

Celebrate Smoke-free Environments: The results of the post-Smoke-free Policy Survey with Fremantle Hospital Health Service and Peel and Rockingham Kwinana Health Service Staff

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Glossary

ETS	Environmental Tobacco Smoke
FHHS	Fremantle Hospital Health Service
NRT	Nicotine Replacement Therapy
PARK	Peel and Rockingham Kwinana Health Service
SFP	Smoke-free Policy
SHS	Second-hand Smoke
SMPHU	South Metropolitan Public Health Unit

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1.0 Introduction

In January 2008 the WA Health System Smoke-free Policy (SFP) was introduced as an Occupational Health and Safety Directive (OD 0050/07) to protect staff, patients and visitors against the harmful effects of Environmental Tobacco Smoke (ETS).¹ Since that time, no smoking has been permitted throughout WA Health premises and grounds, including all owned or leased WA Health buildings, vehicles, car parks and premises.¹ This change was an extension on the previous policy, which banned smoking inside hospitals and other WA Health facilities within five metres of external doorways and ten metres from air intake vents.

Prior to the introduction of the new SFP, Smoke-free Working Parties were established at all hospital sites across the South Metropolitan Area Health Service to oversee the policy implementation. The Smoke-free Working Parties at Fremantle Hospital Health Service (FHHS) and Peel and Rockingham Kwinana Health Service (PARK) implemented a pre-SFP staff survey at their respective sites. The results from both surveys highlighted that many respondents welcomed the new SFP.^{2,3} The main concerns expressed related to policy enforcement and dealing with increased aggression from patients and visitors when told not to smoke.^{2,3} Approximately nine months into the SFP the South Metropolitan Public Health Unit (SMPHU) implemented a post-SFP staff survey at FHHS and at PARK. The results of these post-SFP surveys are outlined in this report.

2.0 Aims

The aims of the post-SFP staff survey were to determine:

- whether smokers were motivated to quit/cut down as a result of the SFP
- whether smokers accessed the free nicotine replacement therapy (NRT) available to control cravings and/or to quit smoking
- whether staff were still affected by ETS
- how staff perceived themselves to be affected by ETS
- whether respondents had seen people smoking on health service/hospital premises since the SFP was introduced
- any problems, issues or concerns regarding the new SFP
- staff needs in relation to the SFP.

3.0 Method

A brief and confidential self-administered survey was developed and disseminated to FHHS and PARK employees via staff payslips in July 2008 (Appendix 1). Three \$100 Myer vouchers were offered as prize incentives to encourage staff participation. Staff members who wanted to be placed in the prize draw were asked to provide their contact details.



4.0 Analysis

The data collected from the surveys was analysed using SPSS (Version 16). Collated data was 'cleaned' by removing non-applicable responses. For example, ex-smokers who gave up smoking well before the new SFP was introduced but answered questions 2–5 had their responses deleted. This was because these questions related to changes in smoking habits or access to free NRT following the announcement and introduction of the policy; free NRT was not available to staff prior to this time. 'Sometimes' and 'yes' responses to Question 4 (i.e. whether or not smokers smoked less during work hours since the introduction of the SFP) were combined. Qualitative responses were thematically analysed.

5.0 Survey Limitations

The SFP survey labelled FHHS was inadvertently circulated to PARK staff. Consequently it was difficult to separate the FHHS data from PARK data for analysis. Respondents who provided their contact details on the survey were contacted via email and/or telephone to determine which health service site they were from. Approximately 14% (13.9%, n = 104/747) of survey respondents could not be identified. As a result the data presented was combined and analysed together, and only separated where differences and/or similarities of interest were noted.

Caution is needed when comparing the data to the pre-SFP results, given that the response rate to the survey was low (~15%) and the subset of respondents completing some questions (namely, those questions that were relevant only to smokers or ex-smokers) was small. Furthermore, it is difficult to draw any real comparisons between the pre-SFP and post-SFP samples because respondents were not necessarily the same people.



6.0 Results

6.1 Health service survey response

The survey was disseminated to 4096 FHHS staff and 855 PARK staff. Seven hundred and forty seven surveys were completed. Of these 508 surveys were completed by FHHS staff and 135 were completed by PARK staff. It is unknown what proportion of the remaining 104 surveys represented FHHS or PARK, as these respondents did not provide contact details. (See 5.0 Survey Limitations.) A breakdown of health service representation is presented in Table 1.

Table 1: Survey response and health service representation

Health Service	No. of surveys	% of surveys
FHHS	508	68.0%
PARK	135	18.1%
Unknown	104	13.9%
TOTAL	747	100%

The overall response rate from the survey was 15.1%

6.2 Survey respondents' profile

6.2.1 Gender

The majority of survey respondents were female (n = 584/747, 78.2%), with 17.8% male (n = 133/747). Thirty respondents (4.0%, n = 30/747) did not specify their gender.

6.2.2 Age

The respondents' ages ranged from 18 to 71 years. The mean age of respondents was 44.5 years.

6.2.3 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'. Respondents who identified as ex-smokers were also asked how long since they had last smoked.

The majority of respondents were non-smokers (78.8%, n = 589/747), followed by ex-smokers (14.6%, n = 109/747) and 6.6% (n = 49/747) were current smokers.

The length of time since ex-smokers had last smoked ranged from 1 month to 40 years.

A breakdown of the respondents' smoking status is presented in Table 2.



Table 2: Respondents' smoking status

	No. of respondents	% of respondents
Non-smokers	589	78.8
Ex-smokers	109	14.6
Current smokers who want to give up	17	2.3
Current smokers who want to cut down	17	2.3
Current smokers who don't want to give up	15	2.0
TOTAL	747	100%

Current smokers were asked whether they smoked during working hours. Six out of ten (n = 31/49, 63%) said they normally smoked during working hours, one in five (n = 11/49, 22%) smoked at work sometimes and 14% (n = 7/49) said they did not smoke at work.

6.3 Response to the Smoke-free Policy

6.3.1 Motivated to quit and/or cut down

Over half of current smokers who wanted to give up (53%, n = 9/17) and 38% (n = 6/16) of current smokers who wanted to cut down said the SFP was a motivating factor for them. Overall, three in ten current smokers (31%, n = 15/49) responded that the new SFP was a motivating factor to quit or cut down. The remaining current smokers felt that the SFP had had no influence on their desire to give up or cut down smoking.

Of the 17 recent ex-smokers (quit within the last 22 months), eight (47%, n = 8/17) were motivated to quit as a consequence of the new SFP.

6.3.2 Smoking less at work

Over half of current smokers 51% (n = 25/49) said they smoked less since the introduction of the smoke-free policy, while 47% (n = 23/45) said that they did not. One person (2%, n = 1/49) did not answer this question.

6.3.3 Uptake of free NRT

Current smokers and recent ex-smokers were asked whether they had accessed the free NRT which was available to staff for up to eight weeks. Sixty-two respondents answered this question, of which 39% (n = 24/62) had accessed NRT and 61% (n = 38/62) had not.

NRT comments

FHHS and PARK respondents who did not access free NRT provided similar feedback. These comments included: smokers not being interested in quitting; offering staff a longer course of free NRT; experiencing severe skin reaction side effects; opting to choose an alternative method to quit (not stated) and wanting a different type of NRT to the one that was offered.



Examples of FHHS comments:

- 'Allergy to patches and vomit after every lozenge'*
- 'Wasn't the right time for me. Should be an ongoing program'*
- 'I don't want to quit...'*
- 'Did it on my own'*

Examples of PARK comments:

- 'Course should be longer than eight weeks. It's 16 weeks if you do it on your own'*
- 'Not ready to quit and I only ever smoke at home, just a small amount'*
- 'Used a different method to stop'*

FHHS respondents also cited time pressures and shift work as barriers, which prevented them from accessing NRT:

- 'Basically never had the time to fill out forms'*
- 'Work night shift and can't pick any up'*

Some FHHS respondents expressed differing opinions about the effectiveness of NRT:

- 'Big help'*
- 'Fantastic idea'*
- 'Didn't work for me'*
- 'Had heard yuk things about patches'*

6.3.4 Exposure to second-hand smoke (SHS)

Respondents were asked if they believed they are exposed to SHS at work and, if so, to describe the effects. Nearly 40% (39.6%, n = 296/747) reported that they were exposed to SHS, while 59.3% (n = 443/747) of respondents reported that they were not. Eight people (1.1%, n = 8/747) did not answer this question.

The post-SFP survey results showed a reduction in respondents' perceived exposure to SHS in comparison to the pre-SFP implementation survey results.ⁱ See Table 3 for comparison of pre- SFP and post-SFP implementation survey results.

ⁱ Unknown and/or missing data has been included in the denominator when formulating the pre-SFP survey results for this report. These results differ to those presented in the pre-SFP reports^{2,3}, which did not include missing data in the denominator.



Table 3: Perceived exposure to SHS (pre-SFP survey and post-SFP results)

Health Service	Yes, exposed to SHS		No, not exposed to SHS	
	Pre-policy survey	Post-policy survey	Pre-policy survey	Post-policy survey
FHHS	44.2% (n = 216/489)	41.1% (n = 209/508)	50.3% (n = 246/489)	57.7% (n = 293/508)
PARK	55.3% (n = 84/152)	37% (n = 50/135)	37.5% (n = 57/152)	62.2% (n = 84/135)

Note. Respondents of the pre-SFP and post-SFP surveys were not necessarily the same individuals.

Missing data

FHHS pre-SFP survey: 27 people (5.5%, n = 27/489) did not answer this question.

FHHS post-SFP survey: 6 people (1.2%, n = 6/508) did not answer this question.

PARK pre-SFP survey: 11 people (7.2%, n = 11/152) did not answer this question.

PARK post-SFP survey: 1 person (1%, n = 1/135) did not answer this question.

SHS comments

Respondents from both sites cited hospital entrance and/or exit points as areas that posed the greatest risk of exposure to SHS. Some also reported exposure to SHS during patient home visits.

Examples of FHHS comments:

‘Less now, but people still smoking at entrances and footpaths’

‘Not since introduction of smoke-free environment’

‘Occasionally clients in own homes are smoking on our arrival — we ask to cease’

‘Patients, staff and visitors smoke directly outside my office and smoke flows into my office. This is detrimental to my health and the health of others’

‘We have to walk past heaps of staff and patients at each entry point, which is where we are exposed’

Examples of PARK comments:

‘During home visits where clients are smoking’

‘Around the entrance’

‘On entering and exiting the hospital. However now an infrequent occurrence’

‘Still have to walk past smokers on path and in car park so still inhaling smoke’

‘Not (exposed to SHS) with this new law’

‘Occasionally when arriving and leaving main entrance’



6.3.5 People smoking on site

Participants were asked whether or not they had seen people smoking on health service/hospital premises since the introduction of the SFP and were then asked to elaborate. Almost seven in ten respondents (68.0%, n = 508/747) reported they had seen people smoking on hospital service/hospital premises while 30.3% (n = 226/747) reported that they had not. Thirteen people (1.7%, n = 13/747) did not answer this question.

People smoking on site comments:

'Patients and staff don't always comply with regulations and stand very close to building entrances'

'All the time and brazenly next to the no smoking signs...'

'...not since June. Change has definitely occurred'

'The smoke-free initiative has greatly reduced the number of people smoking on site and improved the environment for non-smokers'

Respondents cited staff, including managers, visitors, contractors and patients as those people who were breaching the SFP. Perceptions varied as to which group smoked on site more often:

'Management and staff smoking directly outside front door — also smoking with clients'

'Mostly patients and visitors'

'Mostly visitors and some staff'

'A father had just lost his son to an accidental death. Doctor, nurse and father smoked during grieving'

'A contract worker, I pointed out the policy and he put out the cigarette'

'Psych nurses behind V5'

'The mental health patients that refuse to butt out'

'I have seen a few employees smoking in car parks and hiding near buildings in roadways on Fremantle Hospital premises'

FHHS staff commented that smoking on grounds increased during wet weather:

'When raining most smokers take shelter on the hospital premises and still smoke'

'People still smoking on hospital property especially when it is raining'

'Alcove at B Block main entrance and along walkway from entry to Emergency Department entry. Staff smoke in F block entry alcove, especially in bad weather'

6.3.6 Identified 'smoking' areas

FHHS 'smoking' areas

The main areas identified where FHHS smokers congregated included Alma Street exit, ambulance entry, near the Emergency Department (ED), W Block, outside kiosk area, between A and B Blocks, between A and F Blocks, outside Level 5, V Block entrances, near After Hours GP Surgery and Level 3 B Block.



PARK 'smoking' areas

The main 'smoking' areas identified at PARK were outside the ambulance entrance/ED and the car park and entrance to the hospital.

6.3.7 Staff comments

Respondents were given the opportunity to provide general feedback about the new SFP.

Positive feedback received:

'It's wonderful to have a smoke-free workplace'

'Excellent initiative'

'Great to be smoke-free. Health facilities should reflect healthy activities'

'I fully support the HDWA initiatives to make workplaces smoke-free. It is working and improving air quality at FH'

'I support this policy fully. I have seen a number of colleagues doing their best to quit smoking due to this policy'

Concerns expressed:

Concerns were expressed about the increased visibility of staff smoking in uniform, which did not present a positive public image; the perceived need for a designated area due to the addictive nature of smoking and problems relating to enforcement. These concerns were expressed by respondents from both sites.

'Hospital staff gathering in groups on the street to smoke is inappropriate and gives conflicting messages to the community'

'Although good to have no staff smoking on site, now very visible at the front of sites/centres — which doesn't look very professional or healthy'

'Near the bus stop so many staff are smoking. Friends have even commented. They are shocked that hospital staff are smoking for all the general public to see when they should know "smoking is a health hazard"'

'A designated area for smokers directly away from the entrances to the hospital would be preferable. This would be less detrimental to patients etc.'

'I really feel strongly that we should allow people a private area away from others to smoke when they wish. Many patients are dealing with death and especially at night need solace from smoking'

'Horrible to see patients/staff smoking in street. Was far better when an isolated, private area was supplied'

'I have been verbally abused for asking people not to smoke on campus'

'Staff have no power to enforce this policy — there are no consequences for doing so'

'No point telling patients if we don't have the resources to enforce it'

'Fines need to be in place to discourage smoking on campus'

'Maybe a little more 'policing' of staff'

'If a no-smoking policy is going to work it needs to be enforced, main problem is who [by]?''



Other concerns included questioning the impact of the new SFP on mental health patients, increased amount of littering of cigarette butts surrounding the hospital and safety of patients and staff leaving the premises to smoke.

'I work in mental health with unwell patients — you tell them to quit?'

'I believe for certain patients such as psychiatric/social behaviour problems there should be a smoking permitted area...It does in fact calm these individuals down a great deal and thus much less aggressive incidents towards staff members will occur. Someone eventually (staff) will be injured trying to stop these kinds of patients from smoking'

'Implementation of the policy has increased the amount of litter in the surrounding area'

'...the disposal units for the butts aren't enough as it is sad to see the garden beds littered with butts'

'As a night worker I am concerned for my safety as I stand on Alma Street at night'

7.0 Conclusion

The post-SFP survey was conducted at FHHS and PARK to determine if and how people are affected by ETS, if the new SFP had motivated staff to quit/cut down smoking and whether or not people were still smoking on hospital premises. The survey also sought to identify any staff needs or concerns following the introduction of the SFP in January 2008. The post-SFP survey was an initiative of the SMPHU.

Seven hundred and forty seven surveys were completed. Of these 508 surveys were completed by FHHS staff and 135 were completed by PARK staff. It is unknown what proportion of the remaining 104 surveys represented FHHS or PARK, as these respondents did not provide contact details. The majority of respondents were non-smokers and/or ex-smokers. The survey results showed that the SFP had motivated close to 50% of recent ex-smokers to quit and was a motivating factor to quit or cut down in 30% of current smokers. Furthermore, half the current smokers were smoking less during work hours since the SFP was introduced and almost 40% of current and recent ex-smokers had accessed free NRT.

Many respondents reported that the free NRT available for staff was an excellent initiative. A recurring suggestion was to increase the length of time NRT was offered to staff wishing to quit smoking. Concerns expressed by respondents were the difficulties in policing the new SFP, staff safety, increased visibility of smokers (including hospital staff) to the general public, the impact of the SFP on mental health patients and increased littering. However, at both sites fewer staff reported exposure to second-hand smoke. Ongoing reminders about the policy (for example at induction and in-services) will be needed to maintain awareness of the SFP and to encourage staff who smoke to quit.



8.0 References

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9.0 Appendices

9.1 Appendix 1: Staff Survey

Fremantle Health Service Smoke-Free Survey

On 1 January 2008 all WA Health facilities became smoke-free. This survey is a six-month follow-up to see if any changes have occurred since the policy was introduced. Please return your completed survey via the internal mail marked 'Smoke-Free Survey' by **30 July 2008**. You do not need to put your name on the form unless you would like to be entered into a draw to win a prize (see bottom of survey). For more information about the smoke-free policy please telephone: 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? _____ - **Go to question 2**
 A current smoker who wants to give up — **Go to question 2**
 A current smoker who wants to cut down — **Go to question 2**
 A current smoker who doesn't want to quit — **Go to question 4**

2. Did the new smoke-free policy motivate you to quit and/or cut down? Please tick one only.

- Yes No

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

- Yes No Sometimes

4. Since the smoke-free policy was introduced do you smoke less during work hours? Please tick one only.

- Yes No Sometimes

5. Did you access the free nicotine replacement therapy available from the hospital to control cravings and/or to quit smoking? Please tick one only.

- Yes. Any comments? _____
 No. Why not? _____

6. Do you believe you are exposed to second-hand smoke at work? Please tick one only.

- Yes. Please describe _____
 No. _____

7. Have you seen people smoking on health service/hospital premises since the smoke-free policy was introduced on 1st January? Please tick one only.

- Yes. Please elaborate _____
 No.

8. Gender (please circle): male / female

9. Age: _____

10. 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 and enter your contact details below.

Name: _____
Contact number: _____ Email: _____

Please return via internal mail marked 'Smoke-Free Survey' by **30 July 2008**.



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