

The ETS Project:

Exploring the Shifting Culture Surrounding Tobacco Use

OCTOBER 2009



"Some days it's easy to pick up...you know...like at least about five to ten pounds of butts".

~ Support Staff ~

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This brief report provides you with an overview of key findings from our study of how tobacco use is managed in acute care hospitals that have implemented a smoke-free grounds policy.

What is the ETS Project?

The ETS project is a research initiative aimed at exploring the experiences of tobacco use management on adult in-patient wards in two Canadian hospitals after smoke-free grounds policies had been implemented. The unique perspectives of patients, healthcare providers, support staff, as well as policy-makers were gathered during this study. The study was designed by a team of researchers from the University of Manitoba, the University of Alberta and the Winnipeg Regional Health Authority.

"I noticed today out there on the sidewalk, painted a no smoking [sign] written on the sidewalk. You can barely see it for the cigarette butts"

~ Patient ~



"You can have all the signage in the world... if you are not looking for it you are not obeying it"

~Support Staff~

ONE UNIVERSITY. MANY FUTURES.



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WHY IS STUDYING SMOKING POLICIES IMPORTANT?

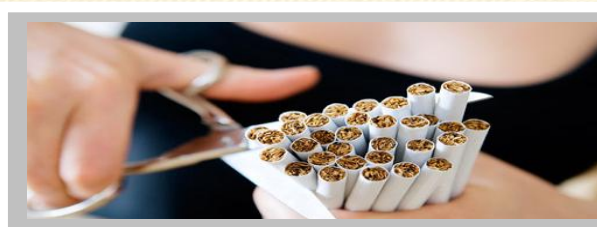
Smoke-free grounds are the new reality in many Canadian hospitals today. The policy change is recognized to be important for the health and well-being of patients and staff. There are a couple key reasons for banning smoking on hospital property:

- To reduce exposure to second-hand smoke
- To provide the health message that exposure to tobacco smoke is associated with health risks

In an ideal world all patients who smoke would be given advice to remain smoke-free while hospitalized. Also, patients and staff would be given ongoing support to stop smoking.

In reality, support to quit smoking is limited and research evidence suggests opportunities offered by health care providers to address patient tobacco use are minimal. Recent studies suggest that barriers such as the lack of time, lack of hospital staffs' skills and knowledge, patient disinterest and insufficient resources contribute to the lack of support to stop smoking.

In truth, a comprehensive approach to manage tobacco use has not been put in place in hospitals. Given the strict smoking ban on hospital property, the need to effectively manage tobacco use, which includes addressing nicotine withdrawal symptoms with treatment, becomes even more important.



This study has been designed to evaluate the policy and to understand patient, provider and policy-makers' perspectives regarding the policy and its consequences for those impacted by it

Did you know...

*15% of Canadian's smoke daily
3% smoke occasionally
4.9 million Canadians are current smokers¹*

Half of these smokers attempted to quit smoking at least once in the last year¹

Canadians reported exposure to second smoke at least once in the last month in:
*Building entrances (52%),
Sidewalks or parks (52%),
Other people's homes (26%),
Outdoor patios at restaurant/bar (25%),
Vehicles (23%),
Their workplace (22%)¹*

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

"Quitting is easy...

I have done it a hundred times!"

~Mark Twain

THE PARTICIPANTS

Patients, support staff, policy-makers and health care providers at two large Western Canadian hospitals that had a policy prohibiting smoking on hospital grounds were involved in this study. In total, 186 individuals volunteered to participate in the study. Different methods of collecting data from patients, nurses, other health care providers, and key informants assisted in gaining insight into diverse perspectives. Data collection methods are listed below.

THE INTERVIEWS AND FOCUS GROUPS

Three sets of guiding questions were designed for each group—patients, focus groups and key informants—to assist in gaining insight into the participant's views about:

- Awareness and impressions of the smoke-free policy
- Tobacco use and management experiences
- Tobacco resources to assist with withdrawal

THE QUESTIONNAIRE

Patient Questionnaires assessed smoking status, and if assistance with not smoking during hospitalization was received.

The Focus Group Questionnaire/ Key Informant Questionnaires asked health providers, support staff, and hospital management about receiving education to support managing patients' tobacco use. Their smoking status was also assessed. Daily and occasional smokers were asked about their smoking behaviors at work and if they had been offered assistance with quitting through their workplace.

DOCUMENT COLLECTION

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

Of the 186 people who participated:

82 PATIENTS were interviewed

- Age range: 23 to 86 years
- Just over half were men
- Smoking status: 16 never smoked; 30 former smokers; 36 current smokers.

Of the 36 current smokers:

- 10 were offered assistance with quitting.
- 20 would not have welcomed assistance.

16 FOCUS GROUPS were conducted

- 81 health providers attended a focus group
- Two-thirds were nurses
- Age range: 22 to 65 years
- Most were women
- Smoking status: 53 never smoked; 14 former smokers; 13 current smokers

Of the 13 current smokers:

- 1 had received assisting with quitting
- 5 would not have welcomed assistance

23 KEY INFORMANTS were interviewed

- Hospital support staff
- Health authority management
- Age range: 36 to 64 years
- Half were women
- Smoking status: 11 never smoked; 10 former smokers; 2 current smokers.

Of the 2 current smokers:

- No support had been offered
- No interest in receiving assistance

EIGHT STUDY WARDS

- Adult inpatients
- Acute or chronic health conditions
- Medical and surgical treatments

OBSERVATIONS OF GROUNDS

In order to gain a better understanding of activities people engage in on hospital grounds the research assistants for this study observed patients, visitors, and staff smoking on and around hospital property. We focused on activities occurring in "smoking areas" - those places on hospital property where smokers choose to light up their cigarettes despite the smoke-free grounds policy. We also noted the placement of non-smoking signs, signs about the policy, and where smoking receptacles were located or not.

ETS participants generously shared their stories and views about the policy and smoking. We also heard suggestions of how to improve on addressing smoking and the policy. Highlights are below...

ENFORCING THE POLICY...MISSION IMPOSSIBLE?

ETS study participants questioned the enforcement of a smoke-free grounds policy when there are no real consequences for disobeying the rule. Smokers, former smokers, and those who had never smoked, told stories about the policy not being enforced. Participants often saw visitors, patients and occasionally staff smoking on the property. At both sites smokers identified areas where they commonly smoked, which were different for patients and staff. Smokers talked about smoking on hospital property, which included entrances, because others were smoking there or it was difficult for them to go off property. Many were confused about the policy boundaries and how far away from the building one could smoke. Hearing participants' responses it became clear that the written rule to not smoke on hospital property was rarely followed and tends to not be enforced.

CRAVINGS AND QUITTING:

ASSISTING SMOKERS IN NOT SMOKING

In a nutshell, patients are offered the nicotine patch occasionally and at times refuse this support or go out to smoke anyway. Patients who requested the patch were frustrated at times with limited availability. If patients were able to get themselves off of the ward, there was minimal to no effort in addressing their tobacco use. Staff had limited awareness about how to support someone in not smoking through related medications and referral options. Staff stories of supporting not smoking were rarely positive or of a successful experience.

Staff members were unclear about the support that would be available if they wanted to quit smoking. Some thought there was some support when the policy was enforced but that it was no longer available. Research project staff attempts to access the identified resources were unsuccessful.

SIGN AWARENESS

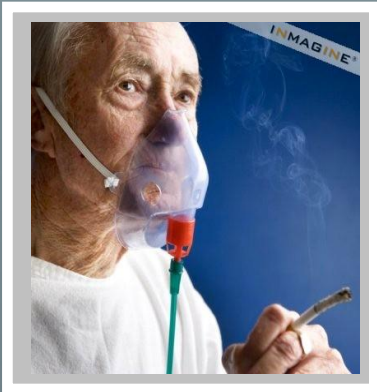


Participants reported seeing people smoke near signs like these on the smoke-free hospital grounds

- Many people are unaware of the policy regardless of the signs all over hospital property
- Smokers at times will smoke right in front of the NO SMOKING signs
- Participants felt that there has to be a boundary drawn that shows exactly where people can smoke
- The wrong message is sent out when there are large ashtrays on hospital property

Smoking during hospitalization?

- Patients smoke to cope with stress or boredom, and to socialize with others
- Even though they know it is unhealthy it is their right to choose to smoke
- There was a mixture of compassion and frustration with patients who continue to smoke during hospitalization
- Some smokers are embarrassed and ashamed. They worried about being judged by health providers
- Smoking patterns changed during hospitalization.
- Visitors support patients' ability to go outside to smoke



Safety issues were a major concern for patients and health care professionals alike

AN INCREASE IN WORKLOAD

Staff discussed the increase in workload since the implementation of the policy:

- The groundskeepers mentioned that with the removal of smoking shacks and cigarette receptacles there has been a dramatic increase in the amount of butts littered on the property.
- Security personnel are responsible to ask smokers to move off property, which feels like a burden added to their regular duties. Several staff candidly stated that catching people smoking is not the highest priority in the course of their busy workday.
- Health care providers talked about the added stress of dealing with patients who constantly ask to go outside, are off ward for extended periods, or of dealing with patients who smoke on the ward. Some question their responsibility to assist patients outside to smoke.

SAFETY FIRST?

PATIENT & PRACTITIONER CONCERNS REVEALED

Of the patients interviewed for the ETS project, those who are current smokers revealed that the policy presents some major challenges. Many of these challenges have serious consequences for their health, safety and overall sense of well-being. Those who were not offered help to stop smoking, as well as those who refused assistance, spoke about the dangers of going off hospital grounds to smoke. Some participants noticed that their equipment began to malfunction in cold temperatures; other patients revealed that their wheelchairs got stuck when they attempted to wheel themselves off of the property; still others wondered what would happen if they had a medical emergency off of hospital property?

Not only were patients concerned about their safety but the staff charged with their care also reported being very worried that patients leaving the property could seriously jeopardize their health. On the other hand staff also recognized that the patients' need to have a cigarette was strong. Health care providers listed many concerns for patients' safety such as:

- How the cigarettes would interfere with medical equipment, most notably oxygen tanks
- Patients going outside in the winter inappropriately dressed – sometimes only in socks and pajamas
- Worry about patients and the spread of disease (i.e., patients with tuberculosis who smoke outside)

IMPROVING THE POLICY

PARTICIPANT'S SUGGESTIONS ON HOW TO IMPROVE THE POLICY

- Finding a middle ground by having a sheltered place for smokers
- Strengthen enforcement and clearly state consequences
- Support to deal with nicotine cravings and for stopping smoking
- Education for health care providers regarding support for cravings and quitting

Next Steps...

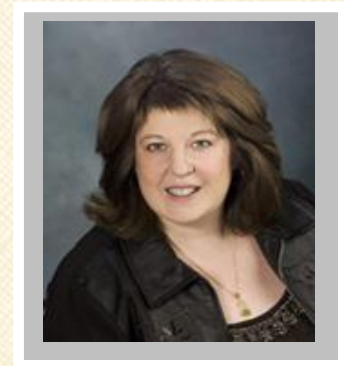


- Meet with hospital and health region staff to discuss the study and important findings
- Presentations at hospital and health region sites
- Develop brief reports on enforcement and intervention issues (to be posted on the webpage noted below)
- Second study involving two additional hospital sites and psychiatric wards
- Presentations at national and international conferences
- Publication of findings in academic journals

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Dr. Annette Schultz is an Assistant Professor at the University of Manitoba. She has a strong clinical nursing background and experience with tobacco control in the context of health care.

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*



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**CANADIAN
GTCR
TOBACCO CONTROL RESEARCH
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Advancing the Science to Reduce Tobacco Abuse and Nicotine Addiction in partnership with



Faire progresser les connaissances scientifiques en vue de réduire le tabagisme et la dépendance à la nicotine dans le partenariat avec

*"I tried to stop smoking cigarettes by telling myself I just didn't want to smoke, but I didn't believe myself."
~Barbara Kelly*