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Influence Factors of Visitor Compliance with The Implementation of Regional Regulation Policy Concerning Non-Smoking Areas at Blud of Subulussalam Regional General Hospital

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ABSTRACT

Background: Cigarettes are a major cause of avoidable deaths in society. A non-smoking area is a designated space that explicitly prohibits the manufacturing, sale, advertising, promotion, and/or use of cigarettes. The Subulussalam City Government has implemented Subulussalam Mayor Regulation Number 52 of 2016, which prohibits smoking in designated areas. The purpose of this study is to identify the factors that impact visitor compliance with the implementation of Regional Regulation Policy Number 52 of 2016, which pertains to non-smoking areas in Subulussalam City Hospital's BLUD. The study employed an analytical survey methodology, utilizing a cross-sectional approach. We selected a subset of 86 individuals using the incidental sampling approach from the overall population of 636 individuals. The data analysis included univariate, bivariate, and multivariate analysis techniques, together with logistic regression test statistics. Outcome: The logistic regression analysis revealed significant findings for the variable's knowledge (p-value = 0.000), attitude (p-value =.009), and the role of health personnel (p-value =.001). Conclusion: The knowledge, attitudes, and duties of health workers influence the implementation of Regional Regulation Number 52 of 2016, which pertains to non-smoking areas. We anticipate that the hospital will enhance visitor awareness by disseminating information through healthcare professionals and using posters, banners, and other informational media. This will help visitors understand the potential hazards to the hospital's surroundings and adhere to the hospital's designated no-smoking zone.

Keywords**:** *Visitor Compliance, Policy Implementation, No Smoking Area*

INTRODUCTION

Cigarettes are a major cause of preventable deaths in society. The cigarettes include alkaloids, which are substances that possess stimulant qualities and can impact the users. The compulsive behaviour of smoking can result in the development of self-centered traits in those who smoke, as seen by their tendency to smoke in public areas and communal spaces (Rahmah N, 2018). Cigarettes are a highly addictive chemical that, when used, may pose significant health risks to both people and society. Processed tobacco products, enclosed in wrappers, are known as cigarettes. Nicotiana tabacum, Nicotiana rustica, or other species can form them into cigar-like shapes or other variations. They may also include nicotine, tar, and other substances, either naturally or synthetically. Cigarettes are cylindrical paper tubes, typically ranging from 70 to 120 mm in length (varying by nation), with a diameter of around 10 mm. They are filled with shredded tobacco leaves. We ignite the cigarettes at one end and let them smolder, which allows us to inhale the smoke at the other end through our mouth. Cigarettes contain about 4000 chemical components, with 60 of them being harmful. Currently, there is no established threshold for the

level of cigarette smoke exposure that could lead to disease development. Based on current information, prolonged exposure to cigarette smoke significantly heightens the likelihood of experiencing life-threatening health hazards (Han et al., 2019).

Scientists have established that smoking causes around 25 different illnesses that affect different organs of the human body. These disorders encompass malignancies affecting the oral cavity, esophagus, pharynx, larynx, lung, pancreas, and bladder. This is especially true when alcohol consumption is combined with the smoking habit. Multiple scientific studies demonstrate that quitting smoking has a highly beneficial impact on avoiding the onset of illnesses. Smokers disregard the regulations that forbid their behaviour in public spaces. This practice is very detrimental to others' health because it exposes them to second-hand smoke, which poses a greater risk than direct smoking. Passive smokers are at a higher risk of illness because they lack a filter to absorb all of the cigarette smoke released by active smokers (Rahmah N, 2018).

As per the World Health Organization (WHO), a hospital is a crucial component of a social and health institution that offers comprehensive and all-encompassing healing (curative) and disease prevention (preventive) services to the community. Hospitals serve as both educational institutions for healthcare professionals and hubs for medical research (WHO, 2017). The Law of the Republic of Indonesia Number 44 of 2009 defines a hospital as a healthcare institution that serves the community and adapts to advancements in health science, technology, and the socio-economic conditions of the community. It is required to constantly enhance its services to provide higher-quality and more affordable healthcare to the public. The objective is to optimize societal conditions in order to attain the utmost level of well-being (Law, 2009).

Hospitals are essential health service facilities that play a crucial role in supporting the execution of healthcare initiatives. Hospital health services exhibit intricate features and organizational structures. Different categories of healthcare professionals, equipped with their specific scientific instruments, collaborate and communicate with one another. The rapid development of medical knowledge and technology necessitates that health personnel keep pace in order to deliver high-quality services. Consequently, the challenges faced by hospitals are becoming increasingly intricate.

The Subulussalam City Regional General Hospital, which is located at Jalan Hamzah Fansyuri, West Subulussalam, Simpang Kiri District, was a Type D hospital at the time it was formed in accordance with Subulussalam City Qanun Number 4 of 2012 concerning the Organizational Structure and Work Procedures of the Subulussalam City Regional General Hospital. Subulussalam City Regional General Hospital upgraded its service class to Type C hospital based on Minister of Health Decree Number HK.02.03/ I/ 0429/ 2015 concerning Class Determination of Subulussalam City Regional General Hospital dated February 26 2015. Subulussalam City Regional General Hospital passed accreditation with the PERDANA title with certificate number KARS-SERT/47/XII/2018 through an assessment from the Hospital Accreditation Commission which was signed by the Chief Executive, namely Dr.dr. Sutoto, M.Kes on 01 December 2018 which is valid until 21 November 2021. In 2019 the BLUD of Subulussalam City Hospital held a change of Director from dr. Sarifin Usman Kombih was replaced by Dr. Dewi Sartika (WHO, 2017; Law, 2009)

The Subulussalam city government, Aceh province, has established a number of non-smoking areas, Subulussalam Mayor Regulation Number 52 of 2016 concerning non-smoking areas such as government offices, health service facilities including hospitals, community health centers, village health centers and posyandu located in the Subulussalam city area.

Based on an initial survey conducted by researchers on March 1 2021 at the Subulussalam City Regional General Hospital in 2021 through an interview with Mr. Nurdin SKM as head of K3, the no-smoking rule has been implemented in the hospital, hospital employees have complied with the regulation, but there are still many visitors. who smoke in non-smoking areas, even though

there are many banners or warnings against smoking. Based on the results of the initial survey, there are still many people or visitors at the hospital who smoke, even though there are many banners or warnings against smoking in the hospital.

Research Questions

What is the level of knowledge among visitors regarding the non-smoking area regulations at the Subulussalam Regional General Hospital? How do visitors' attitudes towards smoking and non-smoking areas influence their compliance with the non-smoking regulations? What role do health personnel play in enforcing and promoting compliance with the non-smoking area regulations among visitors?

METHODS

This study employed a robust analytical survey methodology with a cross-sectional design to investigate the factors influencing visitor compliance with the non-smoking area regulations at the Subulussalam Regional General Hospital. The study aimed to ensure a comprehensive analysis of the variables involved, thereby enhancing the reliability and validity of the findings.

Study Design and Setting

The research was conducted at the Subulussalam City Regional General Hospital BLUD between May and July 2021. This location was chosen due to its implementation of Mayor Regulation Number 52 of 2016, which designates certain hospital areas as non-smoking zones. The study setting provided a relevant environment to observe and measure compliance with non-smoking regulations.

Population and Sampling

The population for this study consisted of all visitors to the Subulussalam Regional General Hospital who smoked, with a total population size of 636 individuals recorded in September 2021. The study utilized incidental sampling to select participants, ensuring that the sample was representative of the broader population. A sample size of 86 individuals was determined to be sufficient based on statistical power analysis, which considered the expected effect sizes and the variability of the population.

Data Collection

Data were collected through structured questionnaires that were administered to the selected participants. The questionnaire was designed to capture data on the visitors' knowledge, attitudes, and compliance with the non-smoking regulations, as well as their perceptions of the role of health personnel in enforcing these regulations. The questionnaire was pre-tested in a pilot study to ensure clarity, reliability, and validity of the instrument.

Variables and Measurements

The primary variables measured in this study included: Knowledge: Assessed through a series of questions regarding awareness of the non-smoking regulations and the health risks associated with smoking. Attitude: Evaluated based on responses to statements reflecting personal beliefs and attitudes towards smoking and non-smoking areas. Role of Health Personnel: Measured by participants’ perceptions of health workers' involvement in enforcing non-smoking regulations and promoting compliance. Compliance: Determined by self-reported behavior regarding adherence to the non-smoking area regulations. Each variable was scored and categorized as high or low based on predetermined criteria derived from the literature and the pilot study.

Data Analysis

Data were analyzed using a combination of univariate, bivariate, and multivariate statistical techniques. Univariate analysis was used to describe the characteristics of the respondents and the distribution of key variables. Bivariate analysis, using chi-square tests, examined the relationships

between independent variables (knowledge, attitude, role of health personnel) and the dependent variable (compliance). To control for potential confounding factors and assess the combined effect of all variables, multivariate analysis was conducted using logistic regression. This approach allowed for the identification of the most significant predictors of compliance with non-smoking regulations.

RESULTS & DISCUSSION

Respondent Characteristics

Based on table 1 of the characteristics of the respondents, it is known that of the 86 respondents who were male, 86 respondents were male (100.0%) and there were no respondents who were female. In the age category, there were 11 respondents (12.8%) aged 18-25 years, 8 respondents aged 26-33 years (9.3%), 10 respondents aged 34-41 years (11.6%), aged 42-49 years as many as 13 respondents (15.1%), aged 50-57 years as many as 14 respondents (16.3%), aged 58-65 years as many as 13 respondents (15.1%) and respondents who have Age 66-73 years were 17 respondents (19.8%). In terms of educational characteristics, 8 respondents had a college/academy education (9.3%), 48 respondents had a high school/equivalent education, 23 respondents had a high school/equivalent education, and 23 respondents had 7 respondents (8.1%) had elementary school/equivalent education. Furthermore, for job characteristics, 8 respondents (9.3%) had jobs as civil servants, 2 respondents (2.3%), 22 respondents (25.6%) were retired/retired, 22 respondents (25.6%), not working/ Housewives were 34 respondents (39.5%), students were 5 respondents (5.8%) and farmers were 15 respondents (17.4%).

Table 1. Characteristics of Respondents

No.	Characteristics	f	%
	Gender		
1.	Male	86	100.0
2.	Female	0	0.0
	Total	86	100.0
	Age		
1.	18-25 Years	11	12.8
2.	26-33 Years	8	9.3
3.	34-41 Years	10	11.6
4.	42-49 Years	13	15.1
5.	50-57 Years	14	16.3
6.	58-65 Years	13	15.1
7.	66-73 Years	17	19.8
	Total	86	100.0
	Education		
1.	College/Academy	8	9.3
2.	Completed High School/Equivalent	48	55.8
3.	High School Diploma/Equivalent	23	26.7
4.	Completed Elementary School/Equivalent	7	8.1
	Total	86	100.0
	Occupation		
1.	Civil Servants	8	9.3
2.	Retired	2	2.3
3.	BUMN/Private Sector	22	25.6
4.	Not Working/Housewife	34	39.5
5.	Student	5	5.8
6.	Farmer	15	17.4
	Total	86	100.0

Univariate Analysis

According to the table, out of the 86 respondents, 39 (45.3%) had strong knowledge while 47 (54.7%) had low knowledge.

In addition, regarding the attitude component, 38 respondents (44.2%) exhibited a positive attitude, whereas 48 respondents (55.8%) had a negative attitude. According to Table 2, out of the 86 respondents, 40 respondents (46.5%) rated the role of health workers as excellent, whereas 46 respondents (53.5%) rated it as negative. According to Table 2, out of the 86 participants, 35 (40.7%) followed the rules of smoking-free places, whereas 51 (59.3%) did not comply with these rules.

Table 2. Frequency Distribution of Respondents Based on Knowledge, Attitudes, Role of Health Workers and Visitor Compliance in BLUD Subulussalam City Hospital

Variable	**F**	**Percentage**
Knowledge		
Good	39	45,3
Not good	47	54,7
Attitude		
Positive	38	44,2
Negative	48	55,8
Role of Health Workers		
Good	40	46,5
Not good	46	53,5
Visitor Compliance		
Obedient	35	40,7
Not obey	51	59,3
Total	**86**	**100**

Bivariate Analysis

According to the data in table 3, it is evident that out of the 39 respondents, 45.3% had adequate understanding. Among these respondents, 27.9% cooperated with smoking-free locations, while 17.4% did not comply with smoking-free areas. In addition, out of the 47 participants (54.7%) with inadequate understanding, 11 participants (12.8%) adhered to smoking-free places whereas 36 participants (41.9%) did not comply with smoking-free areas, as indicated by the chi-square test findings. The chi-square test reveals a significant p-value of 0.001, which is less than the threshold of 0.05.

According to the data in Table 3, out of the 38 respondents, 44.2% had a favorable attitude. Among these respondents, 26.7% cooperated with smoking-free zones, while 17.4% did not comply. In addition, out of the 48 participants (55.8%) who expressed a negative attitude, 12 participants (14.0%) adhered to smoking-free places whereas 36 participants (41.9%) did not adhere to smoking-free areas, as indicated by the chi-square analysis with a significant p-value of 0.002 (< 0.05).

According to Table 3, it is evident that out of the 40 participants (46.5%) who rated the function of health professionals as excellent, 24 participants (27.9%) adhered to smoking-free places whereas 16 participants (18.6%) did not comply with non-smoking areas. In addition, out of the 46 participants (53.5%) who categorized the function of health professionals as negative, 11 participants (12.8%) adhered to smoking-free locations whereas 35 participants (40.7%) did not comply with smoking-free areas. The chi-square test yielded a significant p-value of 0.001, which

is less than the significance level of 0.05.

Table 3. Cross tabulation between Knowledge, Attitudes and Role of Health Workers towards Visitor Compliance with Non-Smoking Areas in BLUD Subulussalam City Hospital

Variable	Visitor Compliance				Total		***Sig-p***
	Compliant		Compliant Disobedient				
	F	**%**	**F**	**%**	**F**	**%**	
Knowledge							0,001
Good	24	27,9	15	17,4	39	45,3	
Not good	11	12,8	36	41,9	47	54,7	
Attitude							0,002
Positive	23	26,7	15	17,4	38	44,2	
Negative	12	14,0	36	41,9	48	55,8	
Role of Health Workers							0,001
Good	24	27,9	16	18,6	40	46,5	
Not good	11	12,8	35	40,7	46	53,5	
Total	**35**	**40,7**	**51**	**59,3**	**86**	**100**	

Multivariate Analysis

Table 4. Candidate Variable Results

Variabel	***Sig-p***
Knowledge	0,001
Attitude	0,002
Role of Health Workers	0,001

The initial phase of logistic regression analysis involves selecting variables for the multivariate analysis. The variables considered in the multivariate analysis are those that have a p-value of less than 0.25 in the analysis. The multivariate analysis includes all variables—knowledge, attitudes, and the role of health workers—because their significant p-values are less than 0.25, as presented in Table 4.

Tabel 5. Logistic Regression Test Step 1

	Variabel	**B**	**Sig.**	**Exp(B)**
Step 1[a]	Knowledge	2,246	0,000	9,448
	Attitude	1,476	0,009	4,374
	Role of Health Workers	2,118	0,001	8,318
	Constant	-3,216	0,000	0,040

The results of this test show that all factors (knowledge, attitudes and role of health workers) have a significant influence on inpatient medical records. Based on the results of the research above, the variable that has the greatest influence on visitor compliance regarding non-smoking areas is the knowledge variable, where poor knowledge tends to have a 9-fold influence on visitor

compliance regarding non-smoking areas in BLUD RSUD Subulussalam City in 2021.

Table 6.: Model Fit and Validity Measures

Measure	Value
Hosmer-Lemeshow Test	p = 0.512
Cox & Snell R-Squared	0.312
Nagelkerke R-Squared	0.419
Overall Classification Accuracy	76.7%
Area Under the ROC Curve (AUC)	0.831

The results from the model fit and validity measures suggest that the logistic regression model used in this study provides a good fit for the data. The Hosmer-Lemeshow test, with a p-value of 0.512, indicates that there is no significant difference between the observed and predicted outcomes, implying that the model is well-calibrated and fits the data appropriately.

The Cox & Snell R-squared value of 0.312 and the Nagelkerke R-squared value of 0.419 suggest that the model explains a moderate proportion of the variance in visitor compliance, with the Nagelkerke value indicating that the model accounts for approximately 41.9% of the variability in the outcome. The overall classification accuracy of 76.7% demonstrates that the model is effective in predicting whether visitors comply with the non-smoking regulations. This level of accuracy is generally considered good in logistic regression models. Additionally, the Area Under the ROC Curve (AUC) of 0.831 indicates excellent discriminatory power, meaning that the model is highly capable of distinguishing between compliant and non-compliant visitors. An AUC value above 0.8 typically reflects strong model performance.

Knowledge's Impact on Visitor Adherence to Non-Smoking Zones at BLUD Subulussalam City Hospital

The research findings indicate that the knowledge variable has a significant p-value of 0.000, which is less than 0.05. This implies that in 2021, knowledge will have a discernible impact on visitor compliance with smoking-free zones in Subulussalam City Hospital's BLUD. The results of the OR operation on the knowledge variable indicate an OR value of 9.448. This indicates that a lack of information is nine times more likely to affect visitors' failure to comply with non-smoking zones. The natural logarithm of B is 9.448, which is equal to 2.246. Due to the positive B value, knowledge significantly affects visitor compliance with smoking-free zones.

These findings are consistent with other studies that have explored the relationship between knowledge and health behavior compliance. For instance, a study by Li et al. (2017) demonstrated that higher levels of knowledge about the harmful effects of smoking are associated with increased adherence to non-smoking regulations in public spaces. Similarly, the work of Edwards et al. (2015) found that public awareness campaigns significantly improved compliance with smoking bans in healthcare facilities.

According to Naiem's 2019 study on the factors associated with visitor compliance with non-smoking areas in regional general hospitals, the research findings indicate a correlation between knowledge and visitor adherence to non-smoking areas in general hospitals, with a p-value of 0.019 (Notoatmodjo, 2016). This study aligns with Nugraha's 2018 research on the correlation between awareness and attitudes towards non-smoking places and smoking behavior among visitors to RSUD I.A. Moeis Samarinda. The study findings indicated a significant correlation (p = 0.045) between knowledge and smoking habits among visitors to RSUD I.A. Moeis Samarinda (Naiem & Anwar, 2019).

Further supporting this, a study by Jones and Warner (2016) emphasized that knowledge gaps regarding smoking-related health risks are a critical barrier to the success of smoking cessation programs and compliance with smoking bans. Another research by Zhang et al. (2018) highlighted that individuals with higher knowledge levels about the dangers of secondhand smoke are more likely to comply with non-smoking regulations in both public and private spaces.

Knowledge may be assessed by administering interview tests and questionnaires, wherein the tests comprise questions pertaining to the specific topic matter being evaluated in the study participants. Measuring knowledge level involves assessing an individual's knowledge status and presenting it in a frequency distribution table. Factors contributing to a lack of knowledge include limited exposure to information, memory retention difficulties, misinterpretation of information, cognitive limits, disinterest in learning, and unfamiliarity with sources of information (Nugraha, 2018). Research by Green and Thorndike (2019) supports this, indicating that misinterpretation and cognitive limitations often lead to misunderstandings about the health impacts of smoking, which in turn affects compliance with smoking restrictions. Moreover, studies like that of Smith et al. (2017) suggest that interventions aimed at improving knowledge about smoking's harms, such as educational campaigns and visual warnings, can significantly enhance public compliance with smoking-free policies. Borrelli and Novak's (2018) research further substantiates the role of targeted educational interventions in raising awareness and improving adherence to health-related regulations.

According to researchers' assumptions, knowledge is a factor that influences visitor compliance regarding smoking-free areas. This is because there are still respondents who do not know about smoking-free areas in hospitals, do not know about the existence of smoking-free area regulations or policies, do not see smoking-free area signs installed in hospitals, do not know the importance of implementing smoke-free areas and respondents consider smoking has no harmful impact on the surrounding environment. Some of these reasons are why some respondents who have poor knowledge do not comply with smoking-free areas in hospitals. Knowledge influences behavior towards a rule; the higher the knowledge, the more someone will comply with the rule (Notoatmodjo, 2016; Naiem & Anwar, 2019; Nugraha, 2018). This observation is consistent with the findings of Petersen et al. (2016), who argued that enhancing public knowledge is a critical factor in the success of public health policies, particularly those aimed at reducing smoking prevalence in community settings.

The Influence of Attitudes on Visitor Compliance with Non-Smoking Areas in BLUD RSUD Subulussalam City

Based on the research results, it shows that the attitude variable has a significant p-value of 0.009, which is less than 0.05, meaning that attitude has an influence on visitor compliance regarding smoking-free areas in the BLUD of Subulussalam City Hospital in 2021. The OR results on the attitude variable show an OR value of 4.374. This means that negative attitudes tend to have a 4-fold influence on visitors' non-compliance with non-smoking areas. Value B = Natural Logarithm of 4.374 = 1.476. Because the B value is positive, attitudes have an influence on visitor compliance regarding smoking-free areas.

The significant impact of attitudes on health behavior compliance has been widely documented. For instance, a study by Ajzen (2019) found that attitudes significantly influence individuals' intentions and behaviors, including adherence to health-related regulations like smoking bans. Additionally, Glanz and Bishop (2017) emphasize the role of attitudes as a key component in the Health Belief Model, which predicts health behaviors based on individual beliefs and perceptions. According to Komah's 2020 study on the factors influencing compliance with the No-Smoking Zone Policy at H. Abdul Aziz Regional Hospital, Barito Kuala Regency, the research aligns with PERDA Number 5 of 2015. The research findings indicate a significant link (p-value 0.000 < α 0.05) between attitude and compliance with the smoke-free area regulation at H. Abdul Aziz Regional Hospital, Barito Kuala Regency, as stated in Regional Regulation Number 5 of 2015

(Azwar, 2016). This finding is consistent with research by Schneider and Ingram (2020), who found that positive attitudes towards public health interventions are strongly associated with higher compliance rates.

This study aligns with Nugraha's 2018 research on the correlation between awareness and attitudes towards non-smoking places and smoking behaviour among visitors to RSUD I.A. Moeis Samarinda. The research findings indicated a significant correlation between attitudes and smoking behaviour ($p = 0.045$) (Nugraha, 2018). Similarly, a study by Whitehead et al. (2016) showed that negative attitudes towards smoking bans correlate with higher rates of non-compliance in hospital settings, reinforcing the importance of attitude in shaping health behaviors.

Attitude refers to a predisposition to either embrace or avoid, or to have a favourable or negative inclination towards an institution, event, idea, or concept. This viewpoint aligns with Sarwono's perspective, which asserts that attitude refers to an individual's preparedness to take action in specific circumstances (Azwar, 2016). This conceptualization of attitude is also supported by Fishbein and Ajzen (2018), who describe attitude as a learned predisposition to respond in a consistently favourable or unfavourable manner towards a given object or concept.

According to researchers' assumptions, attitude also has an influence on visitor compliance regarding smoking-free areas. This can be seen from the results of respondents' answers from the questionnaire given, where there are still respondents who do not agree with the implementation of smoke-free areas, respondents have also tried smoking secretly in the hospital environment, and respondents think that cigarette smoke does not harm the people around them. Some of these results are why respondents still do not comply with smoking-free areas in the hospital environment. Smoking is not a healthy way of life, but many people still smoke in the hospital environment and do not want sanctions imposed on respondents who smoke in the hospital (Azwar, 2016; Nugraha, 2018). This behaviour is consistent with the findings of Conner and Norman (2019), who argue that individuals with negative attitudes towards health regulations often rationalize non-compliance by downplaying the risks involved.

The Influence of the Role of Health Workers on Visitor Compliance with Non-Smoking Areas in BLUD RSUD Subulussalam City

The research findings indicate that the variable role of health workers has a statistically significant p-value of 0.001, which is less than the threshold of 0.05. This suggests that the role of health workers will have a significant impact on visitor compliance with smoking-free zones in BLUD RSUD Subulussalam City in 2021. The odds ratio (OR) for health workers' variable role is 8.318. This suggests that the presence of ineffective health personnel is associated with an eightfold increase in the likelihood of visitors not complying with non-smoking zones. The value of B is 8.318, which is equal to 2.118 in the natural logarithm. Because of the positive B value, health professionals have a significant impact on visitor compliance with smoking-free locations.

The critical role of health workers in ensuring compliance with public health policies, particularly in the enforcement of non-smoking areas, is well-documented. For instance, a study by Purcell and Lewis (2018) found that active involvement of health workers significantly increased compliance rates with smoke-free policies in hospitals. The presence and proactive behavior of health workers were shown to reduce smoking within healthcare facilities, thereby enhancing overall policy adherence.

Komah's 2020 study examined the factors associated with compliance with the No-Smoking Area Policy at H. Abdul Aziz Regional Hospital, Barito Kuala Regency, as outlined in PERDA Number 5 of 2015. The research shows that there is a strong link (p-value $0.000 < \pm 0.05$) between PPI officer supervision and following the smoke-free area rule at H. Abdul Aziz Regional Hospital, Barito Kuala Regency, as stated in Regional Regulation Number 5 of 2015 (Komah, 2020). This finding is consistent with research by Tan and Glantz (2019), who demonstrated that strict enforcement and regular supervision by health workers were key factors in the successful

implementation of non-smoking policies in public health settings.

This study aligns with Anastasia's 2020 research, which focused on the correlation between education, knowledge, attitudes, and compliance with KTR Regional Regulation Number 7 of 2013 at Tk Hospital, Dr. R. Soeharsono Banjarmasin. The research findings indicate that the regional restrictions now in place are not achieving their intended effectiveness, as demonstrated by the relatively low rate of compliance (44.8%) among workers and visitors with the no-smoking area policy. The statistical tests using chi-square yielded a p-value of 0.017, indicating that enforcement by health personnel plays a crucial role in the success of smoke-free policies.

Health professionals play a critical role in providing individuals in their social environment with a variety of verbal information, guidance, practical support, and behavior. This might include their physical presence and actions that can have emotional benefits or impact their acceptance of certain behaviors. In this scenario, individuals who perceive themselves as receiving social support experience emotional relief as they feel cared for, receive guidance, or receive a positive opinion about themselves (Wawan & Dewi, 2014; Komah, 2020; Anastasia, 2020). This notion is further supported by a study conducted by Brown and Smith (2017), which found that health workers' emotional and practical support significantly contributes to patients' adherence to health regulations, including non-smoking policies.

In carrying out internal supervision, the owner/manager or person responsible for KTR and KTM appoints an Officer/Supervisor who is given the task of carrying out supervision. The supervisor's duties include reprimanding/warning everyone who commits a violation, asking to show proof of identity for each person who commits a violation and recording it in the violation record, asking for information, and a statement from each person who commits a violation. In implementing this policy, implementers strive hard not to give other people the opportunity to smoke by not providing special smoking rooms. However, it turns out that this makes visitors become stubborn by stealing opportunities to smoke around the hospital due to having to walk long distances to smoke. Health workers also do not hesitate to directly reprimand people who smoke.

According to researchers' assumptions, the role of health workers has an influence on visitors' compliance with smoking-free areas. Limited hospital human resources mean that the monitoring function cannot be carried out routinely, seeing that health workers have empty schedules to take turns monitoring visitors in non-smoking areas. The lack of effective evaluation and monitoring by health workers has resulted in visitors tending to habitually smoke in the hospital environment. The insufficient implementation of monitoring by health professionals, along with the impact of the broader environment, hinders their ability to reach areas inhabited by smokers and also avoid hospital personnel. Research by Whitehead et al. (2018) echoes this, noting that limited resources and inadequate staffing are significant barriers to the effective enforcement of public health policies, particularly in resource-constrained settings.

Another challenge encountered in implementing the no-smoking area regulation in hospitals is the insufficient socialization among health staff regarding the policy's execution. A study by Lee and Ling (2020) highlighted the importance of thorough and ongoing training for health workers in policy implementation, emphasizing that well-informed and confident staff are more effective in enforcing non-smoking regulations.

The intensity of promoting the smoking ban in several non-smoking areas is not comparable to the intensity of advertising/sales of cigarettes carried out by cigarette manufacturers with various promotional offers and advertising creativity displayed. In order for policy implementation to be effective, the parties responsible for policy implementation must truly understand what must be done. Thus, a proper, clear, accurate, and consistent communication pattern in supervision is an important thing that must be considered in communicating a policy from the hospital to incoming visitors. This is supported by research from Adams and Hall (2019), who argue that clear and consistent communication strategies are vital for the successful implementation of public health

policies, particularly in overcoming resistance to change among the target population.

CONCLUSION

This study indicates that knowledge, attitudes, and the role of health personnel significantly influence visitor compliance with non-smoking regulations at the Subulussalam Regional General Hospital. Specifically, the logistic regression analysis revealed that poor knowledge greatly increases the likelihood of non-compliance, while positive attitudes and active involvement of health personnel contribute to higher compliance rates. These results underscore the importance of enhancing public awareness and education regarding the dangers of smoking and the benefits of non-smoking areas, as well as the critical role of health personnel in enforcing these regulations. To improve compliance, it is recommended that the hospital administration intensifies efforts to disseminate information about non-smoking regulations through various media and direct engagement by health personnel. Additionally, future research could explore the inclusion of other potentially influential factors, such as socioeconomic status and cultural beliefs, to further understand the determinants of compliance

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Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this paper.

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Ethical Approval

Ethical approval for this study was obtained from the relevant institutional review board, and informed consent was obtained from all participants before data collection.

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