

# Celebrate Smoke-free Environments: The results of the Smoke-free Survey with Peel and Rockingham Kwinana Health Service staff

December 2007

Prepared by the South Metropolitan Public Health Unit  
in collaboration with the Peel and Rockingham  
Kwinana Health Service Smoke-free Implementation  
Working Party



Government of **Western Australia**  
Department of **Health**



## **1.0 Introduction**

In October 2006 the Minister of Health announced that all Department of Health buildings and premises would be smoke-free by 1 January 2008. The aim of the Smoke-free WA Health System Policy is to protect staff, patients and visitors against the harmful effects of Environmental Tobacco Smoke (ETS).

In response to the new policy, the Peel and Rockingham Kwinana Health Service (PARK) Smoke-free Working Party was established to oversee implementation of the new policy across PARK. To assist with planning the PARK Smoke-free Working Party implemented a staff smoke-free survey. This report outlines the results of the staff survey.

## **2.0 Aims**

The aims of the survey were to ascertain:

- approximate numbers of staff who smoke
- whether staff are affected by ETS
- how staff are affected by ETS
- staff needs

## **3.0 Method**

A brief self-administered survey was developed and disseminated in October 2007 to Community Health, Mental Health and Hospital based staff working in PARK (Appendix 1). Surveys were disseminated via hard copies placed in strategic locations and email. Most surveys were completed as hard copies.

A \$100 Myer voucher was offered as a prize incentive to encourage staff participation.

## **4.0 Results**

### **4.1 Response rate**

Approximately 600 surveys were disseminated via the methods described above. One hundred and fifty two surveys were completed, thus making up a response rate of 25.3% ( $n = 152/600$ ).

### **4.2 Survey respondents' profile**

#### **4.2.1 Gender**

83.5% of respondents were female ( $n = 127/152$ ) and 16.5% were male ( $n = 25/152$ ).

#### **4.2.2 Working area**

Respondents were asked to identify which department they worked in. This question was misinterpreted by some staff who indicated their professional background as opposed to department. The results therefore combine departments and professional backgrounds. Ten respondents did not answer this question.



**Table 1 Working area**

	<b>No. of respondents n=152</b>	<b>% of respondents</b>
Community/Allied/ Public Health	38	26.8%
Medical staff	33	23.2%
Administration staff	32	22.5%
Emergency Department	25	17.6%
Engineering and Support Staff	9	6.3%
Volunteers	5	3.5%
Catering staff	1	0.7%

### 4.2.3 Smoking status

Respondents were asked to categorise themselves as either a “non-smoker”, “ex-smoker”, “current smoker who wants to give up”, “current smoker who wants to cut down” or “current smoker who doesn’t want to give up.” If they identified themselves as an ex-smoker, then “how long since they had last smoked?”

Most respondents were non-smokers and/or ex-smokers (n=130/152, 85.5%). One respondent answered to being both a “current smoker who wants to give up” and a “current smoker who wants to cut down.” This respondent was included in the “wanted to give up” for data analysis purposes. A breakdown of respondents’ profile is presented in Table 2.

**Table 2 Staff smoking status**

	<b>No. of respondents n=152</b>	<b>% of respondents</b>
Non-smokers	95	62.5%
Ex-smokers	35	23%
Current smokers who wanted to give up	16	10.5%
Current smokers who wanted to cut down	3	1.9%
Current smokers who don’t want to give up	3	1.9%

The length of time since ex-smokers had last smoked ranged from 1 week to 37 years.

### 4.3 Smoking at work

Respondents were asked whether they smoked during working hours. Of the 14.4% (n = 22/152) of respondents who are current smokers:

- 72.7% normally smoked during work hours (n = 16/22)
- 13.6% sometimes smoked during work hours (n = 3/22)
- 13.6% did not smoke during work hours (n = 3/22)



## 4.4 Staff support

### 4.4.1 Staff support options

Smokers were asked which support strategies they preferred. Respondents could choose more than one support strategy. Seventeen staff answered this question. A breakdown of respondents' preferred support strategies are presented in Table 3.

**Table 3 Staff support strategies responses**

<b>Options</b>	<b>No. of respondents</b>
Patches provided to staff intending to quit at cost price	17
NRT available to staff at cost price (excluding patches)	12
Not interested in any support	6
Workplace Quit support groups	6
Counselling	2
Quit Line	0
Community Quit support groups	0

### 4.4.2 Preferred days to hold workplace support groups

Respondents were asked what days would be most preferable for a “workplace quit support group”. One person responded to Wednesday being preferable and another responded Tuesday not being preferred even though no one expressed an interest in attending these groups.

## 4.5 Effects of second-hand smoke

Respondents were asked if they are “affected by second-hand smoke” and were asked to describe the effects of the tobacco smoke, if any. Eleven people did not answer this question.

- 59.6% (n = 84/141) of respondents reported being affected by second-hand smoke
- 40.4% (n = 57/141) reported not being affected by second-hand smoke.

Symptoms described included asthma/chest conditions (reported by 19 respondents), itchy eyes/sore throats (reported by 7 respondents), smell (reported by 32 respondents) and feeling sick/nausea (reported by 4 respondents).

Comments relating to the affects of second-hand smoke included:

*“Can’t stand the smell of smoke”*

*“Smell is offensive, also exacerbates my asthma”*

*“Makes me cough – also don’t like the smell on my clothes”*

*“Coughing triggered by smoke – unpleasant smell”*

*“The outside area smells & is dirty with butts & ash”*



## 5.0 Comments from staff

Respondents were given the opportunity to provide general comments in relation to the new smoke-free policy. Many comments received were positive. For example:

*“Can’t wait for the non-smoking policy to be implemented next year!”*

*“Fantastic that the Health Department is prepared to support smokers to give up”*

*“Sadly I enjoy smoking, however I previously gave up for 10 years and need to do it again. With smoking being banned in many areas now I feel this will assist me”*

*“What a great initiative to help people give up smoking with discounted nicotine replacement therapy...”*

*“Stopping smoking at work helps people to quit”*

*“Definitely smoke-free all hospitals. Smoking contributed largely to my husband’s death”*

*“This is a wonderful initiative and it will be a pleasure to walk into the hospital via the staff entrance and not have to see the cigarette butts on the grounds or in the gardens etc”*

*“I’m glad the hospital is going smoke-free – nothing worse coming and going from work through puffs of smoke through the front door!”*

Some respondents commented on the potential difficult consequences associated with implementing the new smoke-free policy:

*“Difficult to police, concern about increased aggression in ED. How to manage staff who might be feeling affects of withdrawal when working”*

*“What are the wards going to do with those patients who are agitated, confused and demanding a cigarette? Often need to smoke has behavioural context as well”*

*“I try to be compassionate towards smokers as it is very difficult to control addictions”*

Some respondents offered suggestions on how to further value-add to the new smoke-free initiative.

*“It would be good if the patches were free”*

*“Maybe some physical activity strategies to work with the education and ban. Ride to work days?”*

One respondent commented on the reduced rights or choices available to smokers while three staff commented on the perceived additional breaks smokers had compared to non-smokers:

*“I honestly believe that our choices are being eliminated even though smoking is not a healthy choice”*

*“Too much time smoking and not enough work”*

## 6.0 Conclusion

A staff survey was implemented in October 2007 to ascertain approximate numbers of staff who smoke, if and how both smokers and non-smokers are affected by ETS and to identify staff support needs. The survey was an initiative of the PARK Smoke-free Working Party.

The majority of respondents were non-smokers and/or ex-smokers. The preferred type of support was “NRT including patches available to staff at cost price”. The survey highlighted that many respondents were in favour of the new smoke-free policy. The main concerns expressed related to potentially increased aggression from patients and enforcement.

Since implementing the survey, NRT has been offered to staff. As of December 2007, 30 staff have registered on the NRT Staff Support program. In addition Rockingham Kwinana Health Service has circulated information to staff about the City of Rockingham and Town of Kwinana's FreshStart community run Quit Smoking Courses designed to help people overcome their smoking addiction.



Delivering a Healthy WA

## Appendix 1: Staff Survey

1 January 2008

### Peel Health Service goes smoke-free

#### Staff Needs Survey

As of 1 January 2008 WA Health facilities will become smoke-free. Staff who smoke will be offered support to control cravings and/or to quit smoking. The purpose of this survey is to identify staff needs for controlling cravings or to quit smoking. Please return your completed survey via internal mail marked 'Smoke-free Survey' by **Friday 19 October 2007**. You do not need to place your name onto the survey and all responses will remain 'Confidential'. For more information please contact Alex Smith, Chair of the FHHS Smoke-free Implementation Working Group on 9431 2008.

**1. Which of the following best describes you? Please tick one only.**

- A non-smoker - **Go to question 6**
- An ex-smoker. How long is it since you last smoked? \_\_\_\_\_
- A current smoker who wants to give up
- A current smoker who wants to cut down
- A current smoker who doesn't want to give up

**2. Do you normally smoke during work hours? Please tick one only.**

- Yes
- Sometimes
- No

**3. Are you interested in any support in light of the new smoke-free policy?**

- Yes - **Go to question 4**
- No - **Go to question 6**

**4. Which support strategies below would you find helpful? Please tick all that apply.**

- Eight weeks of free nicotine replacement therapy available to staff intending to quit
- Nicotine replacement therapy available to staff intending to quit at cost price following free supply
- Nicotine replacement gum or lozenges available at cost price
- Quit telephone helpline
- Quit smoking support groups
- Counselling

**5. If you were interested in a quit support group please indicate when you would be able to attend?**

Preferred days: \_\_\_\_\_ Preferred time: \_\_\_\_\_

**6. Do you believe you are exposed to second-hand smoke at work?**

- Yes. Please describe. \_\_\_\_\_
- No. Please describe. \_\_\_\_\_

**7. Male/Female (please circle)**

**8. Age (Years)** \_\_\_\_\_

**9. Any other comments?** \_\_\_\_\_

**WIN A PRIZE!!!**

If you would like to be placed into a draw to win a \$100 Myer voucher please complete the survey, enter the following details, tear across dotted line above and return to the internal mail marked 'Smoke-free Survey'.

**Name:** \_\_\_\_\_  
**Contact number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Please return via internal mail marked 'Smoking Survey' by Friday 19 October 2007



## Delivering a Healthy WA

Healthy Workforce • Healthy Hospitals • Healthy Partnerships • Healthy Communities • Healthy Resources • Healthy Leadership