

ORIGINAL ARTICLE

Smoke free site and service awareness amongst hospital staff: a survey in an acute cancer centre

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Abstract

The purpose of our survey was to identify the awareness of the smoking cessation policy and smoking habits of staff within the hospital. Hospital employees were asked to complete a short questionnaire on their awareness of the smoking cessation policy and their smoking habits. A total of 325 members of staff completed the questionnaires. 99% of respondents were aware of the hospital site being smoke free. There was less awareness around smoking cessation services for staff, patients and caregivers. There were 23 current smokers, of which 12 expressed interest in stopping smoking. The sample was 13% of the total workplace and our plans are to promote and repeat the survey in 2015.

Key Words: Employees, Hospital site, Smoke-free, Survey

1 Introduction

Smoke free hospital campuses have only recently been introduced in the UK. This article reports on responses from staff working at a major cancer centre. We aimed to gather for the first time awareness of the site's smoke free status and services available. The survey was distributed to staff and volunteers via the hospital intranet, the staff annual "health and well-being" day and on induction and mandatory training days.

1.1 Smoking cessation and cancer care

Smoking is the major cause of preventable morbidity and premature death, accounting for in excess of 80,000 deaths in England in 2009, some 18 per cent of all adult deaths (aged 35 plus).^[1] Smoking causes a range of illnesses and disability, most become apparent after years of smoking. In 2009, 35 per cent of all deaths in England were from respiratory diseases and 29 per cent of deaths from cancers were

attributed to smoking.^[1,2] It is important to offer smoking cessation to family and friends of smokers to increase quitting in the wider community and reduce cancer rates. Smoking Cessation Advisors in UK hospitals are taking a lead on promoting and sustaining smoke-free and health promoting environments; with interventions directed at patients, visitors and staff. It is now recognised that hospital visits and stays provide an opportunity for clinical staff to identify and assist patients to stop smoking, and so reduce treatment side-effects and promote recovery.^[3,4] This article reports on a recent survey conducted with staff working in a major cancer hospital.

During cancer treatment, smoking status may not be identified and/or effectively addressed at treatment planning stage. The reasons for this can include patients not disclosing or were not asked about their smoking status, or patients may not have prioritised cessation or are not fully informed of the hazards of continuing during cancer treatment. A lit-

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erature review on cancer and smoking reports that many of the chemicals found in the smoke interfere with clinical efficacy of chemotherapy and radiotherapy; both of these medical treatments work best in oxygen rich tissue.^[5] Carbon monoxide, found in smoke, can make nausea worse and impairs circulation. Importantly, quitting can help to reduce risk of metastatic disease and new primaries. In addition, tar found in smoke is known to interfere with metabolism of drugs, again undermining treatment efficacy. Smoking cessation has been found to positively help with extending survival time in patients diagnosed with early stage lung cancer.^[6] In patients with breast cancer, smoking cessation is associated with lower risk of lung primaries and further metastatic disease. For those patients who continue to smoke following radiotherapy treatment for lymphomas and testicular cancers there is a higher risk of lung primaries.^[7-9]

1.2 Service provision

At the Christie, smoking cessation (SC) services are provided by the Clinical Lead for Supportive Care and Tobacco Control and 5 part-time advisors, all trained by the Manchester Stop Smoking Service. The smoking cessation package includes: assessment and advice, nicotine replacement therapy (NRT) provision, motivational interviewing and stress management techniques. These interventions are well supported by both NICE guidelines and Cochrane reviews.^[10-12] Currently, patients and caregivers (*e.g.* family, partners and close friends) at The Christie can also access acupuncture and hypnotherapy, free at the point of delivery. These therapies are provided as secondary interventions based on the evidence that they can be helpful adjuncts rather than replacements for NRT and conventional smoking cessation support.^[13,14] These services are funded from charitable sources.

1.3 Staff training

It is recommended by NICE^[15] that all health professionals be able to:

- Provide brief information about smoking cessation
- Signpost patients, caregivers and colleagues to local SC services
- Record patient's smoking status
- Enquire whether the person would like help in stopping smoking
- Indicate benefits of stopping smoking to his/her health and wellbeing

Since September 2007 the SC team have been delivering monthly Brief Interventions Training for hospital staff as recommended by NICE.^[15] To date over 270 people have voluntarily attended the programme, including doctors, nurses and radiographers. The SC team provide information and support on the National No Smoking and World

Tobacco Free Days each year, as well as other events (*e.g.* Open day and Lung Week).

In the last 12 months the SC team have provided in excess of 900 sessions either as a one-to-one session in clinics, on the wards or at our twice weekly drop-in sessions in the Rehabilitation Unit. In addition we also provide short information sessions to patients and caregivers seen smoking on site. The team has developed an information leaflet and established a smoking cessation telephone helpline. Additionally, we have been prescribing NRT for caregivers as part of a charity funded project. The SC service is monitored by Manchester Stop Smoking with all referrals, advice and treatment sessions documented. All therapists work closely with Manchester's Stop Smoking Service, the Occupational Health Department and all hospital staff and volunteers to maximise this therapeutic approach to smoking cessation for patients and caregivers.

2 The survey

With the assistance of the audit department, a smoking cessation questionnaire was developed and distributed to staff and volunteers on a wellbeing day and on the hospital's intranet. The survey aimed to gather information about:

- The prevalence of smoking amongst staff
- Awareness of the site being "smoke free"
- Interest and/or previous attendance at the brief interventions training

Additionally, those that were smokers were asked about interest in seeking support to quit. The survey was also instigated as a means of raising the profile of the smoking cessation service.

3 Results

Three hundred and twenty-five questionnaires were completed voluntarily. A range of staff completed the form with nurses (40%) and radiotherapy staff (19%) being the largest groups represented (see Table 1). The sample represents approximately 13% of the total workforce. The Christie hospital site has been a smoke free site since 2005. Ninety nine per cent of the sample reported awareness of the site being smoke free. Seventy two (22%) were not aware that being found smoking on site or close by in uniform/identity badge could lead to disciplinary action (see Table 2).

3.1 Services for patients and staff

Two hundred and fifty-four (78%) respondents confirmed that they were aware of The Christie SC service for patients and caregivers and 222 (68%) were aware that it was also available for staff and volunteers (see Table 2).

Table 1: Demographical information (n = 325)

	Item	Number	Percentage
Sex	Female	256	79%
	Male	69	21%
Age Range	20-30	102	31%
	31-40	89	27%
	41-50	82	25%
	51-60	44	14%
	61-70	5	2%
	71+	3	1%
Professional Role	Nursing	130	40%
	Radiotherapy	62	19%
	Other	46	14%
	Medical	32	10%
	Admin/IT	28	9%
	Physio	10	3%
	Research	10	3%
	Domestic/Porter	5	2%
	Occupational Therapy	2	1%

3.2 Smoking status

Two hundred and eighty respondents (86%) reported that they did not smoke, with 53 (16%) of those being ex-smokers. Of the 23 current smokers, 10 (3%) reported that they had “no intention of stopping smoking”. Twelve (57%) smokers said they would consider using smoking cessation services provided on-site with 4 (17%) additionally stating

they would consider using services off-site (see Table 3).

4 Discussion

This was the first survey at the site providing a snapshot of awareness amongst staff and a small number of volunteers of smoking cessation issues/concerns. There appears to be wide awareness of the hospital being a smoke free site, and of the availability of smoking cessation services for patients and staff and the disciplinary policy.

In the Greater Manchester area approximately 37% of the population smoke, this is higher than the national average (21%).^[1,16] It is important to acknowledge the sample was just 325 and may not be representative of the wider workforce at the Trust. It is likely that smokers would not openly visit a smoking cessation stand if their status was not known to colleagues or if they did not want to stop smoking.

The low numbers of smokers participating in the survey means that the data is insufficient to make any interpretation or recommendations. There is a need to gather more detailed data from one-to-one interviews or focus groups with smokers about their experience of accessing services and what might or might not be useful. Again, smokers not wanting to disclose their status would be unlikely to participate. Anecdotally some of our service users have commented that they have a degree of shame around their smoking. Following this survey there is a need to:

Table 2: Awareness of smoke - free site & services (n = 325)

Question	Answer	Number	Percentage
Awareness of The Christie being a “Smoke Free” site?	Yes	321	99%
	No	4	1%
Awareness of smoking on site/in uniform being a disciplinary issue?	Yes	253	78%
	No	72	22%
Has attended Smoking Cessation Brief Interventions Training in the last three years?	Yes	57	18%
	No	268	82%
Would you like to attend SC Brief Interventions Training?	Yes	70	26%
	No	156	58%
	Not answered	42	16%
Aware of Free Smoking Cessation Service for Patients?	Yes	254	78%
	No	50	15%
	Not answered	21	6%
Aware of Free Smoking Cessation for Staff/Volunteers?	Yes	222	68%
	No	76	23%
	Not answered	27	8%

- Repeat the questionnaire annually
- Provide information about the Brief Interventions Training in the questionnaire preamble, alerting staff to how this can be accessed
- Increase the number of responses to future surveys to

ascertain more clearly numbers of the smokers and the views of groups not represented in this survey

- Disseminate the findings and recommendations/issues arising to staff and volunteers
- Target specific professional groups working in front-

line services when promoting Brief Interventions Training

- Include questions around accessing services off site locally, exposure to passive smoking and the provision of services to members of staffs' family

An area for further research is the effectiveness of Brief In-

terventions Training for frontline staff. Attending training is a first step, however having the confidence to ask patients about their smoking status, articulate appropriate and specific health benefits and initiate referrals is more complex. Identifying factors and processes to enable staff to translate the training into best practice could be uncovered by observational and qualitative enquiry.

Table 3: Smoking status of staff & interest in support to quit

Question	Answer	Number	Percentage
Which describes your smoking status best? (n = 325)	Non-Smoker	227	70%
	Ex-Smoker	53	16%
	Smoker - does not want to stop	10	3%
	Smoker - would like to stop	12	4%
	Not answered	23	7%
Would you participate in smoking cessation assistance on-site? (n = 23)	Yes	13	57%
	No	4	17%
	Not sure	0	0%
Would you participate in smoking cessation assistance off-site? (n = 23)	Not answered	6	26%
	Yes	4	17%
	No	3	13%
	Not sure	4	17%
	Not answered	12	52%

5 Conclusions

Smoke free hospitals are a relatively new concept in the UK and from anecdotal communications with colleagues in the North West, not always respected by all visitors, patients and staff. It needs to be acknowledged that it may take time and education to achieve observable "smoke free" hospital campuses. It is important to report that the smoking cessation team has seen a rise in the number of patient referrals and self referrals from staff. This raises the possibility that conducting the survey itself may have influenced practice. Other possibilities may include:

- A smoke free environment led to a desire to quit
- The smoker and environment increased guilt or attention on smokers
- The increased awareness of free smoking cessation programs and support

It should be noted that these results may have been influenced by the fact that this research site was a cancer centre where people may be more aware of the need to stop smoking. Therefore this survey may not directly reflect the results that might be seen of smoke free campus at a general hospital or a non-medical site. This survey will be repeated next year and it is hoped that the information will assist us in developing and promoting the service with staff, patients and caregivers.

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Conflicts of Interest Disclosure

The authors declare that they have no competing interests.

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