Balitbangkes) of the Ministry of Health of the Republic of Indonesia, the number of smokers in Indonesia tends to increase. Based on Riskesdas 2007 amounted to 34.2 percent, Riskesdas 2010 amounted to 34.7 percent and Riskesdas 2013 were 36.3 percent. (Ministry of Health, 2013).

Faisal Makassar Islamic Hospital is a type B hospital, which is one of the hospitals belonging to the Islamic organization of the city of Makassar which is based on Islamic values and should also apply the No Smoking Area in its environment. One area declared banned from smoking, produces, sells, advertises and promotes cigarettes set in Regional Regulation No. 4 of 2013 concerning Non-Smoking Areas is a hospital area. No doubt, with the many visitors who came, there were still people who casually smoked and still found people selling cigarettes in the hospital area even though there were already no smoking warnings, including at the Faisal Islamic Hospital in Makassar City.

Based on the results of previous research conducted by Azkha(2013) regarding the effectiveness of the implementation of the City Perda policy on non-smoking areas (KTR) in an effort to reduce active smokers in West Sumatra in 2013 showed that the Non-Smoking Area (KTR) policy was still lacking, so the effectiveness of KTR in the decline in active smokers in three cities has not shown a significant number (Habibi, 2016). Based on several studies, theories about non-smoking area policies (KTR), researchers felt interested in conducting research on the implementation of non-smoking regional policies in Faisal Islamic Hospital, Makassar City. This study aims to examine more deeply the implementation of the No Smoking Area (KTR) policy at Faisal Islamic Hospital, Makassar City.

## METHODS

The type of research used in this study is qualitative research with in-depth interviews, continuous observation during the research and focus group discussion (FGD). This research was conducted at the Faisal Makassar Islamic Hospital.

Sources of informants in this study were obtained using snowballing sampling / chain sampling or commonly called snowball sampling. The researcher appointed the hospital director

as the first informant (key informant) because he had extensive knowledge of the object of research (Bungin, 2001). The informant then researchers referred to as ordinary informants. The focus of the study was on depth and process so that in this study only involved a small number of participants / informants (as many as 5-8 participants).

Primary data is obtained by collecting data through in-depth interviews (Indepth Interview) based on interview instruments that have been prepared and assisted by tape recorder equipment. In addition, data collection was carried out by observation or observation and Focus Group Discussion (FGD). Secondary data was obtained by means of a document review sourced from the Faisal Islamic Hospital in Makassar City.

The data analysis technique used in this study is content analysis using steps as proposed by (Bungin, 2001), namely as follows: Data Collection (Data Collection), Data Reduction, Display Data, Verification and Affirmation Conclusion Drawing and Verification.

## RESULTS

### Communication

Communication is a process of delivering or disseminating information. The goals and objectives of the policy must be transmitted and received well to the target group in order to reduce implementation distortions. In this study Communication was seen from Transmission, Consultation and clarity regarding KTR at Faisal Islamic Hospital, Makassar City, from the results of the interview can be seen below:

*"... KTR here has long been applied and is very much noticed in the form of socialization, and usually we always inform employees and all hospital staff both nurses and security about the Policy that our area is smoke free" (ZFR).*

The results of interviews with informants showed that for a long time in a long time this KTR had been implemented at the Faisal Islamic Hospital in Makassar City, and had applied the KTR policy and supported the use of designated facilities and infrastructure.

*"... We are here on the deck, about how the transmission goes and we always do the consultation because there is always notification from the Makassar city government about KTR at the hospital, so that clarity about KTR rules is mandatory, especially after accreditation" ... (MYS).*

Transmission, Consultation and clarity of the implementation of non-smoking areas are running well and according to established procedures and adjusted to existing policies, from the results of interviews with some informants stated that KTR is running well because of Transmission and one-way consultation so that clarity and other others can be implemented As can be seen from the results of the interview above. Other clarity is seen from how the hospital disseminates information about this smoke-free area in the hospital environment, and is carried out even though it is not routinely seen from the results of interviews with informants who stated, among others:

*"... Faisal Hospital has long applied a non-smoking area starting with the rules of the City Government, 2003, starting to be regulated and afterwards socialized down, either directly or*

*indirectly, especially here we have a health promotion section that also conducts circulation monitoring. "... (YSF).*

From the results of the discussion and agreement between the FGD and the participants stated that communication is an important part of the implementation of policies in the hospital and environment existing and effective communication because the form of socialization is very maximal from the leadership to the subordinates of one of the quotes from the FGD discussion participants, among others:

*"... here we are very good at communicating, starting from the hospital leadership to subordinates so that one-way communication goes well and delivered" ... (ILH).*

### **Resource**

Existing resources and supporting the course of non-smoking regional policies are one of the important factors in seeing whether the policy runs or not, in this study from the results of interviews with informants showing that resources are very supportive:

*"... There is no special team here about KTR but we have all the elements of the hospital to run but the most important is security where they see and monitor the fastest, especially if there is a part of responsible health promotion" ... (SRF).*

*"... Public Relations here are also in charge of education and all of them must feel responsible in terms of implementing KTR" ... (SBR).*

*"... The concept of supervision that we are doing here is the name of the hospital ... the deck must be free from cigarette smoke, so it really shouldn't be smoked in here, but usually we are rather detached in terms of families of patients who are not infected. "... (MYS)*

In addition to human resources, other resources that also affect the implementation of a policy are information, facilities and budget. Information is matters relating to how to implement policies and data that will be implemented to obtain and use the budget, the authority to request cooperation with other Government agencies

From the results of the agreement with the FGD participants regarding the resources that are available and needed in the implementation of the KTR policy, all FGD participants agreed and stated that the resources in this matter greatly determine the course of policies issued in the hospital. It can be seen from the results of the FGD which involved 15 participants included in the staff and staff of the Hospital stated in one of the quotations below.

*"... Resources are a tool to move what is a rule, if here we all feel obliged to carry out the rules of this KTR, for the sake of the system and the environment in this hospital, even though there are PR people who know most ..." (MSY)*

*"... here one of the important resources is the security guard at the front because he is the first to look around the environment and also routinely conducts round-the-clock monitoring ..." (ASY)*

## DISCUSSION

In this study, it can be seen that the communication and resource factors are influencing variables that are running an implementation of the policy of implementing a Non-Smoking Area in a Hospital.

Communication is one of the factors that greatly influences policy implementation. Based on the results of this study related to the communication that exists between the leadership and subordinates and all components of the hospital in the implementation of the regional regulations of the city of Makassar No. 4 of 2013 concerning Non-Smoking Areas in All Public Facilities shows that it has run well. This is in line with the research conducted by Habibi, 2015 regarding the implementation of KTR at Stella Maris Hospital stating that existing communication is one of the determining factors for implementing a policy and it has run optimally and well in the Stella Maris Hospital in Makassar City. communication shows that the successful implementation of the No Smoking Area policy is caused by the implementation of the Non-Smoking Area policy dissemination. Socialization can be done in two ways, namely, verbal by giving information to the public or directors of each institution directly by conducting socialization and nonverbal namely, using media such as newspapers, bulletin boards, social media and so on. Communication is the delivery of messages from someone to others to influence behavior and actions both directly and indirectly. Communication is the process of transferring understanding in the form of ideas, information from someone to someone else (Corbett, 2006; Windahletal., 2008).

Communication is the process of delivering information from the communicator to the communicant. Meanwhile, policy communication means a delivery process information on policy from policy makers to implementers. Information needs to be conveyed to policy actors so that policy actors can understand what is the content, purpose, direction of the target group, so that policy actors can prepare any matters relating to policy implementers, so that the policy implementation process can run effectively and in accordance with the objectives the policy itself.

The role of stakeholders in building a good communication is very influential in the effectiveness of a policy running in the field, for that leaders of each work unit are expected to be able to communicate both vertically and horizontally to maximize the course of a policy or program. This information delivery activity is commonly referred to as socialization activities. Socialization can be done in two ways, directly and indirectly.

The implementation of a policy is very important, so the main requirement that must be considered is that those who will implement a decision should know what they are implementing and the policy decisions or implementation regulations must be transmitted to the appropriate personnel and policy direction and if policies must be implemented appropriately, the product of the policy is not only acceptable but clearly what is the target of the policy (Dussault& Dubois, 2003; Benjamin, 2005; Buseetal., 2012).

Implementation of a policy must be supported by adequate resources, both human resources and financial resources. This tends to be ineffective, even though implementation orders are forwarded carefully, clearly and consistently if they lack the resources needed by the executor to carry out policies. Resources have an important role in policy implementation (Zulaeha, 2015; Indar, 2010; Indar, 2014; Indar, 2017; Indar, 2018). Although the contents of the policy have been communicated clearly and consistently, but if the implementor lacks the resources to implement, implementation will not be effective. These resources can be tangible human resources, namely the competence of the implementor, and financial resources. Resources are important factors for implementing policies to be effective. Without resources, policies only remain on paper to become documents. Resources here are related to all sources that can be used to support the success of policy implementation.

Implementation of policies will not succeed without the support of human resources with sufficient quality and quantity. The quality of human resources is related to skills, dedication, professionalism and competence in the field, while quantity is related to the amount of human resources whether it is sufficient to cover all target groups. Human resources are very influential on the success of implementation, because without reliable human resources the implementation will not run well (Romlahetal., 2020).

Facilities or facilities and infrastructure are one of the factors that influence the implementation of policies, the provision of appropriate facilities such as buildings, land and office equipment will support the successful implementation of a program or policy.

In line with this, when referring to the governor's regulation, as explained in Chapter III of Article 5 paragraph (1) and (2) which reads: KTR as referred to in article 2 paragraph (2) letter g can provide a special smoking place, and a special smoking place as referred to in paragraph (1) must fulfill the following requirements: a) It is an open space or space that is directly related to outside air so that it can circulate properly; b) Apart from the main building / place / space and other spaces used for activities; c) Far from the entrance and exit; and d) Far from where people are passing by.

So the hospital must provide Smoking Area which is located outside the hospital environment as a facility for visitors to do smoking activities, but until now the hospital has not been able to provide adequate facilities because it has been hampered by the absence of a budget to build the Smoking Area.

It has been stated previously that Smoking Area which is a facility or place for the community to carry out smoking activities cannot yet be built because there is no budget to build the facility. And this is an obstacle in the implementation of the non-smoking area policy at the Faisal Islamic Hospital in Makassar City.

This is in line with the study conducted by Azkha (2013), saying that the availability of facilities and infrastructure to support the implementation of programs related to the Non-Smoking Area (KTR) policy is basically very necessary. Facilities needed include the provision of promotional media such as billboards, banners, stickers, billboards, and attributes. The

applicable rules and policies also need to be included on the billboard to be understood and understood by all the people who cross it.

## CONCLUSION

The policy on establishing a Non-Smoking Area at the Faisal Islamic Hospital in Makassar City did not work well in accordance with the existing Regional Regulation and its implementation was not optimal. This policy is influenced by several factors as obstacles and supporters. In terms of communication it has been well based on transmission, consistency, and clarity on the rules that must apply regarding KTR and its application in Isam Faisal Hospital, Makassar City and resource factors at the Faisal Islamic Hospital have not been supportive in terms of staff, information and authority, and from facets of facilities are still not fulfilled. The hospital is advised to allocate a budget for the construction of Smoking Area facilities outside the hospital environment as a smoking facility for the community visitors to the hospital.

## REFERENCES

- Azkha. (2013). Studi Efektivitas Penerapan Kebijakan Perda Kota Tentang Kawasan Tanpa Rokok (KTR) Dalam Upaya Menurunkan Perokok Aktif Di Sumatera Barat. *Jurnal Kebijakan Kesehatan Indonesia*, 2(4).
- Benjamin, G. (2005). *Public health administration: principles for population-based management*. Jones & Bartlett Learning.
- Bungin, B. (2001). *Metode Penelitian Kualitatif: Aktualisasi Metodologis Kearah Ragam Varian Kontemporer*. Jakarta: Rajawali Pers.
- Buse, K., Mays, N., & Walt, G. (2012). *Making health policy*. McGraw-hill education (UK).
- Corbett, J. B. (2006). *Communicating nature: How we create and understand environmental messages*. Island Press.
- Dussault, G., & Dubois, C. A. (2003). Human resources for health policies: a critical component in health policies. *Human resources for health*, 1(1), 1-16.
- Habibi, H., Surahmawati, S., & Sompoh, H. (2016). Gambaran Implementasi Peraturan Daerah Tentang Kawasan Tanpa Rokok (Ktr) Pada Rsud Haji Dan Rumah Sakit Stella Maris Di Kota Makassar Tahun 2015. *Al-Sihah: The Public Health Science Journal*, 8(2).
- Indar. (2010). *Etika dan Hukum Kesehatan*. Makassar: Lembaga Penerbitan Universitas Hasanuddin.
- Indar. (2014). *Dimensi Etik dan Hukum Keperawatan*. Makassar: Masagena Press.
- Indar. (2017). *Etika legal Dalam Pelayanan Kesehatan*. Pustaka Pelajar: Yogyakarta.
- Indar. (2018). *Konsep dan Perspektif Etika dan Hukum Kesehatan Masyarakat*. Yogyakarta: Pustaka Pelajar.
- Ministry of Health. (2013). *Riset Kesehatan Dasar 2013*. Jakarta. Available from: <https://www.kemkes.go.id/resources/download/general/Hasil%20Riskasdas%202013.pdf>

- Ministry of Health. (2017). Pusat Data Informasi Kementerian Kesehatan RI: Perilaku Merokok Masyarakat Indonesia. Jakarta. Available from: <https://www.kemkes.go.id/article/view/16011100002/perilaku-merokok-masyarakat-indonesia.html>
- Mohammed Tahir, R., & Hussein, M. (2020). Knowledge, Attitude, and Practice of Community Pharmacists towards Pharmacovigilance and Adverse Drug Reactions: A Study from Sudan. *Journal of Scientific Research in Medical and Biological Sciences*, 1(2), 123-132.
- Muliku, H. R. (2016). *Analisis Pengembangan Kawasan Tanpa Rokok di Rumah Sakit Tingkat III Robert Wolter Mongisidi Manado*. Thesis, Universitas Sam Ratulangi.
- Romlah, S., Zavira, S., & Muafa, K. (2020). Implementation of Progressive Legal Theory in Law Enforcement in Indonesia. *Journal La Sociale*, 1(6), 24-30.
- Windahl, S., Signitzer, B., & Olson, J. T. (2008). *Using communication theory: An introduction to planned communication*. Sage.
- Zulaeha. (2015). Implementasi Kebijakan Pemerintah Tentang Penetapan Kawasan Tanpa Rokok, Studi Pada RumahSakit Umum Daerah Undata Propinsi Sulawesi Tengah. *Katalogis*, 3(5).