

Correspondence

Attitudes to smoking and smoking habit among the staff of a hospital

SIR,—We read with great interest the paper of Drs P D O Davies and K Rajan (May 1989;44:378-81) concerning smoking in hospitals. We carried out a similar study among nurses working in a large Parisian teaching hospital with the same aim and a similar method.¹ Our response rate was 83% (n = 895). Prevalences of current smokers and ex-smokers were respectively 34% and 10% v 23% and 19% in Llandough hospital. Becker *et al* found rates of 22% and 23% among American nurses in 1986.²

The French nurses were knowledgeable about smoking risks and most of them were in agreement with a ban on smoking in the hospital for nurses, patients, and families. Among the current smokers, 64% had stopped at least once and 55% wished to stop. Half of these said that they would like to join a special group in the hospital to help them give up smoking.

These results were given to the directors and head nurses of all the hospital units. With the agreement of the hospital management, a special anti-smoking programme was organised, during work time, intended only for staff. Information was given by posters and also by doctors when people attended their annual medical examination (compulsory for wage earners in France). Nobody, however, attended the programme.

We agree with the English authors that smoking in hospital is a major public health concern and that something should be done to help smokers to give up. Disappointed by this experience, we wonder what method would be efficient.

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- 1 Cooreman J, Prétet S, Levallois M, Marsac J, Perdrizet S. Habitudes et attitudes tabagiques du personnel soignant d'un grand hôpital parisien. *Le Concours Médical*, 18 Mars 1989: 933-7.
- 2 Becker DM, Myers AH, Sacci M, *et al*. Smoking behavior and attitudes toward smoking among hospital nurses. *Am J Publ Health* 1986;76:1449-51.

SIR,—The article of Drs P D O Davies and K Rajan about "Attitudes to smoking and smoking habit among the staff of a hospital" provides us with badly needed data to establish a hospital policy for the fight against tobacco smoke inside hospital walls. The results underline the leading role of British doctors as non-smokers.

To enable others to compare their situation with Llandough Hospital in Penarth it would have been useful if the authors had given their definition of a smoker and of an ex-smoker. Furthermore, it is not clear whether pipe and cigar smokers were included or not. Could the authors

provide the readers with these additions, which would enlarge the significance and value of the report?

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SIR,—The survey carried out by Drs P D O Davies and K Rajan (May 1989;44:378-81) throws an interesting light on attitudes and behaviour of Health Service staff. My one quibble is that the paper fails to define smoking. The question, "Do you smoke?" will sometimes be understood, as it is by insurance companies and appears to be by the authors, to refer solely to cigarettes. Sometimes it will be understood to include other tobacco products, the consumption of which, at least among doctors, is high compared with that of cigarettes. How the question was interpreted by the respondents remains uncertain.

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AUTHOR'S REPLY To answer the specific questions regarding definitions of smoking: first, the questionnaire was self completed and it was left to individual members of staff to classify themselves as smokers, non-smokers, or ex-smokers. Smokers were invited to quantify their smoking habit into one of four possible groups for cigarette smoking as follows: 1-10, 11-20, 21-30, more than 30 a day. Space was also left for cigar smokers to quantify their habits in numbers of cigars a day, and pipe smokers in ½ ounces of tobacco a week. For the purpose of analysis we counted all respondents who admitted to smoking cigarettes as smokers, though from the design of the questionnaire we were unable to distinguish between those who may have smoked one cigarette a day and those who smoked 10.

As very few respondents (less than five) admitted to smoking cigars or pipes and as these were smoked in such moderate amounts (less than one cigar a day or less than ½ oz of tobacco a week) this group were defined as non-smoking for the analysis unless they also smoked cigarettes.

Regarding the question of Drs Cooreman and Prétet about what should be done to help smokers to give up: we too have no optimistic suggestions. The problem is that cigarette smoking is a highly addictive habit; most who attempt to give up fail and develop a poor self image. They are then less likely to present themselves for specific help or counselling.

One possible way may be to study time lost from work due to ill health against smoking habit. Results of this may be of use to employers, whether in hospitals or private industry, if it becomes apparent that those who smoke are more likely to take time off due to ill health. Employers may then be encouraged to provide some financial reward to non-smokers or provide incentives for smokers to attend "stop smoking" events. We do not suggest that this is the only solution but it may be one avenue we could explore further.

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