

Attitudes to smoking and smoking habits among hospital staff

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Abstract

Background Health professionals should take an active role against smoking, so it is relevant to have information on their smoking habits and their attitudes towards smoking, especially with a view to identifying and offering help to those smokers who wish to stop. Staff in Llandough Hospital were surveyed to determine their smoking habits and attitudes, and the findings were compared with those of a similar survey at Llandough in 1987.

Methods In October 1991 a questionnaire was sent to each member of staff employed half time or more requesting data on age, sex, department, smoking habit, attitudes to smoking in various areas of the hospital, and attitudes to access to smoking rest rooms for patients, staff, and visitors. Smokers were asked whether they would like to join a "quit smoking" group. Non-responders were sent a reminder four weeks later and all replies returned by 31 December 1991 were analysed.

Results The response rate was 82%; of the respondents, 65% were non-smokers, 15% ex-smokers, and 20% current smokers. The prevalence of current smokers was 5% among doctors, 20% among nurses, 18% among administrative and clerical staff, and 40-42% among domestics, catering, and portering staff. Thirty eight per cent of responders wished smoking to be completely forbidden in all areas of the hospital and 90% in certain areas such as wards, offices, cafeteria, and laboratories. Nearly half wanted smoking to be allowed in rest rooms and over 60% wanted a 24 hour facility for smoking for staff, 56% for patients, and 44% for visitors. Only 39% of smokers wished to join a "quit smoking" support group. In comparison with the 1987 survey, the response rate in this study was higher (82% v 70%), the proportion of non-smokers had increased (65% v 59%), and more smokers wanted help (39% v 26%). Fewer wanted 24 hour access to smoking areas for staff and for visitors.

Conclusion This hospital should capitalise on these changes of attitude among staff and proceed more rapidly with the implementation of policies to further reduce smoking among staff, visitors, and patients. As a first step a smoking cessation counsellor has been appointed.

Smoking related diseases account annually for more than 110 000 premature deaths and cost NHS hospital services more than £400 million per year. Health professionals should take an active role against smoking, so it is relevant to have information on the smoking habits of health professionals themselves and their attitudes towards smoking. It is also important to identify and offer help to those smokers who wish to give it up.

A survey of all paid staff in Llandough Hospital was carried out to determine their smoking habits and their attitudes towards smoking. Llandough Hospital is one of three hospitals in Cardiff which function as teaching hospitals as well as district general hospitals, and contains the specialist departments of thoracic medicine and thoracic surgery. The results were compared with those of a similar survey performed at Llandough about five years ago.

Methods

All staff employed by the hospital on 1 October 1991 were identified. Those employed less than half time were excluded from the survey. A questionnaire was sent to each member of the staff in the last week of October 1991.

Information requested included age, sex, smoking habit, and department in which employed. Staff were asked if smoking should be permitted in various areas of the hospital (such as wards, offices, and cafeteria), and whether there should be 24 hour access to smoking rest rooms for patients, staff, and visitors. Smokers were asked whether they would like to join a "quit smoking" support group. An addressed envelope was provided to facilitate return. Each questionnaire was coded so that non-respondents were identified and a reminder sent to them four weeks later. Replies returned by the end of December 1991 were analysed. Differences were tested for statistical significance by the χ^2 test.

Results

One thousand three hundred and forty four employees were identified, of whom 37 were on long term leave and were not sent questionnaires. Of the 1307 possible responders, 1069 (82%) completed and returned the questionnaires. Overall 20% of staff were current smokers, 15% ex-smokers and 65% non-smokers (table). Current smoking was lowest among doctors (5%), highest in members of the domestic, catering and portering staff

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Comparison of response rate and smoking habit by department of present survey with 1987 survey in the same hospital

Department	Total No. of staff		Total No. Responders		Response rate (%)		Smoking habit (%)					
	1991	1987	1991	1987	1991	1987	Non-smokers		Ex-smokers		Current smokers	
							1991	1987	1991	1987	1991	1987
Nursing	588	361	491	272	83	75	67	61	13	17	20	21
Doctors	104	94	84	68	80	72	78	71	17	26	5	3
Admin/clerical	223	110	201	90	90	82	70	61	12	26	18	18
Scientific	151	163	129	125	85	77	65	65	19	23	16	11
Domestic	82	106	59	50	72	47	46	32	13	12	41	57
Catering	68	60	38	17	56	28	47	47	13	18	40	35
Portering	37	34	31	25	84	74	29	44	29	12	42	44
Works	54	21	36	16	67	76	56	31	33	50	11	19
Total	1307	949	1069	663	82	70	65	59	15	19	20	23

(40–42%), and 10–20% among others.

Female responders numbered 864 (81%) and male 205 (19%). Among the females 567 (66%) were non-smokers, 121 (14%) ex-smokers and 176 (20%) current smokers. The corresponding figures for males were 122 (60%), 42 (20%) and 41 (20%) respectively. The prevalence of smoking was 24% in those aged 30 years or under, and 19% in those aged 31 years and over ($p = 0.08$). Of the responders, 404 (38%) believed that smoking should be forbidden in all areas of the hospital. Nearly 90% wanted smoking to be completely forbidden in wards, toilets, offices, cafeteria, halls, changing rooms, and laboratories. Nearly half (48%) wanted smoking to be allowed in the rest rooms and under a third (28%) in the coffee room. Only four responders believed that smoking should be allowed in all areas of the hospital. The proportions who believed that there should be a 24 hour facility for staff to smoke were 62%, for patients 56%, and for visitors 44%. Of the 217 current smokers, 85 (39%) wished to join a "quit smoking" support group, 122 (56%) refused help and 10 (5%) were unsure about it.

In comparison with a similar survey carried out in this hospital in 1987,¹ the response rate was higher in this study (82% *v* 70%, $p < 0.001$), more responders were non-smokers (65% *v* 59%, $p = 0.02$), but the drop in smokers from 23% to 20% was not significant. The proportion of smokers accepting the offer of help rose from 26% to 39% ($p < 0.05$). Fewer employees wanted 24 hour access to smoking areas for staff (62% *v* 70%, $p < 0.002$) and for visitors (44% *v* 59%, $p < 0.001$), but just over 50% in each study wanted patients to have 24 hour access to smoking areas.

Discussion

During an illness smokers may be more likely to give up the habit. For advice given to patients to be credible, health care professionals have an obligation not to smoke themselves. It is important to identify smokers among hospital staff in order to give them advice and to offer support to those who wish

to stop. The overall response rate of 82% in our study reflects the willingness of nearly all hospital staff to cooperate in this survey. Administrative staff (90% response rate) more than doubled between the two surveys, a fact which might account for the higher overall response rate in this survey. The prevalence of non-smoking among this responsive group was higher than in any other group except for doctors (table).

Smoking was rare among doctors (5%) but was still appreciable among the nurses (20%) and remained high among the domestic, catering, and portering staff (40%). The lowest response rate was from catering staff (56%), where smoking prevalence was high (40%), but in domestic and portering staff with a similarly high smoking prevalence the response rates were 72% and 84% respectively.

This study identified a group of current smokers in the hospital who were willing to give up smoking and expressed their desire to receive help. Encouragement and support are being provided to this motivated group by a smoking cessation counsellor funded by Llandough Hospital. Nearly 60% of current smokers among the responders did not wish to stop. This may reflect their unawareness of the dangers of smoking to themselves, their family, and those around them. They may previously have tried to give up and failed, or may be worried about weight gain. Whatever the reason, this group of health professionals with a strong compulsion to continue to smoke should be provided with more information about the risks of smoking and the benefits of giving it up. They should be encouraged by colleagues who have successfully stopped smoking. Meanwhile, those who do not smoke should continue to demand a smoke free environment at work.

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1 Davies PDO, Rajan K. Attitudes to smoking and smoking habit among staff of a hospital. *Thorax* 1989;44:378-81.