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The Problem With Nicotinism Among Nurses

Problem nikotynizmu wśród pielęgniarek

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Abstract

Background. The main topic of this article is the issue of nicotinism among nurses. The medical effects of smoking have obviously been proven and the tobacco pandemic is a serious social global problem. One of the strategies which leads to a reduced number of diseases and deaths caused by smoking is to increase the activity of the medical staff in nicotine addiction prevention and therapy. The nurses play an important role and serve as an example for the social environment and patients.

Objectives. The aim of the article is to point out the connection of smoking among nurses to their health in a related psychological and social context.

Material and Methods. The methodology of this survey is a non-standardized questionnaire completed by nurses working in inpatient care. The survey was carried out in the ÚVN SNP Ružomberok – FN, NEDÚ Lubochňa and NsP L.N. Jégého Dolný Kubín.

Results. The results of the questionnaire are processed in the form of charts and graphs. They include a brief analysis of the results, their mutual comparison and statistical processing.

Conclusions. The prevalence of smoking among nurses was significantly higher compared to the general population. Even though some nurses do not want to admit it, smoking has an impact on work and team relationships. In this case there is an open environment to solve problems with assertive communication, professional attitude of management and compliance with legislative regulation in the workplace (Piel. Zdr. Publ. 2013, 3, 1, 31–36).

Key words: smoking, addiction, risk factors, health, nurses.

Streszczenie

Wprowadzenie. Głównym tematem pracy jest aspekt nikotynizmu wśród pielęgniarek. Potwierdzone są niekorzystne skutki zdrowotne wynikające z palenia papierosów, a uzależnienie od nikotyny stwarza poważny problem społeczny w wymiarze globalnym. Jedną z metod ograniczających liczbę chorób i zgonów spowodowanych paleniem jest zwiększenie aktywności personelu medycznego w zapobieganiu i leczeniu uzależnienia od nikotyny. Pielęgniarki będące przykładem dla pacjenta i środowiska społecznego odgrywają ważną rolę w tym procesie.

Cel pracy. Wskazanie zależności między zdrowiem pielęgniarek a paleniem przez nie papierosów w kontekście psychologicznym i społecznym.

Materiał i metody. Badania przeprowadzono w ÚVN SNP Ružomberok – FN, NEDÚ Lubochňa oraz NsP L.N. Jégého Dolný Kubín. W badaniach posługiwano się kwestionariuszem wywiadu. Respondentami były pielęgniarki zatrudnione w placówkach medycznych.

Wyniki. Otrzymane dane przedstawiono w formie wykresów i diagramów. Obejmują one krótką analizę wyników i ich wzajemne korelacje.

Wnioski. Rozpowszechnienie palenia tytoniu wśród pielęgniarek było istotnie większe w porównaniu z populacją ogólną. Palenie ma duży wpływ na pracę i relacje z ludźmi, choć pielęgniarki tego nie przyznają. Należy zatem wdrażać działania związane z zagadnieniem asertywnej komunikacji, profesjonalizmu w zarządzaniu i uregulowań legislacyjnych w miejscu pracy (Piel. Zdr. Publ. 2013, 3, 1, 31–36).

Słowa kluczowe: palenie tytoniu, uzależnienie, czynnik ryzyka, zdrowie, pielęgniarki.

One of the most discussed topics in our society in both health-care institutions and in the general public, is smoking. Serious health consequences

of smoking are have been clearly proven and the tobacco pandemic is a serious society-wide problem. According to statistical data on the prevalence

of smoking, it is estimated that 1.1 billion people smoke. 250 million of the latter constitute female smokers. At the internet website of the Eurobarometer Special Surveys, the Slovak Republic is represented by 24% smokers aged 15–24 years. One of the strategies leading to the reduction of the number of diseases and deaths caused by smoking is to increase the influence of health workers as far as both prevention and treatment of smoking addiction are concerned. As for a model of behavior for their social environment and patients, a very important role is played by nurses. In this respect, the best indicator of increasing quality of health and educational care would be a decreasing number of smokers among nurses. Although the nursing profession allows them to see diseases and suffering of patients caused by tobacco immediately, nurses do not take the data and facts about the harmful effects of smoking seriously and trivialize them. Difficult working conditions associated with stress, shift work and the accumulation of responsibilities at work and family aggravate the effort of nurses who smoke to extricate themselves from nicotine addiction.

The aim of the paper is to draw attention to the smoking of nurses (prevalence) in relation to their health and related psychological and social context. To obtain this data, the authors used a questionnaire method. The questionnaire was designed for nurses working on inpatient wards and in operating theaters. The authors focused on following problems: smoking of nurses in relation to their health and their motivation to quit smoking, tolerance of smoking and smoking breaks among nurses at the workplace in connection with their work responsibilities, attitude of the senior staff to smoking at the workplace, problem of nurses' perception of their own addiction alongside the role of educators, interest or disinterest of nurses to solve the problem of smoking.

Objectives of the survey:

- determine the presence of smokers and non-smokers among nurses,
- determine the reasons for smoking among nurses,
- determine whether nurses are familiar with the legislation concerning smoking at the workplace,
- determine in what manner smoking affects working relationships among nurses.

Material and Methods

The questionnaire was focused on the attitude of nurses to the issue of smoking at the workplace. A selection of respondents was random and

anonymous. MS Excel 2000–En Statistica 1.6 was used for the statistical analysis and evaluation of some of the data. The authors used a χ^2 test to compare the occurrence of the observed feature. The authors considered significant values to be at the level of significance $p < 0.05$.

Data collection was conducted in October and November 2011. 160 questionnaires were distributed at the workplaces in the Central Military Hospital in Ružomberok – Faculty Hospital, Department of Diabetes of the National Institute of Endocrinology and Diabetes in Lubochňa, and Orthopaedic and Neurological Department of the Hospital with Polyclinic of L.N. Jégé in Dolný Kubín. 154 questionnaires were received from a total of 160, which represents 96.25%.

Results

Question 1. What is the attitude of your senior staff to smoking at your workplace?

There were four possible answers to express the attitude. The first answer – they disagree with smoking and ban it at the workplace – was given by 16 (29.7%) respondents smokers, and 20 (20%) non-smokers. The second possible answer – they have a negative attitude to smoking, but they tolerate it – was selected by 17 (31.5%) smokers and 41 (41%) non-smokers. The third answer – they tolerate smoking, they are smokers – was given by 2 (3.7%) respondents smokers and 13 (13%) non-smokers. The results are available in Table 1. Statistical processing of the attitudes of the respondents smokers in terms of tolerance or intolerance of smoking confirms that the senior staff does not tolerate smoking $\chi^2 = 0.528780433$, $p > 0.05$. As for the respondents non-smokers, results confirm that the senior staff tolerate smoking $\chi^2 = 4.33591E-06$, $p < 0.05$.

Question 2. How does smoking influence working relationships at your workplace?

Question 2 is related to smoking and working relationships. There were various possible answers. The first answer – I feel discriminated – was given by 1 (1%) respondent non-smoker, impaired working comfort and conflicts were given by 8 (8%) respondents non-smokers, tension in communication was given by 1 (1.9%) respondent smoker and 7 (7%) non-smokers. Two (3.7%) respondents smokers stated that smoking helps them integrate into the team. The fifth possible

Table 1. Attitude of the senior staff to smoking at the workplace**Tabela 1.** Stosunek starszego personelu do palenia w miejscu pracy

Possible answers	Smokers		Non-smokers	
	number (n)	percentage (%)	number (n)	percentage (%)
They disagree and ban smoking at the workplace	16	29.7	20	20.0
They have a negative attitude, but tolerate smoking	17	31.5	41	41.0
They tolerate smoking, they are smokers	2	3.7	13	13.0
They do not respond to the issue	19	35.1	26	26.0
Other	0	0.0	0	0.0
Total (N)	54	100.0	100	100.0

Table 2. Smoking and working relationships among nurses**Tabela 2.** Palenie i praca – relacje między pielęgniarkami

Possible answers	Smokers		Non-smokers	
	number (n)	percentage (%)	number (n)	percentage (%)
I feel discriminated and expelled from the team	0	0.0	1	1.0
Working comfort is impaired and there are conflicts	0	0.0	8	8.0
I can feel tension in communication	1	1.9	7	7.0
Smoking helps me integrate into the team	2	3.7	0	0.0
We always agree on cooperation	14	26.0	39	39.0
It has no influence	37	68.4	45	45.0
Other	0	0.0	0	0.0
Total (N)	54	100.0	100	100.0

answer – they always agree on cooperation – was selected by 14 (26%) respondents smokers and 39 (39%) non-smokers. Most of the respondents gave the sixth answer – it has no influence – 37 (68.4%) smokers and 45 (45%) non-smokers. The results are available in the Table 2. Statistical processing of the answers in terms of affecting relationships among nurses by smoking confirms that among respondents smokers smoking does not affect working relationships $\chi^2 = 0.006495586$, $p < 0.05$ and among respondents non-smokers it affects working relationships $\chi^2 = 0.317310508$, $p > 0.05$.

Discussion

The survey results are valid for the reference group of respondents involved in the survey conducted at various workplaces in October and November 2011. According to the data provided by the Ministry of Health of the Slovak Republic, in 2003 the incidence of regular smoking among males was 24.4% and among females 17.7% [1]. Kaletová et al. [5] stated that the prevalence of smoking among

nurses was significantly higher than in the general population, which the authors noted in their reference group, too. 26 (16.9%) of a total of 154 respondents stated regular smoking and 28 (18.2%) occasional smoking. There were 100 (64.9%) non-smokers. These results are comparable with the paper focused on the attitudes of nurses to their health. It states 24% of respondents smokers and 76% respondents non-smokers [9]. Vitásková [11] states that in 2005–2007 at six hospitals in the Olomouc region there was a survey on changes in locomotor system of nurses, part of which, among other things, was monitoring of smoking among nurses. In the reference group, 31.1% of respondents were regular smokers with average number of 9.4 cigarettes per day and 56.9% of non-smokers.

Improved health can be achieved by prevention. Therefore, it is necessary to know the reasons leading to smoking. According to Bernadič [1] “in early puberty it is mainly experimenting with smoking. Later smoking starts as social presentation by accepting an offered cigarette in a group of young people” [1]. In the survey the authors found

out that nurses smokers mostly started smoking at the age of 16–20 (72.2%), i.e. during their studies at the secondary school. Starting smoking at this age is probably connected with growing up and little resistance to social pressure, as well as with the effort of teenagers to emulate their peers. Among the factors that had influenced the creation of their addiction, the nurses mostly stated an influence of their friends and acquaintances (81.5%). The second most often factor were stressful situations (13%). A surprising finding was that parents were not mentioned in any of the answers as a reason for starting to smoke, unlike Mádlová [6] which shows the proportion of parents – smokers 65.6%. In this case Mádlová shows that the natural authority of parents affects children's behavior. Similarly, the behaviour of nurses affects patients and lay public. Kaletová et al. [5] state that during preventive examinations of the employees of the Faculty Hospital in Olomouc, their anamneses revealed that nurses had started smoking during night shifts when they stayed alone at the departments or because having a cigarette break also meant having a break in their work. These results, however, are not statistically processed.

Nurses constitute a specific group which is professionally educated and well-informed about various bad habits and risky behavior patterns, as well as their impact on the health condition of an individual. The authors assumed that their expertise would be reflected in the behavior and good attitudes to their health. Based on the responses to the question about their reasons for smoking when they know that it is harmful, the authors came to the conclusion that nurses protect their health in the same way as the general population. The highest percentage (53.7%) belonged to the response that they knew the consequences of smoking and they hoped they would not fall ill. Mádlová [6] notes that if the assertion of 38.9% of respondents smokers and of 18.9% of respondents non-smokers about not believing in the harmfulness of smoking is true, it indicates a low level of knowledge and ability of nurses to pursue their profession. In the present survey, most of the respondents were interested in the information on the harmfulness of smoking – 61.1% of smokers. A statistically significant difference in the interest and disinterest information is not confirmed. But the fact is that, contrary to continue to smoke. The next question indicates, how much are nurses smokers interested in professional assistance in quitting. As many as 79.6% of respondents said that they had repeatedly tried to quit smoking. However, as many as 66.6% of respondents claimed that they were not interested in counseling and professional assistance in quitting. This can be explained by the fact that the

anti-smoking campaign is annoying. It exposes their deficiencies and reminds them of the risks of smoking. In the Czech Republic, there are 38 specialized centers for tobacco addiction treatment. These are workplaces on the ground of health care facilities [10]. Saadouni [8] states that at the Clinic of Pulmonary Diseases and Tuberculosis of the Faculty Hospital in Brno, the success rate of addiction treatment reached 33%, even if the official success rate of addiction treatment in the world is 25%. In the Slovak Republic, counseling on tobacco addiction treatment is provided by the counseling centers within the public service of the Regional Office of Public Health [7]. The question is, however, why have 13% of respondents never tried to quit smoking.

The highest percentage of respondents (46.3%) stated that they smoke at home in their leisure time. However, a relatively high percentage of respondents (37%) smoke more at work. This may indicate the fact that smoking is an addiction that is tolerated at the workplace. For a nurse who starts her shift with the burden of nicotine addiction and would like to observe the workplace smoking ban, managing withdrawal symptoms in the absence of nicotine, while managing the accumulated stress can be very challenging. If the nurse educates patients to stop smoking and talks about the harmful effects of smoking, and he/she smells of cigarette smoke and malodor, he/she diminishes his/her educational goal.

The law on the protection of non-smokers from 2004 strictly “prohibits smoking in the premises of health care facilities except smoking rooms or a smoking area that is reserved in psychiatric wards” [12]. It is a duty of employees to observe the ban. When considering the reasons for smoking among nurses, the authors were inclined to think that smoking among sisters belongs among inappropriate stress relief techniques. It was proved by the answers of 22.3% of respondents, although for a greater percentage (26%) the reason for smoking was their appetite for a cigarette. Many nurses smokers smoke at work when they have a break, and “motivate” other nurses to have a cigarette too. In our survey, it has been confirmed in 20.3%, suggesting that smoking is an addiction and the social character of its demanding work associated with the stress of nurses compensated by cigarettes.

51.9% of respondents smoke in the room “reserved for smoking”. Interestingly, 24% of respondents smoke outside the building and thus they *de facto* leave their workplace. The regular, even though only ten-minute, breaks for a cigarette “cut off” the working time of smokers. An employee who has four ten-minute smoking breaks per day waists almost four working hours per week. In our

survey, 92.6% of respondents admitted to having 2–5 cigarettes during an eight-hour shift. When ascertaining the knowledge of current legislation on the protection of non-smokers, only 45% of respondents non-smokers and 42.6% of respondents smokers knew by which law the protection was stipulated. Drozdová, Kebza [3] in the 2005 survey that was focused on the prevalence of smoking among Czech nurses, stated that the senior staff of as many as 84% of respondents tolerated smoking and often smoked with their employees. In our survey, we found a difference concerning the answer “the senior staff tolerate smoking, they are smokers”. This answer was given by 3.7% of respondents smokers and 13% of respondents non-smokers. According to Drozdová [2] “the personality of the head nurse has a big impact on how nurses will accept the anti-smoking programme. The head nurse should have power of both a formal and informal leader” [2]. According to Mádllová [6] a relatively large number of respondents agree that hospitals should be non-smoking – 77% of non-smokers and surprisingly 41.4% of smokers. The authors can agree with this opinion, although they had a lower percentage: in the present survey the authors had 38% of non-smokers and 20.3% of smokers. More respondents agreed with smoking in “smoking areas” – 55% of non-smokers and as many as 67% of smokers. In the present survey, the authors wondered if smoking affected working relationships among nurses. Responsibilities of nurses, who smoke during their smoking breaks, is assumed by non-smoking nurses. Drozdová [2] states that 58% of respondents non-smokers mind standing in for the nurses smokers during their smoking breaks. The problem of smoking breaks despite the smoking ban, popping out to have a cigarette, misunderstandings caused by withdrawal symptoms of heavy smokers, may cause conflicts with others. During their smoking breaks, nurses smokers leave their patients and sometimes the department as well. The patients are left to their non-smoking colleagues, who have their own working duties. Smoking brings nurses smokers closer each other. As a result, non-smoking nurses may feel marginalized. This opinion, however, was not proven in the present survey. Marginalizing of non-smokers was perceived by just 1% of non-smokers and tension in communication by 7% of non-smokers and 1.9% of smokers. Surprisingly, 68.4% of respondents smokers and 45% of non-smokers think that smoking does not affect working relationships. Conversely, 26% of smokers and 39% of nonsmokers can agree on cooperation. Based on the available information on the issue, the authors had assumed that smoking affected working relationships among nurses. As

for respondents smokers, no significant relationship between working relationships and smoking was proved. Conversely, it was proved among respondents non-smokers. Another question was, if nurses minded their colleagues smoking. The authors agree with Durbák (2002) who states that “passive smoking is a phenomenon which inevitably occurs where the environment is shared by smokers and non-smokers. Under these conditions, the non-smokers get “their” dose of nicotine and other 4,000 fumes of smouldering tobacco by breathing in a smoky atmosphere” [4]. The authors should think about the answer related to the refusal of passive smoking – only 18% of non-smokers and 1.9% of smokers mind passive smoking. Unlike the present findings, Drozdová, Kebza [3] stated that 27% of respondents voluntarily exposed themselves to passive smoking. 50% of respondents non-smokers and 14.8% of smokers stated that they did not mind smoking if their colleagues did not smoke in their presence. This may mean either indifference to this problem or else collaboration without conflicts. 2% of respondents smokers and 15% of non-smokers did not mind smoking. 60% of respondents non-smokers and 16.7% of smokers stated that they minded being in a smoking environment and they avoided smoking areas. Conversely, only 2% of non-smokers and 46.2% of smokers do not mind the smoking areas at all. The authors confirm the above stated by statistical processing of this question, while they assumed that staying in a smoking environment was perceived negatively.

Conclusions

Smoking is a serious problem affecting many people in society. Nurses should also make efforts to prevent people from smoking and to help the addicted to quit smoking. However, there is a discord between theory and practice among nurses themselves.

Public awareness of a nurse – non-smoker should be strengthened, which means ethical requirement of the profession of a nurse. The public should be informed about the existence of non-smoking workplaces, e.g. information on non-smoking staff may have a positive impact on patients. It is necessary to include the issue of smoking in technical educational programmes for nurses, as well as to inform nurses about late knowledge of smoking as of a risk factor for many diseases. Tobacco policies should be consistently applied in practice and the laws protecting non-smokers should be observed. It is necessary to develop rules for smoking at the workplaces. There

should be no tolerance of smoking areas, and it is inevitable to inform on the consequences of breaking the prohibition of smoking in the work rules. In connection with a non-smoking workplace, it is necessary to offer the possibility of professional assistance, and to develop a programme of assistance to smokers trying to overcome the addiction. Senior staff should be asked to not smoke, as well as to reduce their tolerance of smoking at the workplace, modify schedules of shifts, and not to put smokers together in the schedules. It is necessary to prevent nurses from professional stress, i.e. they should observe principles of mental hygiene, acquire the knowledge of stress, and practice relaxation techniques. Students of nursing should be informed on the harmful effects of smoking as ear-

ly as during their studies. Information should be disseminated in the premises of schools on notice boards, in magazines, and on the internet as an important means of communication (social networks, chats, blogs). It is necessary to create atmosphere of a team aimed at the strengthening of motivation of non-smoking by personal motivation.

Positive changes in the prevalence of smoking can be expected in the case of a joint action of those who can influence the attitudes and behavior of smokers within their competence. This includes the influence of media, and of educational and social programmes, along with the simultaneous application of restrictive legal social measures in the field of smoking prevention. It is important to establish a non-smoking norm of behaviour.

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