

Smoking Behavior of Officials in TGK Chik Ditiro Hospital in Pidie 2018

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Abstract

Supports for the formation of smoke-free area that reflect in the place, is very necessary. Considering cigarettes are among the top ten causes of death in the world and classified as the single largest cause of death, reaching 7 million people, where 6 million more occur in active smokers and the rest are passive smokers. The cause of death was mainly due to lung and liver cancer, the cause of the low-middle income countries facing this double burden because they had the highest number of smokers. This study aims to determine the smoking behavior of officers in the public hospital area of Tg Chik Ditiro in district Pidie. This study uses Qualitative research design with phenomenological study design by taking five informants. Data collection uses the interview guidelines and the researchers themselves as a data collection tool conducted from June 6th to July 20th, 2018 at Tgk Chik Ditiro, district Pidie. The results showed that predisposing factors (normative values and trust), enabling factors (application of smoking regulations in public facilities), reinforcing factors (co – workers, leaders) and motivational factors (pleasure, performance enhancements which became the basis of informants found it difficult to apply smoking Tg Chik Ditiro Hospital in district Pidie. The writer suggests that normative values, application of regulations, co-workers, leaders support behavioral changes to stop smoking and provide a program to stop tobacco addiction because of the effects of pleasure and increased focus on tobacco use.

Keywords: Smoking behavior, hospital staffs, no smoking rules

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Background

Cigarette is one of the biggest problems that must be faced by every country in the world. The WHO Framework Convention on Tobacco Control (FCTC) in 2003 encouraged governments of every country in the world to accelerate the application of regulations to limit using tobacco. It aims to provide protection to current and future generations from the damaging effects of tobacco consumption on health, social, environmental and economic. Survey shows that a high number of tobacco users have correlation with the development of a country.

Smoking is the main cause of death that is difficult to prevent in society. WHO publications showed that cigarettes kill half of the number of smoker. Death because of cigarettes in the world are estimated to reach 7 million people every year, where 6 million more occur in active smokers and the rest are passive smokers. Base on *Riset Kesehatan Dasar* (Riskesdas) in 2010 stated that the prevalence of smokers in Indonesia amounted to 34% or third of the population (Center for Health Promotion of the Ministry of Health, 2011) and in 2013 had increased to 46.16% and the largest in the ASEAN region. Smokers in the ASEAN region are estimated to be 10% of smokers of the world and donate 20% mortality rate globally due to tobacco State losses because of increased mortality rates, especially in the productive age and it burdened by expenditures reaching more than 100 trillion, consisting of direct financing at the household level and indirect financing due to illness and disability due to smoking. This figure is five times higher than the costs received from cigarette excise duty of 32.6 trillion (Center for Data and Information / Pusdatin Ministry of Health RI, 2016).

The same situation was found in the province of Aceh. Smokers in this province are among the highest in Indonesia, although the validated number of these groups is not known with certainty. A survey conducted in 15 villages in Aceh Besar District in 2016 found that 80% of parents as sample of study, namely fathers, were smokers. The unhealthy habits commonly practiced by men in Aceh is understandable in this area, so that the number of passive smokers are estimated to be high (Miko & Berkat, 2017). Tobacco users are identical with smoking behavior. In Indonesia has been responded by the inclusion of not smoking as one of the indicators of healthy living formulated by the government with the *Gerakan Masyarakat Hidup Sehat* (GERMAS). The termination of behavior that has become a habit is very difficult thing to do. So, the synergy of various parties is needed and be side that

providing concrete examples, to provide a significant driving force such as the enforcement of regulations from the power holders (Pusat Promosi Kesehatan Kemenkes RI, 2011).

One of the public facilities that designated as smoke-free area in Pidie Regency is the Regional General Hospital (RSUD) Tgk. Chik Di Tiro. Hospitals are the reference of primary health facilities in this region, should be an early example of the application of non-smoking behavior, even though the data found showed that officers who work at the facility do not fully implement non-smoking behavior. This health facility must be a pioneer of healthy behavior of not smoking because beside to being a place to improve public health status, individuals who work are mostly health professionals who are very familiar with the dangers of smoking.

RESEARCH METHODS

The type of research used in this study is qualitative research with a phenomenological study design. Qualitative research is a type of research whose findings are not obtained through statistical procedures or other forms of calculation and aims to express symptoms holistically-contextually through collecting data from natural settings by utilizing the researcher as a key instrument (Leavy, 2014). Qualitative research is a research approach that reveals certain social situations by correctly describing reality, formed by words based on data collection and analysis techniques obtained from natural situations (Patton, 2015).

The informants in this study amounted to 5 people, all of them were officers at the Tgk Chik Ditiro Regional General Hospital in Pidie that are consisting of 3 employees in the smoking room, 1 administrative staff and 1 Head in one of the sections where the informant worked. The procedure for selecting informants is based on purposive sampling that is chosen with specific considerations and objectives.

This study uses data collection methods to be processed in the following ways:

In-depth interviews (in-depth interviews)

Primary data collected were sourced from interviews conducted in the study. Researchers conducted in-depth interviews with informants. In-depth interviews are more free than structured interviews because researchers are not fixated on the interview guidelines that have been created but can explore any information that is considered necessary to be used in data analysis.

Data Processing

Data obtained from the results of in-depth interviews were carried out manually according to the instructions for processing qualitative data and in accordance with the objectives of this

study and then analyzed by the content analysis method. The data that has been collected is data which is not using numbers form, so that, the data analysis begins by writing the results of observations, the results of interviews, then classified and interpreted and finally presented in the form of a matrix.

The interview was carried out using the help of interview guidelines as well as mobile phones to record sound and for documentation.

Observation

Observations were also made by researchers to obtain primary data. Observations were made by looking at where the informant smoked and how the condition / situation of the informant when the researcher conducted an interview. The observations were made using the help of observation sheets (attached) as well as cell phones for documentation purposes. The results of these observations are compared with the results of interviews conducted.

RESEARCH RESULT

The results of the study were obtained through methods of collecting data from in-depth interviews, tracking secondary data and brief observations to analyze the smoking behavior of officers at the Tgk Chik Ditiro Regional General Hospital (RSUD) in Pidie District. The author collects the data to obtain information about predisposing factors (normative values and trust), enabling factors (the application of non-smoking regulations in public facilities, reinforcing factors (co-workers, leaders) and motivational factors (pleasure, improved performance) as part of encouraging health workers apply smoking behavior.

The study was conducted on 5 informants who were selected based on information from co-authors in Tgk Chik Ditiro Regional General Hospital in Pidie District. The interview went smoothly and rapport between the researcher and the informant very good because before the writer had approached. The information obtained and the writer narrated based on the similarity of ideas contained in the statement given.

Informant Distribution

The distribution of informants in this study includes age and last education, as shown in the table below:

Distribution of Research Informants in Tgk Chik Ditiro Hospital
Year 2018

The distribution of research informants in Tgk Chik Hospital was monitored in 2018

No	Status at The Hospital	Age	Education Range
1.	Kepala Bagian IPRS	40 Tahun	S1
2.	Petugas Pelayanan Rawat Inap THT	28 Tahun	D III
3.	Petugas Pelayanan Rawat Inap Bedah Pria	29 Tahun	S1
4.	Staf Gas Medis	30 Tahun	SMU
5.	Staf Administrasi	32 Tahun	S1

- **Statement of informants about predisposing factors (normative values and trustworthiness)**

Informant 1: People around the residence don't have any problem about smokers. Not considered strange and ostracized. Smokers in the workplace are not taboo as long as they don't smoke in the workplace. Smoking does not automatically cause pain. Many people smoke not sick and stay healthy until old

Informant 2: There is a problem, but most of the neighbors around the residence do not mind about smoking. Smoking in the workplace, it will be the problem when they smoke in any place especially in workplace, but if outside the workplace, it can be accepted. So far, there is no significant problem of health because of smoking and it is not sure that smoking can shorten life.

Informant 3: Smoking has become a habit that is difficult to lose and there are no problems with people around the place of residence, including family. Almost all of Men work with smoking, so it doesn't matter as long as it's not done in the workspace or in public places. Smoking activities are carried out in a hidden place and usually not in a crowded environment. Health problems are sometimes disrupted but recover quickly. so, it is not too sure that cigarettes can shorten life.

Informant 5: In the environment work, there is no problem about smoking as long as that is not in a closed workspace as well as in the community around the residence. Smokers are not considered to do harm. The level of health is the same as that of non-smokers so they do not believe smokers will die first.

Based on the statement above, it can be seen that the four informants stated that there was no social punishment such as isolation or other social sanctions to people who smoke. Even though, it was carried out in public facilities. Similarly, it was stated about the attitude of the work environment, there were no complaints about smoking habits even though it had to be done outdoors and in a hidden place or not in front of the patient's family. Most informants stated that they were not sure of the statement that smoking habits would shorten life and cause significant health problems.

- **Statement of Informants about Probability Factors (Application of Regulations Prohibited from Smoking in Public Facilities)**

Informant 1: Not yet fully aware of places that are prohibited from smoking, but the regulations in the hospital have been socialized. Smoking should not be done in any place and those who do it should be reprimanded. This is intended to protect sick people, children or who cannot stand cigarette smoke. Smoking can be stopped if there is a strict punishment from your boss and there are examples to not smoking in workplace area.

Informant 2: Smoking is prohibited in hospitals and it has been notified by each head unit in the work. Smoking should not be in the workplace or done in a place that does not disturb other people. People who smoke in a closed room or in a patient's room should be given a reprimand. Smoking in the hospital will gradually occur if the leader gives an example and is followed by severe sanctions such as cutting services.

Informant 3: Smoking rules that have been compiled and notified through meetings and campaigned from health promotion team in the hospital. But smoking habits are difficult to get rid of and can be carried out correctly if a room is provided for smoking and given severe penalties.

Informant 4: Socialization and programs for not smoking in hospitals are strived continuously improved and monitoring, although it has not been optimally implemented in the field. The heads of each work unit get the obligation to monitor health workers in their work environment, also encourage the application of non-smoking and do all learning methods to encourage people to change that is followed by giving awards and penalties for achievements or violations that occur.

Based on the statement above, it can be seen that that the four informants stated that regulations on smoking were compiled by people who related the Tgk Chik Ditiro Regional General Hospital Pidie, but their application was not optimal. The regulation can be carried out in accordance with what has become a provision, each violation should be punished and obeyed to get an award.

• **Statement of Informants about Strengthening Factors (Colleagues, Leaders)**

Informant 1: There is a co-worker who recommends to stop smoking and some who don't care too much. Many female co-workers advocated stopping, moreover the head of the work unit and many other leaders continued to smoke.

Informant 2: Co-workers forbid to continue this habit because it disrupts performance, but the work unit leader is a smoker.

Informant 3: Colleagues who do not smoke, both nurses and doctors encourage to stop smoking. Even though, the head of the work unit does not stop smoking.

Informant 4: Almost all co-workers every day encourage quitting but cannot yet be done and higher leaders keep smoking.

Based on the above statement, it can be seen that the four informants stated that there was encouragement from their colleagues to stop smoking, even though some did not provide such recommendations. The encouragement to keep smoking is obtained from leaders who socialize the rules and become examples of doing these behaviors do not apply the things that have been set.

• **Statement of Informants about Motivation Factors (Fun, Improved Performance)**

Informant 1: There is something fun when you finish smoking. Be more relaxed and focus on work.

Informant 2: Smoking can make fresh people from work pressure so that it can return to service optimally to patients.

Informant 3: Hard working because of the large number of patients whose surgery requires seeking fun activities and giving a feeling of refreshment. Smoking habits can help keep up all night.

Informant 5: Dealing with medical devices requires having full work concentration like in the gas room. Slight negligence can have fatal consequences and cigarettes help get that focus.

Based on the statements above, it can be seen that the four informants stated that it was difficult to stop smoking because they had fun with the activity. Informants feel relaxed

and free from work pressure. This causes productivity to increase through good work performance so that the services provided are optimal.

DISCUSSION

Statement of Informants about Predisposing Factors (Normative Values and Trust)

Based on the results of research conducted at the Tgk Chik Ditiro Hospital in Pidie toward 5 informants, it is known that the behavior of not stopping smoking because of the absence of social sanctions from the living environment and work environment. This behavior is accepted as something that does not interfere and does not have to get social punishment. Another thing that also contributes to the predisposing factor is the informer's distrust of the shorter age of smokers than non-smokers. This belief grew from the insignificance of the report or the incident that was known by the informant about the individual who experienced a decline in health was very real because of smoking. The absence of direct exposure to cases and the lack of optimal provision of information is the basis of distrust that cigarettes can have dire consequences.

Normative values, or origin word the norm, according to theory has broad meaning, and in general, refers to the existence of majority agreement, and prescriptive, that is, guidelines for acceptable behavior related to socio-cultural values. Norms are maintained both by social support and sanctions. The existence of social support is one of the supporters of the sustainability of a behavior. Tobaccos' users in this case are for young people where strengthening or support is obtained from peers while the older ones from the surrounding community and work environment. Smoking behavior which initially causes discomfort in the area of old, dark esophagus will be tolerated and adapted. This shows that strengthening of colleagues or people around the individual is very helpful in accepting smoking behavior at first as something that is acceptable and not contradictory even though physiological reactions are very contradictory (McQueen, 2013).

Normative values that researcher was obtained, based on interviews with informants found that there is no environment that considers their behavior something strange and taboo or something that is not in accordance with the environment, as stated by informant 3:

This causes smoking behavior to continue even though it is done in certain places. Observations that the author did informants do smoking in places such as hospital canteens and in parking lots in front of the hospital. This is in accordance with the statement of the informant who said that smoking activities were carried out away from the workspace in

addition to avoiding cigarette smoke not about co-workers. Another thing is obtained that the informant only considers the regulation only one thing that have to make while this is not a prohibition in the community or work environment. Residential communities do the same thing, namely smoking in any place. This is not taboo when done by men. Observations that researcher was obtained mostly smoking during breaks in the canteen or in a place that is a bit far from the study room or inpatient rooms for nurses who smoke.

This behavior refers to the definition of the theory that it can be estimated, every value that has been crystallized in the community will be the value held by the group and become a standard measure for socializing. Individuals who do not apply certain norms have been adhered to for a long time. It will be classified as someone who does not respect the values in the community and is considered not part of the community. The value in a society is not always directly proportional to the rules in health, so every individual living in an environment with the adoption of normative values in line with the values in health, it will be easier to behave that supports health than the other way around.

Normative values can be a strong support of behavioral change because most people do not want to be considered different from the group, especially in the environment where the individual is intensely interacting. The results of in-depth interviews toward informants which showed that there was no conflict between normative values in the community and the work environment as a whole became the basis for smoking behavior that was easily adopted and difficult to eliminate.

Another interaction commonly is seen in culture of Acehnese people who prefer to interact in coffee shops, with work colleagues, the neighborhood around the residence even at some modern coffee shops it is possible to bring families. This makes smoking more popular in the community and difficult to avoid. This is consistent with the publication of Echeverría et al (2015) that the technically and culturally embedded norms about smoking become one of the pathways in which individuals adopt smoking behavior.

Based on the results of the research and the discussion described before, it can be concluded that the normative value and trustworthiness of officers in Tgk Chik Ditiro Regional General Hospital in Pidie have not supported the implementation of non-smoking areas. Smoking behavior is accepted as a common thing and lack of confidence that it can have health effects. The application of the regulation of non-smoking in public facilities has not optimally supported in the area without smoke because of the absence of strict sanctions toward violations and co-workers. The leadership has not supported the creation of a non-

smoking area because the examples that are given are not optimal. So, it is not believed to be something that must be stopped and motivation obtained in the form of pleasure and increases the performance of officers causing, it can be one of the barriers to implementing the area without smoke.

Suggestion

1. The monitoring section appointed by the Director of the RSUD Tgk Chik Ditiro in Pidie must be able to evaluate the application of the area without smoke, as stated in the decision of the Director of the RSUD Tgk Chik Ditiro of Pidie No. 445 of 2016, to conduct a short-term evaluation such as signs without cigarette smoke. There is a special smoking room. There is a public place without smoking done within 4-6 months. Long-term evaluation is carried out 1-3 years which sees the level of acceptance of the area without cigarette smoke, the level of compliance and minimization of accessibility to cigarettes is not found around health care facilities.
2. Smoking behavior cannot be stopped to support the area without cigarette smoke must be started from the highest leadership as a role model. This is important to show the urgency of the action that has been planned.
3. Planting norms for not accepting smoker must begin with concrete actions initiated by health promotion of the hospital so that environmental awareness will increase and subsequently become the norm that can help reduce smoking behavior.
4. The element of regulation for not smoking in the hospital area must include an element of punishment for the violator and an award for those who can comply, because the decision of the Director of RSUD Tgk Chik Ditiro Kabupaten Pidie No. 445 of 2016 has not stated this. The punishment given should be mutually agreed and discussed first or by referring to the higher regulations after first being socialized. Regulations are given a time span for their success to be evaluated and corrections, if it turns out that the application is not optimal.
5. The leaders in the Tgk Chik Ditiro Regional General Hospital in Pidie can be more active in creating a smoke-free area through various movements. So, it becomes a motivation to stop the behavior. The slogan that is only echoed will not have more thrust than real action.

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