

Attitudes to smoking and smoking habit among the staff of a hospital

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ABSTRACT A survey of the smoking habits and attitudes towards smoking of all staff working in a teaching hospital with a specialist thoracic department has been carried out. Six hundred and sixty three (70%) of the 949 members of staff returned a voluntary self completed questionnaire. Completion rates were highest among medical, administrative, and clerical staff, and lowest among domestic and catering staff. Of the 663 responders, 136 (23%) admitted to being current smokers and 135 (19%) to being ex-smokers. The great majority of responders (81-94%, depending on area of work) believed that more areas of the hospital should be entirely smoking free. Most responders, however, believed that some accommodation should be made available to staff (70%), patients (52%), or visitors (59%) who wished to smoke. About a quarter of smokers expressed interest in joining a group to help them give up smoking.

Introduction

Over 10 years have passed since the Department of Health and Social Security issued a circular entitled *Non-Smoking in Health Premises*.¹ Little progress appears to have been made in implementing this policy, perhaps because of a reluctance to adopt a change that might cause controversy.

To comply with the policy of the South Glamorgan Health Authority, Llandough Hospital recently declared itself to be a "non-smoking" hospital. Llandough Hospital, which contains the specialist department of thoracic medicine, has 450 beds and, with two other hospitals, comprises the University Hospital of Wales. Although many surveys have been conducted on smoking habits of doctors, nurses, and other health professionals,²⁻⁴ there is little information regarding the attitudes of other hospital staff.⁵ We therefore undertook a survey of the smoking habits and attitudes of all paid staff in Llandough Hospital to determine their attitudes towards the implementation of a non-smoking hospital policy as well as estimating their own habits.

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Methods

The names of all currently employed staff of the hospital on 1 March 1987 were obtained.

Staff employed less than half time at Llandough Hospital were excluded from the survey. The survey questionnaire was designed to be self completed. The information requested included sex, age, department in which employed, and whether the respondent was a non-smoker or ex-smoker, and if a smoker the quantity of cigarettes smoked. Respondents were asked their opinion about which parts of the hospital should be declared to be a non-smoking area. They were also asked their opinion about whether staff, patients, and visitors should have access to smoking and non-smoking facilities throughout 24 hours. Further questions specifically asked whether they thought smoking and non-smoking areas should be present in the cafeterias and dining room. Finally, smokers were asked whether they would wish to join a support group to help them to give up smoking. Each questionnaire included a unique survey code number so that non-respondents could be identified and traced and a reminder sent to them.

On "No-smoking Day," 11 March 1987, questionnaires were delivered to the place of work of all hospital staff with an accompanying explanatory letter and addressed personally in a sealed envelope. Staff were asked to complete the questionnaire and return it

to the central posting box in the general office of the hospital or directly back to the coordinators.

One month after the questionnaires had been sent, a copy of the questionnaire and explanatory letter were sent personally to all who had not responded. Forms returned more than two months after the initial survey were excluded from the analysis.

Results

The results of the survey are shown in tables 1–3. A total of 949 staff employed at Llandough Hospital were identified, of whom 663 (70%) completed and returned the questionnaire. Table 1 shows the response rate from the eight departments in the hospital and the numbers of non-smokers, current smokers, and ex-smokers.

Female hospital staff numbered 727, of whom 499 (69%) responded. Of these, 112 (22%) were current smokers and 82 (16%) ex-smokers. Of the 222 male staff, 160 (73%) responded. Of these, 24 (15%) were current smokers and 53 (33%) ex-smokers. Among the responders a higher proportion of men than women were ex-smokers ($\chi^2 = 14.36$, $p < 0.01$). There was no difference between the sexes for lifelong non-smoking

($\chi^2 = 4.8$, $p > 0.1$). Most responders believed that wards and offices (93%), halls and corridors (88%), toilets and changing areas (81%), and laboratories (94%) should be non-smoking areas (table 2). Most of them (81%) also thought that smoking should be forbidden in the cafeteria, though 2% of doctors, 11% of nurses, 28% of domestic staff, and 31% of works staff disagreed with this policy. Altogether 20% of responders thought that there should be some tables for smoking in the restaurant. The proportion varied from 16% of doctors and administrative and clerical staff and 33% of catering and portering staff, to 66% of domestic staff.

Nearly all respondents (87–95%) believed that all hospital users should have access to smoke free rest rooms at all times (table 3). A slightly smaller number of respondents thought that there should be access to smoking rest rooms throughout the 24 hours for staff (70%), visitors (59%), and patients (52%) (table 3). When answers to this question were analysed by smoking habit, 247 of 390 (63%) non-smokers believed that staff should have access to smoking rest rooms, 215 (55%) believed that visitors should have access, but less than half (184, 47%) believed that patients should have access.

Table 1 Response rate and smoking habit by department

Department	No of staff			Response rate (%)	Smoking number			%		
	Total	M	F		N	P	Ex	N	P	Ex
Nursing*	361	10	351	75	165	56	47	61	21	17
Doctors	94	78	16	72	48	2	18	71	3	26
Administrative, clerical	110	9	101	82	54	16	20	61	18	26
Scientific	163	65	98	77	81	14	30	65	11	23
Domestic	106	0	106	47	16	28	6	32	57	12
Catering	60	5	55	28	8	6	3	47	35	18
Portering	34	34	0	74	11	11	3	44	44	12
Works	21	21	0	76	5	3	8	31	19	50
Total	949	222	727	70	388	136	135	59	23	19

N—non-smoker; P—present smoker; Ex—ex-smoker.

*Four nurses did not complete question on smoking habit.

Table 2 Non-smoking areas

Department	No of replies	More non-smoking areas needed (% agreeing)			Smoking should be forbidden (% agreeing)			
		For staff	For patients	For visitors	Wards, offices	Halls, corridors	Toilets, changing areas	Laboratories
Nursing	272	78	78	76	92	91	84	93
Doctors	68	87	90	88	99	96	96	99
Administrative, clerical	90	68	69	74	94	86	85	94
Scientific	125	90	92	90	98	91	88	98
Domestic	50	60	58	54	86	62	50	88
Catering	17	60	65	59	94	88	76	100
Portering	25	84	80	76	96	80	40	92
Works	16	81	63	63	88	75	50	88
Total	663	76	78	77	93	88	81	94
Don't know*		7	7	7	3	6	8	4

*The remainder disagreed.

Table 3 Attitudes to access to smoking rest rooms

Department	No of replies	Want 24 h access to non-smoking rest rooms (%)			Want 24 h access to smoking rest rooms (%)		
		For staff	For patients	For visitors	For staff	For patients	For visitors
Nursing	272	96	90	90	74	57	62
Doctors	68	93	91	90	40	21	29
Administrative, clerical	90	97	83	86	77	53	61
Scientific	125	96	94	93	72	59	63
Domestic	50	92	76	76	72	50	60
Catering	17	88	65	88	59	41	41
Portering	25	96	84	92	88	60	80
Works	16	94	81	88	81	50	69
Total	663	95	87	88	70	52	59
Don't know*		3	4	3	3	3	3

*The remainder disagreed.

Nineteen responders (3%) did not believe that breathing other people's cigarette smoke is bad for health. Of 136 current smokers who responded, 36 (26%) thought that they would like to join a special group to help them give up smoking.

Discussion

The overall response rate of 70% from all staff of the hospital is similar to the response in other surveys⁵ and reflects the desire of nearly all staff to cooperate in this survey.

The response rates were highest from the administrative and clerical, nursing, and medical staff, and lowest from the catering and domestic staff. The departments with the highest proportion of smokers among responders were generally those with the lowest response rates. Previous studies have also shown a lower response rate among smokers.⁶ Probably nearly all non-responders are smokers. If all non-responders were smokers 47% of the hospital staff would be smokers. A slightly higher proportion of male (73%) than of female staff (69%) responded. Of the responders, rather more men than women (52%) were lifelong non-smokers (62%) (not statistically significant). A very much larger proportion of men claimed to be ex-smokers (33%) than women (16%; $p < 0.01$), emphasising the observation that the message about the dangers of smoking is getting across to more men than women.

There was a large measure of agreement among all groups of responders that more non-smoking areas should be provided in the hospital for staff, patients, and visitors (table 3). The departments with the highest proportion of smokers among the responders—namely, domestic and catering staff—in general saw less need than the others for further non-smoking areas. Most responders (88–94%) believed that smoking should be forbidden in wards, offices, halls, corridors, toilets, changing rooms, laboratories, and

the cafeteria, though fewer respondents from the domestic, works, and portering departments shared this opinion. Again, these figures are broadly similar to those from other surveys.^{5,7}

Perhaps the single most important finding of the survey is that most responders, whether smokers or non-smokers, thought that staff and visitors should have access to smoking rest rooms. Most considered that access to such rest rooms should be available to staff (70%), visitors (59%), and patients (52%). Even among the lifelong non-smokers, 47% believed that patients should have access to a smoking rest room. Medical staff stood out against the trend, only 21% believing that patients should have access to smoking rooms.

A small proportion of people working in hospital, all of whom were smokers, were still unaware of the dangers of passive smoking. In this climate of opinion it might be difficult to exclude smoking completely from hospital premises. The policy most likely to be enforceable and satisfactory to the greatest number of hospital staff would be to ban smoking from all parts of the hospital except for three designated places, where staff, patients, and visitors respectively would be permitted to smoke. This would avoid the need for furtive smoking among the addicted, with its attendant safety dangers. Unless such measures are supported and enforced by all hospital staff, the tendency is to have a "smoking policy" by default, with people smoking in forbidden areas.

The fact that a quarter of smoking responders felt that they would like to join a special group to help them give up smoking suggests that setting up such a group within the hospital may be worthwhile.

A survey of health authorities in the United Kingdom suggests that many have not implemented a "no smoking" policy.⁸ The increased awareness of the dangers of smoking by hospital staff that occurred as a result of a smoking survey was associated with a decrease in smoking among health workers elsewhere.⁹

Surveys of smoking habits in hospital may help to reduce the incidence of smoking among hospital staff.¹⁰ It is a matter of concern that, despite the overwhelming evidence that smoking is a major cause of death and illness, up to half of the work force in a specialist thoracic hospital in the United Kingdom may be current smokers.¹¹

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