

INTISARI

Latar Belakang: Prevalensi merokok di Indonesia cukup tinggi dan menyebabkan dampak buruk bagi masyarakat. Merokok dapat menimbulkan kerugian untuk berbagai aspek. Puskesmas merupakan pusat pelayanan kesehatan pertama di masyarakat. Petugas kesehatan puskesmas merupakan *role model* bagi masyarakat. Akan tetapi kenyataannya, masih banyak ditemukan petugas puskesmas yang masih merokok. Di Provinsi Daerah Istimewa Yogyakarta terdapat beberapa kabupaten yang telah dan belum terdapat Peraturan Daerah (Perda) tentang kawasan tanpa rokok (KTR). Penelitian ini ingin melihat perbedaan profesionalisme petugas kesehatan puskesmas sebagai *role model* di Kabupaten Kulon Progo yang sudah terdapat Perda tentang KTR dan di Kabupaten Sleman yang belum terdapat Perda tentang KTR.

Tujuan: Untuk mengetahui perbedaan profesionalisme petugas kesehatan puskesmas di Kabupaten Kulon Progo dan Kabupaten Sleman sebagai *role model* dalam penerapan kawasan tanpa rokok (KTR).

Metode: Metode penelitian yang dilakukan adalah kuantitatif dengan rancangan *cross sectional*. Metode penelitian *cross sectional* bertujuan untuk mencari hubungan antara variabel independen (faktor risiko) dengan variabel dependen (efek).

Hasil: Uji *chi square* mendapatkan hasil *p value* 0,000 ($p < 0,05$) menunjukkan bahwa profesionalisme petugas kesehatan puskesmas di Kabupaten Sleman dan Kulon Progo sebagai *role model* dalam penerapan kawasan tanpa rokok (KTR) berbeda secara signifikan.

Kesimpulan: Terdapat perbedaan profesionalisme petugas kesehatan puskesmas di Kabupaten Kulon Progo dan Kabupaten Sleman sebagai *role model* dalam penerapan kawasan tanpa rokok (KTR). Profesionalisme petugas kesehatan puskesmas di Kabupaten Kulon Progo lebih tinggi dibandingkan dengan profesionalisme petugas kesehatan puskesmas di Kabupaten Sleman.

Kata kunci: profesionalisme, *role model*, petugas kesehatan puskesmas, kawasan tanpa rokok

ABSTRACT

Background: The prevalence of smoking in Indonesia is quite high and cause harm to the society. Smoking can cause any harm to a variety of aspects. Primary health care is the first healthcare centre in the community. The officers of primary health care are role models for the community. But in reality, there are many primary health care officers who were found still smoke. In the Province of Yogyakarta Special Region there are several districts that have and have not local regulations (Perda) on smoke free area (KTR). This research would like to see the difference in professionalism of officers of primary health care as role models in Kulon Progo Regency that was already has smoke free area regulation and in the Sleman Regency that doesn't have smoke free area regulation yet.

Objective: To find out the difference of professional health workers in primary health care in the Regency of Kulon Progo and Regency of Sleman as role model in the implementation of smoke free area (KTR).

Method: The method was quantitative research conducted with cross sectional design . Research methods which was cross sectional aimed to find the relationship between the independent variable (risk factors) and the dependent variable (effect).

Results: The chi square test obtained the result of p value 0,000 ($p < 0.05$) showed that the professionalism of officers in the primary health care in Sleman Regency and Kulon Progo as role models in the implementation of the smoke free area (KTR) differ significantly.

Conclusion: There was a difference of professionalism of health workers in primary health care in the Regency of Kulon Progo and the Regency of Sleman as role model in the implementation of smoke free area (KTR). The professionalism of of primary health care officers in the Kulon Progo Regency is higher than the professionalism of of primary health care officers in Sleman Regency.

Keywords: profesionalism, role model, health workers, smoke free area