

Evaluation of Smoking Prohibition Policy in a Health Maintenance Organization

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Abstract: Four months after Group Health Cooperative of Puget Sound adopted a policy prohibiting smoking in its 35 facilities, we assessed attitudes and behavior of a sample of 447 employees. Results indicated that 85 per cent of employees approved of the decision to go smoke-free, the rate of reported smoking decreased, and a large proportion of non-smokers believed that their own and co-workers' work performance had improved. Suggestions for successful implementation of future programs are provided. (*Am J Public Health* 1986; 76:1014-1015.)

Introduction

The growing interest in providing smoke-free worksites¹ may be attributed to increasing evidence that passive smoking poses health hazards to exposed non-smokers,²⁻⁶ costs to the employers of smokers,⁷⁻⁹ and the desire to help employees quit a habit which is the leading preventable cause of premature death. Health care agencies have an even greater incentive than other organizations to adopt restrictive smoking policies because of their primary mission.¹

History of the Program

In April 1982, the membership of Group Health Cooperative of Puget Sound (GHC), a consumer-directed health maintenance organization that currently serves over 325,000 people in the Puget Sound region of Washington State, passed a resolution directed toward an ultimate reduction in the percentage of smokers among employees and enrollees. GHC employs more than 6,000 people, including over 400 physicians and 1,250 registered nurses. After a year-long study by an *ad hoc* task force, GHC decided to ban smoking in all its facilities (21 health centers, three specialty centers, and two hospitals) beginning one year later.^{10,11} The delay was intended to enhance employee education and involvement, thus minimizing the alienation of smokers.

During Stage I (July-October 1983), a GHC-wide Employee Smoking Advisory Group was created as a resource for providing information about the smoking ban. The nine-member advisory group included equal numbers of smokers, ex-smokers and those who had never smoked. While a series of open meetings were held at each facility, no pressure to change smoking policies was applied.

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Stage II (November 1983-March 1984) was devoted to providing information about smoking and the policy as well as the vigorous promotion of self-help print materials and smoking cessation classes. Other aids such as stress management and weight control classes were offered as well. All were offered free of charge.

Stage III (April 1, 1984) was the actual prohibition of smoking in all but one of GHC's facilities. For security reasons, night shift employees at one of GHC's hospitals may smoke in one designated lounge. Inpatients at both GHC hospitals may smoke in designated rooms, but only under a doctor's prescription.

Methods

The impact of the program was assessed via an anonymous, cross-sectional mail survey of a systematic probability sample of 687 GHC employees conducted four months after the smoke-free policy was implemented. Respondents were asked about past as well as current attitudes and behavior at that time.

Results

Respondent Characteristics

The overall response rate was 65 per cent. Respondents were similar to all GHC employees in age and sex distributions and in length of GHC employment. Thirteen per cent of the respondents were current smokers with physicians reporting the lowest (8 per cent) and nurses the highest (17 per cent) rates.

Attitudes toward the Smoke-free Policy

At the time of the survey, 85 per cent of the respondents approved of the decision to go smoke-free, an increase of 11 per cent over the approval rate reported before implementation of the smoking ban (Table 1). Even among smokers, the reported approval rate increased 12 per cent during the same interval.

Although approval rates were high, certain aspects of the implementation strategy were flawed. A pivotal aspect of the strategy was the Employee Advisory Group, but only half the respondents ever became aware of its existence. Only 36 per cent of the smokers, compared to 76 per cent of non-smokers, believed they had had adequate opportunity to voice their concerns. Moreover, not all smokers understood that the decision to prohibit smoking was irrevocable.

Effect on Work Performance

The smoke-free policy had no reported effect on the work performance of 75 per cent of the respondents while 21 per cent believed that it improved the quality of their work.

Nearly one-third of the employees reported that the policy improved the performance of their co-workers although only 3 per cent of the smokers shared this belief. Among smokers, 23

TABLE 1—Approval Rate of Smoke-Free Policy by Time Period and Smoking Status

Smoking Status	When Policy First Announced*			Four Months After Implementation		
	Approved	Disapproved	Had No Opinion	Approve	Do Not Approve	Not Sure
All Employees	N	%	%	%	%	%
Never Smoked	250	87	3	10	95	1
Ex-Smoker	117	78	5	17	91	3
Current Smoker	67	24	58	18	36	48
Total	434	74	12	14	85	9

*As respondents recalled attitude retrospectively.

per cent reported that their work performance was impaired by the smoking ban and 17 per cent thought that their co-workers' performance was impaired.

Effect on Smoking Habits

Three ex-smokers reported that they quit smoking during or soon after the implementation of the smoke-free program. One-third of the 67 smokers indicated that they definitely desired to quit smoking; 61 per cent of these reported smoking fewer cigarettes since implementation of the smoke-free policy. Of the current smokers, 29 per cent said they were now smoking less and attributed the reduction to the policy; they reported smoking an average of 15.6 cigarettes a day, two cigarettes less than the daily quantity they had smoked before the smoke-free policy ($p < .003$).

Many (83 per cent) of the smokers who wanted to quit had tried at least once before and failed; 77 per cent reported being aware of the availability of free smoking cessation classes, but only two of them had participated in a class during the implementation period.

Discussion

Conclusions must be drawn with caution from this cross-sectional study which relies on self-report of only 65 per cent of the intended sample.

It does appear that the worksite smoking ban had the desired effect on the smoking habits of employees, especially among those who expressed a definite desire to quit. Moreover, the two-year program achieved a smoke-free workplace with a minimum of disruption although some problems were identified that engendered some employee dissatisfaction. Our data indicate that some smokers mistakenly believed that alternatives to going smoke-free were being considered and they expected to influence the substance of the policy. Since one aim of any worksite smoking program is to maintain the morale and productivity of smokers while restricting smoking, any employers considering such programs should be as concerned with smokers as with non-smokers even though smokers may represent only a small proportion of the workforce (13 per cent in GHC).

Results from the survey suggest that it is safe for employer groups to introduce very restrictive smoking policies with widespread employee approval and without risking major employee upset provided:

- the new policies are introduced gradually,
- provisions are made to offer opportunities for dissidents to express their feelings, and
- the limitations of employee influence are clearly communicated.

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