

The ETS Project: Exploring Smoke-Free Grounds Policies within Adult Psychiatric Hospital Units



Project Team Members

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What is the ETS Project?

The ETS project is a two part research study designed to explore how tobacco use is managed in Canadian hospitals after a smoke-free grounds policy has been implemented. This report focuses on the second study which took place on adult psychiatric units within an acute care hospital. The study consisted of listening to the unique perspectives of patients, healthcare providers, support staff, as well as policy makers. A team of researchers and study site collaborators from the University of Manitoba, the University of Saskatchewan and Alberta Health Services collaborated on this research study.

This brief report provides you with key study findings concerning the management of tobacco use during hospitalization in psychiatric units.

"... they are supposed to go to the perimeter of the hospital... they can't smoke on hospital property, but they can't leave hospital property, so..."

~Health Care Provider~



"I tend to stick to one or two bathrooms near my room and I went in to one and it smelled like smoke and then that makes me want to have a cigarette."

~Patient~

The ETS Project: Background

Did you know...

15% of Canadians smoke daily
3% smoke occasionally
4.9 million Canadians are current smokers¹

Tobacco smoking prevalence among people with mental illness is roughly 4 times higher than that of the general population in Canada²

Approximately 60% to 80% of people with schizophrenia and other mental illnesses smoke cigarettes³

People with mental illness experience greater physical health consequences and social stigmatization compared with the general population⁴

New evidence suggests approximately 65% of psychiatric patients admitted to smoke-free hospitals expressed interest in quitting⁵

1. Health Canada (2009) Canadian Tobacco Use Monitoring System at <http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/index-eng.php>

2. Statistics Canada (2007) Canadian Tobacco Use Monitoring Survey

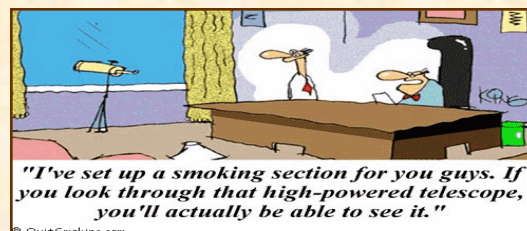
3. Dixon et al., 2007; de Leon & Diaz, 2005

4. Els, 2007

5. Procheska et al., 2006

Why Study Smoke-Free Grounds Policies in Mental Health?

- ◆ Smoke-free grounds are the new reality in many Canadian hospitals. The addition of these policies supports the health and well being of patients and staff.
- ◆ Smoke-free grounds policies can reduce exposure to secondhand smoke, encourage smokers to quit, and help make no-smoking the norm.
- ◆ Exemptions for psychiatric and substance use disorder units are common because of concern that patients will resist admission or not remain in treatment. Patients sometimes find it too stressful not to smoke while in hospital and will occasionally smoke inside anyways.
- ◆ Although people with a mental illness or substance use disorder are more likely to use tobacco than the general public, there is minimal support offered to reduce tobacco use in these groups.
- ◆ Research evidence suggests several barriers related to minimal support
 - ◆ Use of tobacco to manage symptoms related to mental illness,
 - ◆ Fear of adverse impacts on health care services and patient behavior,
 - ◆ Health providers have limited skills and knowledge about how to address tobacco dependence.
- ◆ Alternatively, it is a common belief that a comprehensive approach to treating tobacco dependence could not only encourage individuals with mental illness to abstain from smoking, but could also help them to eventually quit.
- ◆ Given the ban of smoking on hospital grounds, the treatment of tobacco dependence and support for not smoking during hospitalization is important.



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Between 2003 and 2009 all provinces and territories in Canada banned smoking in indoor public places and workplaces.

The ETS Project: Design

How the Study was Conducted

Four psychiatric inpatient wards from three Western Canadian tertiary hospitals were involved in the study. Each hospital had implemented a policy prohibiting smoking on hospital grounds. Patients, health care providers, policy makers and support staff were invited to participate in the study. Insights from these different participant groups assisted in exploring how tobacco use was managed in these settings. Diverse data collection methods are listed below.

Interviews and Focus Groups

Four sets of guiding questions were designed for each group - patients, policy makers, support staff, and health care providers - to gain insight into the participants' views. The interview and focus group discussion questions included the following key topic areas:

- ◆ Experiences of tobacco use by themselves or others during their hospital stay
- ◆ Managing tobacco use within a setting that prohibits smoking on property
- ◆ Impressions of smoke-free grounds policy
- ◆ Experiences and impressions of smoke-free grounds policy development

Questionnaires

All participants completed a brief questionnaire that asked about their tobacco use along with other basic information, such as, age and gender. In addition, health providers were asked about continuing professional learning they had received for assessing patients' tobacco use.

Document Collection

On each study ward, policies, pamphlets, posters and blank copies of patient care forms were collected and reviewed for evidence of information related to tobacco use or cessation support.

Observation of Grounds

To gain a better understanding of the activities people engaged in, the areas patients, staff, and visitors chose to smoke, including the edges of hospital property and the hospital buildings, were observed. We also noted the placement of no smoking signs, signs about the policy, and cigarette butt receptacles.

The Participant Groups

In total, 129 individuals volunteered to participate in the study.

Group 1:

- ◆ 40 patients were interviewed
- ◆ Age range: 19 to 83 years
- ◆ About two-thirds were women
- ◆ Smoking status:
 - 14 - never smoked
 - 6 - former smokers
 - 20 - current smokers
- ◆ Of the six former smokers, two had abstained from smoking while in the hospital.

Group 2:

- ◆ 69 health providers attended one of 13 focus groups
- ◆ About three-quarters were nurses
- ◆ Age range: 24 to 67 years
- ◆ Majority were women
- ◆ Smoking status:
 - 40 - never smoked
 - 15 - former smokers
 - 14 - current smokers
- ◆ Of the 14 current smokers, eight had received assistance to quit smoking and three would have welcomed assistance to quit smoking.

Group 3:

- ◆ 20 key informants were interviewed
- ◆ 8 were health authority management (policy makers)
- ◆ 12 were hospital support staff
- ◆ Age range: 40 to 63 years
- ◆ About half were men
- ◆ Smoking status:
 - 7 - never smoked
 - 8 - former smokers
 - 4 - current smokers
 - 1 - no response
- ◆ Of the four current smokers, one had received assistance to quit smoking.

The first smoke-free grounds policy in Canada was introduced in the Calgary Health Region in 2000.

The ETS Project: Study Findings

Tobacco Use In Psychiatry Wards

Tobacco use has a long history in acute care psychiatry wards and memories of this history were voiced by some participants. For example, when patients were allowed to smoke during a therapy session it made for a more relaxed environment that at times included staff smoking during these sessions. Some patients said that staff were more friendly and easier to get along with when smoking was allowed and was not a policing issue as it is now. However, there were participants that voiced appreciations at the diminished smoking occurring on the unit.

Why People Smoke

The three most common reasons given for why patients smoke were: to deal with stress, to have some control over their environment, and as a form of therapy. The notion of smoking as therapy could mean that patients talked about their issues more openly with those they smoked with or management of symptoms related to mental illness. Additional reasons were to socialize with others and to deal with boredom. Even though the health risks associated with smoking were known, some patients, staff and policy makers believed smokers had a right to choose to smoke.

Why People Should not Smoke

Patients, health professionals, support staff and policy makers were all concerned about the harmful effects of secondhand (inhaling smoke indirectly) and thirdhand (smelling smoke in clothes, furniture, etc.) smoke exposure. While some were concerned about secondhand and thirdhand smoke exposure because it was life threatening for them due to their allergies, others were concerned about the offensive smell of smoke and non-smokers safety. Conflicting views were held on encouraging people with mental illness to stop smoking.

Where People Smoked

Participants reported smoking well within smoke-free zones, both inside and outside the hospital. Mostly, smoking occurred close to entrances, near emergency doors, sidewalks, or in the case of patients who did not have permission to go out, inside washrooms and bedrooms. There were reports of staff smoking with patients outside, but generally patients and staff smoked in different locations.



“... even if we have a certified patient and a couple of us will go out with him just to calm them. And they will ask us will you please I know it is not your job, and I am like I know what it is like to smoke, I know what it is like not to smoke. Yeah, I’ll take him. Fire me whatever. You know.”

~Support Staff~

“... for them to manage their own symptoms. So the question is are they here to deal with their mental health or to deal with cessation of smoking?”

~ Health Care Provider~

“I was going out for my smoke it was windy, really windy and [some staff] were all running down into the, the driveway entrance for the underground parking and all of a sudden one or two security guards come walking out there and all [the] smokers start, everybody is running like scared rabbits.”

~Patient~

“Some of our patients can’t comprehend why they’re even here, let alone telling them they can’t smoke.”

~ Health Care Provider~

The ETS Project: Study Findings

Patient Quotes

“When I was admitted, [the nurse] gave us a pamphlet which stated the dos and don’ts and the way that the unit runs. And umm, it was stated in the pamphlet that there was no smoking on the ward. They had to go to the designated smoking area downstairs or outside or wherever it is.”

“Or they have people bringing, like your visitors. Who bring them in for you...people that can’t go out ... negotiate with people that can go out.”

“I pick butts when I’m out of cigarettes. It’s anxiety. You got to have that nicotine in you, it’s your best friend”

“There is one guy ahh, he just scams you and he asks you for a cigarette and then he says buy me a coffee, I’ll pay you back and, this one guy I met up here and I bought him a coffee and ahh, he wanted smokes from me and he wouldn’t even give me a cigarettes or nothing...he would just use me because ahh, he had no money.”

Patients’ Hospital Experiences

Admission Routines

When patients are admitted to the hospital they are commonly asked if they smoke. At times, patients are asked if they would like to quit smoking while in hospital; rarely are patients interested in quitting. After this they would be told they are not allowed to smoke on the unit and negotiations would begin to get an off ward pass. Nicotine replacement therapy would also be offered and commonly declined. When a patient is admitted at the beginning of a weekend then getting an off ward pass is unlikely to be option until Monday and can lead to a stressful weekend when nicotine replacement is refused.

When the Patient is a Smoker

Tobacco use will be discussed daily during their hospital stay. Initially, the main focus is to get an off ward pass. Since newly admitted patients are rarely stable enough to be off the unit, they work towards appropriate behavior and building trust with staff to obtain a pass. Patients talked about staying vigilant with doctors to ensure an order for their pass was written because doctors may get busy and forget. As well, patients mentioned that passes could be taken away at any time if they behave inappropriately. On some units, patients are required to sign in and out when leaving the ward for a cigarette.

Family and Friends’ Roles

In this context, family and friends are primarily the supplier of cigarettes for patients while they are in the hospital. Sometimes family and friends will also accompany patients outside for cigarettes. For patients that are not allowed off the unit unless accompanied, the only way they can go outside for a cigarette would be with a family member.

Obtaining Cigarettes

There are many different ways for patients to obtain cigarettes while in the hospital. Patients that have had their cigarettes confiscated have to ask a staff member for a cigarette every time they want to go out for a smoke. Patients who did not have their cigarettes confiscated can go out and smoke whenever they like provided they have cigarettes and have not run out. Patients who have money and a pass can walk to a store and buy them, or they can barter with other patients who have them. Patients who do not have money will sometimes pick up used cigarette butts, will bully other patients for them or will barter with food to obtain cigarettes.



The ETS Project: Study Findings

Health Care Provider Quotes

"Hospital policy also states we do not provide care off hospital property, so if something does happen to them when they're by the street, it's hospital policy I can't get in that situation."

"They get mad, they throw things at us. I've been there, done that. They're confused."

"She's a heavy smoker, she's refusing NRT and she ... doesn't have smoking privileges, she can't leave the unit. Its hard to watch her go through that."



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"I've gone home and had trouble sleeping because my client hadn't come back."

"We're supposed to have a strict no-smoking policy with no exceptions and yet we're offering an exception...It should be strictly nicotine replacement."

Health Provider Experiences

Privileges and Passes

- ◆ patients require a doctor's order granting them the privilege of leaving the ward to smoke
- ◆ patients constantly request off ward passes which occasionally results in patients being granted privileges too early in their treatment
- ◆ when patients are not granted off ward passes, smoking related outbursts often occur
- ◆ the lack of conformity with personalized passes for patients complicates the policing of who is allowed to go out and when
- ◆ at one site, passes that are ordered are off property passes but as per a hospital policy the patients aren't allowed to leave the property.

Safety Concerns

- ◆ patients smoking on the ward and accidentally starting fires
- ◆ abuse towards themselves from patients who are irritated because they cannot have a cigarette
- ◆ patients bullying other patients around obtaining cigarettes
- ◆ the risk of patients who are allowed to go outside to smoke going AWOL
- ◆ patients being exposed to harsh weather conditions and dressed inappropriately can result in frost bite
- ◆ acute care psychiatric patients tend to be vulnerable and being off the ward unaccompanied might put the patient or the general public at risk

Policing Consequences

- ◆ ensuring all the patients are following their unique pass
- ◆ holding on to confiscated cigarettes and dispensing them as needed
- ◆ dealing with patient paranoia around thinking their property (e.g. cigarettes) are not safe
- ◆ looking for patients who went out for a cigarette and did not return on time and could possibly be required for a medical test or appointment
- ◆ when a patient is gone too long or is AWOL, health care providers are required to contact Security or the City Police depending on the situation to look for the missing patient and bring them back.

Staff Conflicts

- ◆ major inconsistencies among staff in the management of tobacco
 - ◆ confiscation of cigarettes
 - ◆ one nurse may support a patient going out to smoke, and the next may not
- ◆ some staff felt so much compassion for patients that they would allow them to smoke in the bathroom just so they knew they were safe.

The ETS Project: Study Findings

Support Staff Experiences

Security

Security staff have the task of enforcing the smoke-free grounds policy. Many security staff refuse to enforce the policy because they are worried about a patient's safety, or refuse to get into an altercation with someone over a cigarette. Security staff are often verbally abused because of their duty to enforce the policy and it was noted that there have been physical altercations as well. Staff say that the no-smoking signs don't do anything to deter people from smoking on property and the boundaries are unclear to people so they end up smoking wherever they want. Security staff feel the only people they can really enforce the policy with are visitors and support staff. Patients can lose a privilege but cannot be forced to leave, and they feel that management think that some staff are too valuable to reprimand and risk having them quit.

Groundskeepers

Groundskeepers spoke about the additional workload in keeping the grounds clean. When smoke-free grounds policies were implemented all cigarette butt receptacles were removed, which means smokers often discard their cigarettes on the ground. These support staff estimated that they spend "approximately eight hours a week cleaning butts". A lot of time is spent picking up "thousands, a week." Groundskeepers also spoke about collection of discarded cigarette butts prior to smokers going through them and picking them up. Groundskeepers are also responsible for putting out fires that are occasionally started on the grounds when someone incorrectly disposes of a cigarette. Not only do groundskeepers face extra work, they also face criticism, especially by visitors for not being able to keep the grounds clean and attractive.

Housekeeping

Housekeepers noted that they have to spend time cleaning up butts and loose tobacco in patients' rooms. In one particular case they insisted the patient tidy up their room prior to them cleaning because there was constantly tobacco scattered throughout the room. They reported that fires have been started in the rooms. Housekeepers felt they were unable to approach health care providers if they saw patients breaching the policy, or a patient smoking with a patch on. They felt conflicted because they didn't want to tattle on the patient as health care providers would think that they were trying to tell them how to do their job instead of just being concerned about the patient.

Policy Maker Perspectives

Policy makers shared diverse impressions of the policy from implementation to current day reality. While most acknowledge the need for appropriate tobacco dependence supports and ongoing communication about the policy, there was minimal agreement on either.



A disappointment was that the staff who were opposed at the introduction of the policy are still opposed today; in particular, that some psychiatrists still feel it's their patients' right to smoke and do not support the policy.

Alternately, through study participation some psychiatrists have begun to treat patients ' tobacco dependence. Another major concern to policy makers is around psychiatric patients being outside unsupervised and related patient safety concerns along with increased workload. Policy makers were not certain that policy signage was effective. On the positive side, there was a sentiment that the policy has raised awareness about smoking and quitting.

The ETS Project: Contact Information

Thank you to all those
who participated in the
ETS Project...

We would like to
hear from you.
Send us an email at:
etsstudy@yahoo.ca

Next Steps



- ◆ Presentations at national and international conferences
- ◆ Publication of findings in peer-reviewed academic journals
- ◆ Meet with study site policy makers to discuss findings
- ◆ Development and distribution of other brief reports will also be available on Dr. Schultz's web page.



"No, you weren't speeding. You were smoking. This is a 'non-smoking' highway."

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Contact Information



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