

## To What Extent the Prevent Smoking Policy Commitment (An Empirical Study on the Jordanian Health Sector Employees)

**SALAH M. DIAB**

Business Administration Department, Economics and Administration Faculty.  
Applied Science University. Amman-Jordan.  
Email:- [salahdiab2002@yahoo.com](mailto:salahdiab2002@yahoo.com)

**MAMDOUH TAIH AL- ZIADAT**

Mamdouh Taih Al- Ziadat, marketing department, Economics and Administration Faculty.  
Applied Science University. Amman-Jordan.

---

### *Abstract*

*The purpose of this study was to determine if there's a Jordanian Health Sector Employees Commitment with the Prevent Smoking Policy, in order to achieve this goal, a questionnaire was designed. It consists (20) clauses reflect all the variables, the study sample (300) employees in the Jordanian Health sectors. Grynback constancy coefficients reached 85%, Percentages, Means, standard deviation, were used to test the study hypothesis. The study found that, all employees has apperception about prevent smoking policy, the highest job perception nurses, and doctors. Male, and married, has a perception more than female, there's a positively perception relations related to age, the highest experience has more perception, the qualification has a perception positively relations. Generally all employees have no commitments with prevent smoking policy, but Administrative, and paramedical indicated that there are commitments, Doctors, Nurses, and technicals and services indicated no commitments. Female, highest age, highest experience, post graduated, and married has a commitments about prevent smoking policy. On the light of the study results the researchers recommends; More attention to applied prevent smoking policy with equity and more powerful, Motivate the non smoker's employees, and Making an effective controlling role for the Higher Health Council in Jordan ,and others recommendations.*

**Key Words:** *Jordanian Health sector, Prevent Smoking, health Policy, Commitment.*

---

### **Introduction**

Focused health policy in Jordan backed by a political decision on the principle of Health for All, which provides health regarded as the right of every citizen, and here comes the government's interest in supporting primary health care and a commitment to its software and prevent smoking one of these programs, and moving the current health policies and to find ways to contain the steady rise in the proportion of health spending by raising the efficiency and effectiveness of the health system.

Smoking is a phenomenon that has spread dramatically to include many individuals from different socio-economic levels and all ages, where smoking is the reason for lung cancer and most cases of lung expansion and chronic bronchitis, also lead to heart disease and stroke disease. From this stand point placed Jordanian Ministry of Health, like other health ministries in the world of health policies that prohibit smoking in public places, and stressed that the enactment of laws that punish people who smoke in public places. Has been established and the creation of many of the circuits which is the follow-up to prevent smoking of the most important functions carried out by and through the establishment of Higher Health

Council, in its laws No. (9) Of the year 1999 shown that the objectives of the Council policy making public health sector in Jordan and to develop a strategy to achieve this policy.

The World Health Organization ranked Jordan as the (third) worst state prevalence of smoking for the second time in a row and ranked (fifth) in the countries of the region's worst (22) prevalent smoking categories for male and female together, which was considered the organization leads to increased cancer injuries.(WHO report,2001)

The Ministry of Health has decided to crack down on smoking and smokers who violate the law banning smoking transferred to the judiciary. The latest estimates of the Ministry of Health study that annual loss due to smoking Jordan up to more than one billion dinars for treatment for smokers who have disease most important cancers that smoking is responsible for the injury of about at least 25 different kinds of diseases. The smoking rates are the highest in the Kingdom and the Arab world that the proportion of cigarette smokers over the age of 18 years in Jordan reached 29% and the proportion of cigarette smokers in the age group of 13-15 years amounted to 13.6%

The Jordan began two years ago, the application of the smoking ban law in all public places and public institutions and government departments, hospitals, schools, colleges, airports, under penalty of punishment for offenders of up prison limit for periods ranging from one week and even month in addition to a fine mounting.

Report of the World Health Organization, smoking in Jordan revealed that 34% of doctors and 35% of nurses Jordanians smokers. The report called for reducing the rate of smoking among physicians and health and nursing staff indicating that the National Anti-Smoking Committee has issued a decree banning smoking among medical and health personnel.

The report said that the high rate of smoking among physicians is a red line calls for development of a national plan to reduce the proportion and take action to reduce this phenomenon among the medical staff. (Tuesday 2014-08-12al- Rai- Jordanian newspaper) ,this study was came to shed light on the smoke from a special angle Is committed to working in the Jordanian Ministry of Health's policy banning smoking as the body responsible for health policy and monitor its implementation and abide by mode.

## Literature Review

### Smoking in Jordan

Jordan from the top of the Arab states in the number of smokers, Jordan warns of the seriousness of the scourge of smoking on people's health and safety as well as economic and social implications, where it seemed to enact legislation and to take measures to curb the spread between different segments of society, including the adjustment of public health law to members of a special chapter to the prevention of smoking damage.

It is noteworthy that smoking near children increases the likelihood of becoming smokers in the future, and that babies exposed to receive the amounts of toxins by twenty times due to passive smoking in exchange for what the smoker inhales the active adult, and that the woman suffered a pregnant passive smoking increases the likelihood of injuring the fetus asthma by 20 percent, calling on all parties concerned to cooperate and coordinate with each other to combat smoking. The Ministry of Health to prepare an action plan to combat smoking focused on the media and its role in the dissemination of knowledge and strengthens coordination with all sectors of the commitment by the foot. And started the anti-smoking liaison officers and 140 officers carrying recipe judicial police conduct inspections to make sure the ban on smoking in ministries and government departments and institutions... witnessing an epidemic of tobacco use slow decline among men in some countries at a time when smoking rate is increasing among women in

a number of countries, according to the World Health Organization. Its figures show that the proportion of smokers up to almost 9 percent, compared with smokers of 40 percent... (www.gerasanews.com).

### **Passive Smoking**

Passive smoking: The term "passive smoking" or "involuntary smoking on people who are not smokers or smoker's partners on a daily basis for gases and materials, Emitted from tobacco smoking than their colleagues at work, or at home, or in public places such as public transport and others. Recent studies confirm that smoking is not Direct is one of the most important causes of serious illnesses such as cancer, heart and lung, as well as blood clots.

### **Higher Health Council in Jordan**

Article 4 of the higher health council in Jordan law mentioned that the council aims to draw public policy for the health sector in Jordan and strategic position to achieve and organizing health work and development of all sectors in order to achieve the expansion of health services for all citizens, according to the latest methods and means of advanced scientific techniques and to this end, the Council shall have the following duties and responsibilities- :

- Health policy assessment periodically and the introduction of the necessary adjustments in the light of the outcome of their application.
- Determine the health sector requirements and take the necessary decisions to distribute health services of all kinds to regions Kingdom in order to achieve justice, including qualitative and promotion services.
- Contribute to draw educational policy for the study of health and medical science in Jordan and the organization of enrollment Students these studies outside the Kingdom.
- To encourage scientific studies and research and support programs, activities and services in order to achieve the goals of the public health policy.
- Coordination of work between health institutions and organizations in the public and private sectors to ensure its integrity , And strengthening cooperation between local institutions and bodies, health institutions and bodies between the Arab and regional And international health-related.
- Study the issues facing the health sector and take appropriate action including restructuring the health sector.
- Study the laws, regulations and instructions relating to the council and the health sector and make recommendations as it deems projects needed them.
- The advancement of the medical sector and raise the efficiency of workers in the public sector and the provision of appropriate incentives to them.

### **The Concept of Health Policies**

Most of the activities of the Director General concentrated in policy formulation, planning and supervising the implementation and application of the plans and policies. The formation of policies is part of the planning process, because the policies create a permanent framework works in the borders of individuals within the organization, and policies can be several ways definition has ever known "shayish Man" as a set of actions intended to influence the goals of the community in terms of achieving freedom, safety and justice.

As for the "Jeff Jen" They knew it was policy to develop a set of specific solutions in order to influence certain events. And so knows the politics of the health sector it is a set of solutions aimed at influencing health in appropriate health events. It can also "consider health policy as a set of interrelated and integrated decisions and activities and relationships that are part" of the national strategy for the provision of health services and to achieve health security.

### Formation and the Importance of Health Policy

The need in the organization appear to develop policies in the case of building a special security institution or there are errors in the behavior of individuals working remarkably, or in the case of a recurrence of the problems or behaviors undesirable from a particular style requires special treatment, or to achieve a particular goal sees senior management need to achieve. Policies may arise when the organizational structure of the base (executive management) or at the senior management level, and in both cases, required in the setter knowledge of health policy full of all the variables in the community and the impact of these variables on health policy and the level of reform submitted or required submission of health services level, In addition to providing a degree of experience and expertise of those involved in the policy-making individuals. The importance of health policies through the following things:

The health policy of the highest authority in the state fee or by the highest administrative level in the health institution in order to achieve health security,

There are several ways and methods for the development of health policies: The multiplicity of ways health policies and methods gives importance to the development of these policies. Therefore, the importance of policy stems from the nature of the goal that put the health policy for him.

The health policy is not a general for all in the health system in any state health sectors.

### Types of Health Policies

Health policies can be divided into many types and more than style or a way to facilitate the study of health policies and restrict them, has created a literature that dealt with the subject species (sections) following health policies. Walt in 1994 divided the health to large and small policies, large policy have a big distinction of being concerned with all people in the community and long-term goals. Small policies concerned with the local community and short-term goals as well as it deals with a specific topic and not exhaustive.

Frank in 1994 - has divided health policies into four levels: the system level, programs level, regulation level, and the tool level. System level: appearances policies and public matters of the health system and the extent of planning, training and education resources for people health d, this level is explains the nature of the relationship between the various sectors within the health system and the relationship of the particular health system, and the general regulations of the health sector.

Program level: determines the level priorities of the policy of health care and the nature of the health programs to be implemented to achieve the goals of the health system, as well as to determine the styles and the ways in which human resources are distributed in a perfect and benefit from them as much as possible.

Organization level: determines the way of work, productivity and delivery of health services and how to increase the quality of health and level of service. Tool level: contains the operational systems to work in a health institution, as an indication of the system of administrative information systems in place and personnel matters, incentives and business systems for the rest of the executive departments and units of the health institution.

### Previous Studies

The studies in the areas of leadership styles and it affecting on the organizational change are limited, there's a lot of studies related to leadership styles and several studies focused on organizational change, the studies that were relevant to this topic are:

*The Jordanian Association for anti-smoking in (1999)*, identify the prevalence of smoking among young people (school students in the seventh, eighth and ninth grades) in Jordan in terms of characteristics and the

reasons and motivations for smoking and other. The most important results: The study tried to analyze the characteristics of the study population and the prevalence of smoking in Jordan, where he found that the prevalence of smoking among students was (19.3%) and this Jordan is ranked fourth in the group of countries where the study was conducted.

As for the responsibility to start smoking one-third of male smokers students have attributed the 33% they are to start smoking to friends while the family was the most influential females to start smoking. The form factor "imitate others," the first reason and President of smoking 37% this factor was the cause of smoking accounted for 46% of the females. In addition to the finding of ignorance clear to the members of the study population harm that can be caused by smoke from the cigarettes of others on health. The study recommended the need to educate parents to their children a good selection of friends and especially non-smokers, as well as to increase media awareness of smoking on health, especially for school students through a special media messages (serials, plays, calls, seminars) and work to rework some of the legislation and activated including taking developments into consideration.

*Study of (Marilyn V. Whitman, and others, 2010), "Examining general hospitals' smoke-free policies",* this paper aims to examine the level of smoke-free policies in general hospitals and the barriers faced in implementing restrictive policies banning smoking inside buildings and on surrounding grounds. Over one-quarter of respondents were found to have restrictive smoke-free policies. Of this group, over one-third experienced a hostile response from employees that smoked. Nearly 85 percent indicated that they made smoking cessation resources available to their employees. Of those that did not have a restrictive smoke-free policy, fear of employee and patient backlash was cited as the most common deterrent against implementing such a policy. Studies show that restrictive smoke-free workplace policies have altered employees' smoking prevalence and consumption. Given the recent reports on the dangers of secondhand smoke, hospitals should reduce the risk of exposure to secondhand smoke for employees, patients, and visitors. Furthermore, restrictive smoke-free policies may help to increase hospitals' bottom line.

*Study of (Jonathon R.B. Halbesleben, 2010), "Coverage by smoke-free workplace policies by race/ethnicity and health outcomes: Can workplace health policies improve worker health?",* The Purpose Of the study is ,The present research has three goals: to examine the prevalence of smoke-free workplace policies; to examine how coverage by a smoke-free workplace policy differs among racial/ethnic groups; and to examine the impact of smoke-free workplace policy (SFWP) coverage on health outcomes. It was found that SFWP coverage is below government goals – especially for Hispanic workers and that SFWP coverage was associated with health outcomes.

The findings suggest that there is health value in SFWP, but that coverage is not at 100 percent and a federal-level mandate might be necessary to reach that level. In situations where customers are allowed to smoke, it may be more difficult to justify and enforce a smoke-free workplace policy.

*Study of (Cunningam, 1993), health policy title applied in the Third World,* this study has shown that there are significant differences between the actual reality of health policies in the Third World and the theoretical scientific aspect of the development of these policies, in addition to This study shed light on that there are some policies that are placed well, but the application is either wrong, and are either partially implemented, and this partial application back to the political, social or economic reasons, or are arranged in terms of importance.

*Study of (Browlnee, 1997),* was among the study, conducted in that health policies have a significant role in the construction of the health system, and requires health policy development to prepare intensive and specialized training programs in the health policies of both decision makers develop policies and implementing based on the application of policy development set.



*Study of (diab,2004)*, which aimed to shed light on the most fundamental aspects of the health policies of Jordan and the application of these policies on sound science, as well as shed light on the most important duties and tasks carried out by the Higher Health Council and a role in the development of appropriate health policies, this study has shown an explanation and a detailed explanation of each of the concept of health policy and the impact of these policies in the health work of the Foundation, and the statement of the importance and objectives of health policy and how its composition, and the review of district policy and health foundations that have been adopted by these divisions, and then addressed the issue of health policies, such as the importance of this system and working mechanism which, in addition to mechanism of the development of health policy at the state level and the institution and how to create and policy design, the study has reached the following conclusions: Lack of availability of resources and literary studies and research in this area in Arabic, and not the Council's commitment to the health of higher functions, responsibilities and duties assigned by the lack of commitment to the meetings regularly and systematically, and the weakness of the development of health policies based on sound scientific foundations, and non-observance of human and material resources available in the development of health policy, addition to the absence of laws, regulations and instructions binding on the Higher Health Council and the Jordanian health system poles - were represented at - (Ministry of Health, medical services, and the private sector) need to meet and determine precise periods of time for meetings and the development of health policy, and a turnover rate of functional high-especially among decision makers has to the lack of continuity and consistency of health policies, and the lack of existing research studies and the Arabic language in Jordan, in particular, on health policy.

In the light of the conclusions presented by a series of recommendations including, The need to find a health policy take into account the physical and human resources available and the geographical dispersion, and scientific thought "and practice" away "from the provincial and nepotism or a proper scientific method, and work to find the law necessary to the Jordanian Medical Council the design and development of health policies consistently, and at the same time, leading the health system needed to be bound by the Jordanian application and implementation of health policies resulting from the Higher Health Council, and to support the State and other non-health sectors of health policies.

*Study of (M. Raw, 1989)*, "Stopping smoking at work", this study Considers the changing attitudes towards employees' health which are leading to the introduction of health programmers, particularly for smoking. Examines smoking policies at work, reasons for having a smoking policy, benefits and costs of stopping smoking, methods of stopping smoking. Surmises that implementing a smoking cessation course for employees has many benefits: in addition to health considerations, it is an appreciable gesture of help and serves as good public relations.

*Study of (Jing Sun , and others, 2012)*, "Preventing smoking in open public places in university campus settings: A situational crime prevention approach", the purpose of the study was to evaluate the effectiveness of interventions using situational crime prevention approaches to reduce the smoking rate in outdoor areas of a university campus. At the end of the three-month trial the campaign was considered to have had a positive impact. After the campaign at the intervention campus there was a significant increase of 14.4 percent in the proportion of people who reported that they were not affected by second-hand smoke from 52.7 percent to 67.1 percent. In addition, 6 percent of survey respondents who smoked reported quitting, while 17 percent of smokers indicated the campaign had helped them to quit or cut down. Observational data showed that 98 percent of smokers complied with directions to smoke in nominated smoking areas.

Study of (Tonya H. Jones, and Brian H. Kleiner, 1990) "Smoking and the Work Environment", Smoking is a health hazard to both the smoker and non-smoker who must breathe secondhand smoke. Increasingly the non-smoker is becoming more vocal about being exposed to smoke-laden air in the work environment. If companies do not have a policy concerning smoking, they should seriously consider implementing such a policy.

## Study Objectives

This study aims to achieve the following:

1. To answer questions the justification for the study described below.
2. To know if there's a perception among the employees in the Jordanian health sector about prevent smoking policy
3. To know if there's a commitment among the employees in the Jordanian health sector about prevent smoking policy.
4. Make appropriate recommendations in the light of the results of this study.

## The Problem of the Study

The problem of this study summarized in the following questions, which are:

- Is there a clear perception among the employees in the Jordanian health sector about prevent smoking policy?
- To what extent the employees in the Jordanian health sector committed with prevent smoking policy?

## Study's hypothesis:

### First Hypothesis:

H01: the employees in the Jordanian health sector have no perception about prevent smoking policy.

Ha1: the employees in the Jordanian health sector have perception about prevent smoking policy.

### Second Hypothesis:

H02: the employees in the Jordanian health sector committed with prevent smoking policy.

Ha2: the employees in the Jordanian health sector didn't commit with prevent smoking policy.

## Methods and Procedures

*Study's Methodology:* : to build a theoretical framework through different sources of books and scientific journals, Statistical descriptive method was used also to cover the theoretical frame of this study, while the analytical method was used to cover the study's practical side.

*Study's Population and sample:* Study's population consists of all the employees in the Jordanian health sector, since a questionnaire will be distributed a sample consisting of (300) employees.

*Data Collection Methods:* The main instrument of this study relays on the questionnaire.

*Study's Instrument:* A study instrument was developed in the front of a questionnaire after reviewing previous studies in the field of the study. It consisted of two parts:

- 1) Demographic data (Age, Gender, social status, job, qualifications, and experience.
- 2) Measuring employees and administrative perception regarding prevent smoking policy at the Jordanian health sector.

This part was designed according to likart scale, and consists of (20) clauses with the answers (strongly disagree, disagree, don't know, agree, strongly agree,), given the weights (1, 2, 3, 4, 5). The higher the mean, indicates to higher degree of consent on the clause.

Internal Consistency between the measures clauses: Grynback Alpha confections were obtained for internal consistency between the clauses attitudes scale, as Grynback coefficients reached 85%, and it is a high value that indicates to the study's instrument constancy.

*Statistical Methods Used:* Statistical methods that fit the study's variables were used and questioned; simple statistical methods were used like repetitions, percentages, arithmetical means, and standard deviations.

**Results and Testing Research Hypothesis:**

Table No. (1) appears that (17%) percentage of sample are Administrative, the higher percentage (23%) are Doctors, (18%) are nurses ,and around (20%) are paramedical ,and Technical's and services jobs . (59%) are male, while the female reached (41%). the greater percentage (36%) form those age between (31-40) years old, the lower percentage (7%) form those age 61years and more. It is also noticed that the higher percentage (63%) are married, (24%),(25%) of the study sample has (5-10), (11-15) years experience, notes that (18%) has 21 years and more experience, The higher percentage (59%) has Bachelor degree,(16%) has Diploma or less as a qualifications.

Table (1) Show General Characteristics of the study sample

<b>Demographic Variables</b>	<b>Number 300</b>	<b>Percentage 100%</b>
<b>Job</b> Administrative	50	17%
Doctors	70	23%
Nurses	55	18%
Paramedical	60	20%
Technical's And Services	65	22%
<b>Gender</b> Male	178	59%
Female	122	41%
<b>Age</b> 30 Years And Less	60	20%
31-40years	109	36%
41-50 Years	80	27%
51-60 Years	31	10%
61years And More	20	7%
<b>Social Status</b> Married	188	63%
Single	106	35%
Divorced / Widowed	6	2%
<b>Experience</b> Less Than 5 Years	48	16%
5-10 Years	72	24%
11-15 Years	76	25%
16-20 Year	51	17%
21 Years And More	53	18%
<b>Qualification</b> Diploma Or Less	48	16%
BA/ Bachelor	179	59%
MA/ Master	38	13%
PhD\ Medical board	35	12%

To test the first hypothesis "the employees in the Jordanian health sector have no perception about prevent smoking policy". through table no (2) explains the means and standard deviations for the study sample individuals answers to the measure classes about perceptions prevent smoking policy, it is noticed that there was a generally a high consent as the total mean. for all employees answers reached (4.03), which is higher than the hypnotized means (3), that indicates that all employees has apperception about the prevent



smoking policy. According to each demographic variable separately, it is noticed that the highest job mean (4.56) for nurses, then for the doctors with answer mean (4.41), the lowest job mean (3.65) for technical's and services, which mean that all the type jobs has a perception about prevent smoking policy with different levels according to the mean values. Also the highest gender mean (4.02) for male, which mean that the male has a perception about prevent smoking policy more than female. It is noticed that the highest age mean (4.44) for whom age is 61 years and more, then the less age decreasingly, which mean that all the ages has a perception about prevent smoking policy, with positively relations. Also the highest social status mean (4.53) for married, which mean that the married has a perception about prevent smoking policy more than singles. It is also noticed that the highest experience mean (4.53) for whom experience is (21) years and more, then the less experience decreasingly, which mean that all the experience has a perception about prevent smoking policy, with positively relations. Lastly the highest qualification mean (4.47) for PhD\ medical board, then the less qualification decreasingly, which mean that all the qualification has a perception about prevent smoking policy, with positively relations. From the above results we can conclude that we are accepted the alternative hypothesis "the employees in the Jordanian health sector have perception about prevent smoking policy", and rejected the null hypothesis.

Table (2) Show the mean and std. deviation of the answers of the study sample about perceptions

<b>Demographic Variables</b>	<b>MEAN</b>	<b>Standard Deviation</b>
<b>JOB</b> Administrative	4.32	0.78
Doctors	4.41	0.88
Nurses	4.56	0.80
paramedical	3.96	0.81
Technical's and services	3.65	0.93
<b>GENDER</b> Male	4.02	0.91
Female	3.56	0.83
<b>AGE</b> 30 years and less	3.23	0.82
31-40 years	3.78	0.78
41-50 years	4.11	0.85
51-60 years	4.24	0.70
61 years and more	4.44	0.77
<b>SOCIAL STATUS</b> Married	4.53	0.73
Single	3.21	0.85
Divorced / Widowed	3.67	0.80
<b>EXPERIENCE</b> Less than 5 years	3.56	0.85
5-10 Years	4.07	0.83
11-15 Years	4.16	0.80
16-20 year	4.29	0.85
21 years and more	4.53	0.79
<b>QUALIFICATION</b> Diploma or less	3.68	0.80
BA/ Bachelor	4.09	0.73
MA/ Master	4.22	0.85
PhD\ Medical board	4.47	0.87
Average total mean	4.03	0.82

To test the Second hypothesis "the employees in the Jordanian health sector committed with prevent smoking policy" Through table no (3) explains the means and standard deviations for the study sample individuals answers to the measure classes about prevent smoking policy commitment, It is noticed that there was a generally a lower consent as the total mean. for all employees answers reached (2.53), which is lower than the hypnotized means (3), that indicates that all employees has no commitments with the prevent smoking policy.

According to each demographic variable separately, it is noticed that the highest job mean (3.84) for Administrative, then for paramedical with answer mean (3.11), those two types of job indicated that there's a commitments with prevent smoking policy, but the other jobs indicated that there's no commitments.

The lowest job mean (1.93) for technical's and services (2.34) for doctors, and (2.90) for Nurses, which mean that for these type of jobs has no commitments with the prevent smoking policy. Also the highest gender mean (3.94) for female , which mean that the female has a commitments about prevent smoking policy but the male has no commitments with mean (1.84), also from table (3) noticed that the highest age mean (4.11) for whom is 61years old and more ,then whom age are 51-60 years old with (4.03)mean , then the (41-50) years old with mean (3.03), all those categories are committed with prevent smoking policy, but the less age(31-40) years old with mean (2.18) , and those whom age are 30 years and less with mean (2.28) are not committed with the prevent smoking policy . Also the highest social status mean (3.84) for married, which mean that the married has a commitments about prevent smoking policy, but there's no committed by singles with (1.94) mean.

The highest experience mean (4.11) for whom experience is (21) years and more, then the less experience(16-20) year with mean (3.18), which mean that those whom has 16 year experience and more are committed to the prevent smoking policy , but those whom are less than 16 years' experience are not committed to the prevent smoking policy. the highest qualification mean (3.88) for PhD\ medical board, then the less qualification MA/ Master with (3.11) mean , which mean that the post graduated are committed to the prevent smoking policy, on the other hand the lower qualifications are not committed to the prevent smoking policy.

Table (3) Show the mean and std. deviation of the answers of the study sample about commitments

Demographic Variables		Mean	Standard Deviation
<b>Job</b>	Administrative	3.84	0.86
	Doctors	2.34	0.76
	Nurses	2.90	0.85
	paramedical	3.11	0.92
	Technical's and services	1.93	0.82
<b>Gender</b>	Male	1.84	1.17
	Female	3.94	0.99
<b>Age</b>	30 years and less	2.28	1.14
	31-40years	2.18	0.92
	41-50 years	3.03	0.99
	51-60 years	4.03	0.91
	61years and more	4.11	1.16
<b>Social Status</b>	Married	3.84	0.87
	Single	1.94	0.77
	Divorced / Widowed	2.28	0.85
<b>Experience</b>	Less than 5 years	2.11	0.90
	5-10 Years	2.84	0.89
	11-15 Years	2.99	1.16
	16-20 year	3.18	0.94
	21 years and more	4.11	1.10
<b>Qualification</b>	Diploma or less	1.78	0.95
	BA/ Bachelor	2.03	0.99
	MA/ Master	3.11	0.91
	PhD\ Medical board	3.88	1.12
	Average total mean	2.53	0.99

## Conclusions and Recommendations

Results of this study showed the following

- There was a generally a high consent as the total mean. For all employees answers reached (4.03), which indicates that all employees has apperception about prevent smoking policy.
- The highest job for nurses , and doctors), the lowest job mean for technical's and services , which mean that all the type jobs has a perception about prevent smoking policy with different levels according to the mean values .
- The highest gender mean for male, which mean that the male has a perception about prevent smoking policy more than female.
- The highest age mean for whom age is 61years and more ,then the less age decreasingly, which mean that all the ages has perception about prevent smoking policy , with positively relations .
- The married has a perception about prevent smoking policy more than singles.
- All the experience has a perception about prevent smoking policy, with positively relations.
- The highest qualification mean (4.47) for PhD\ medical board, then the less qualification decreasingly, which mean that all the qualification has a perception about prevent smoking policy, with positively relations.
- Generally all employees have no commitments with prevent smoking policy.
- Those two types of job (Administrative, and paramedical) indicated that there's a commitments with prevent smoking policy.
- Doctors, Nurses, and technical's and services Indicated that there's no commitments. The lowest commitments are technical's and services.
- Female has a commitments about prevent smoking policy, but males has no commitments.
- The highest age whom are 61years old and more , 51-60 years old ,and ( 41-50) years old, all those categories are committed with prevent smoking policy, but the less age( 31-40 )years old , and those whom age are 30 years and less are not committed with the prevent smoking policy .
- The married has a commitments about prevent smoking policy, but there's no committed by singles.
- The highest experience from whom are( 21) years and more ,and (16-20) year are more committed to prevent smoking policy , but those whom are less than 16 years experience are not committed to the prevent smoking policy.
- The PhD\ medical board, and MA/ Master ( post graduated) are committed to the prevent smoking policy, on the other hand the lower qualifications are not committed to the prevent smoking policy.

## Recommendations

On the light of the study results the researchers recommends the following:

- More attention to applied prevent smoking policy with equity and more powerful.
- Motivate the non smoker's employees, because of the important role they play on raising services quality at the Jordanian health sector.
- Making an effective controlling role for the Higher Health Council in Jordan related to apply prevent smoking policy.
- Increased the enrichment knowledge about smoking and its danger and side effect through involvement in academic courses, seminars and specialized (inside and outside the country).
- The health sector must build a change policy in its body, because the health sector is a leader in this field. Which produced by the environmental conditions and the need for target markets.
- The health sector must work on the rehabilitation of individuals working on it.
- Further studies on the real smoking causes.

## Acknowledgement

The Author is Grateful to the Applied Science University, Amman, Jordan for the full financial support granted to this research project (Grant No.BI\114).

## References

- Abel-Smith, B., (2000), *Introduction to Health policy, Planning And Financing*, Harlow, Middlesex, London Group: p.p. 18-19.
- Agashae, z. and Bratton, j., (2001). Leader-Follower Dynamics: Developing A learning Environment, *Journal of Work place Learning*, 13(3): 89-102. doi:10.1108/13665620110388398
- Ameri, Salah, and Galbi, Taher. (2008), *Business Administration*, 2nd edition. Wail publication Co., Amman, Jordan.
- Barker, C. and Green A. (1996), *Opening the debate on Daly's- Health policy and Planning*, 2<sup>nd</sup> edition, Milton Keynes: Open University press, p.p. 70, 75.
- Barker, Carol, (1999), *the health care policy process*, the Cromwell press ltd, London, p.p. 105-145.
- Baron, R.; A. & Green bery, J., (1990), *Behavior in organization understanding and Managing the Human side*, of work 3rd. edition, McGraw – hill book Co., New York.
- Brownlee,A.,(1997),*Promoting health system rsearch as a management tool-health policy and system*, health system research and development of W.H.O.ottawa,vol.1.
- Chelf, C.P., (2002), *Controversial issue in social welfare policy: Governmental and the pursuit of happiness*, Newbury Park, Ca Sage publication, p. 133.
- Coad, a. and Berry, a., (1998), Transformational leadership and learning orientation, *Leadership & Development Journal*. 19(3): 164-172. doi:10.1108/01437739810210211
- Diab,diab ,(2004),the health policy and social security , *the police academic journal* ,no. 4.
- Dessler, Gary, (2008), *Human Resource Management*, 11th, end, Pearson Prentice hall, U.S.A
- Frank, J. (1994), *Dimensions of health system reform – Health policy*, New Brunswick, Rutgers university press, p.p. 133-150.
- Ham, C. (1995), *Health policy in Britain*, 3<sup>rd</sup> edition, Basingstoke : Macmillan p.p. 17-18.
- Ham C. and Hill. M. (1999), *the policy process in the Modern Capitalist State*, Brighton, and wheat sheaf Books, p.p. 205-215.
- Higher Health Council low in Jordan.
- Hogwood, Band Gunn, L, (2002), *policy Analysis for the real world*, oxford: Oxford university press, p.p.211-216.
- Jing Sun, Tim Prenzler, Buys, and Marilyn McMeniman, (2012), "Preventing smoking in open public places in university campus, settings: A situational crime prevention approach", *Health, Education*, Vol. 112 Iss: 1, pp.47 – 60. DOI <http://dx.doi.org/10.1108/09654281211190254>.
- Jonathon R.B. Halbesleben, and Anthony R. Wheeler, (2010) "Coverage by smoke-free workplace policies by race/ethnicity and health outcomes: Can workplace health policies improve worker health?" *International Journal of Work place Health Management*, Vol. 3 Iss: 2, pp.111 – 130.DOI<http://dx.doi.org/10.1108/17538351011055014>.
- Kronenfeld, J.J., (1993), *Controversial issue in health care policy*, Newbury park, Ca. Sage Publications, p.p. 65, 66.
- Marilyn V. Whitman, Phillip Adam Harbison, (2010) "Examining general hospitals' smoke-free policies", *Health Education*, Vol. 110, Iss: 2, pp.98 – 108. <http://dx.doi.org/10.1108/09654281011022432>
- M. Raw, (1989) "Stopping smoking at work", *Employee Counseling Today*, Vol. 1 Iss: 1, pp.24 – 27, DOI, <http://dx.doi.org/10.1108/EUM0000000002819>.
- The Jordanian Ministry of Health, (2012), *unpublished reports, the Planning Directorate*, Ministry of Health of Jordan, Amman.The Jordanian Ministry of Health, (1998), *a study to improve the quality of health services in cooperation with the agency of development - USA, unpublished study*, p. 17.
- The Jordanian Ministry of Health, (1999), *the Jordanian Higher Health Council low*.

- The Jordanian Ministry of Health, (2010), *a collection of unpublished reports*, the Directorate of Studies and Planning.
- The Jordanian Ministry of Health, (1998), *a study to improve the quality of health services in collaboration with the Agency for Development* -the United States Study unpublished, p. 19.
- Tonya H. Jones, Brian H. Kleiner, (1990) "Smoking and the Work, Environment", *Employee Relations*, Vol. 12 Iss: 6, pp.29 – 31. DOI <http://dx.doi.org/10.1108/EUM0000000001026>
- Tuesday 2014-08-12aI- Rai- Jordanian newspaper.
- Turshan, M., (1999), *The policies of public health*, New Brunswick, NJ: Rutgers university press, p.79.
- Walt, G. (1998), *WHO under stress: implications for health policy – Health policy*, p.p.125-144.
- World health organization, (1988), *Global Strategy for health for all by the year 2000*, health for all series, No.3. Geneva, WHO, p.105.
- [www.gerasanews.com](http://www.gerasanews.com)
- Zearah, fraid, (2009). *Managerial Functions*, Alyazori Publishers Co., Amman-Jordan.

