

Smokefree Policy Research Summary

BACKGROUND

- ◆ Scotland's Tobacco Control Strategy "Creating a Tobacco-Free Generation" (2013) required all NHS Boards to have smokefree buildings and grounds by March 2015
- ◆ NHSGGC focused on implementation and enforcement with a high profile campaign in 2013
- ◆ Smoking continues at hospital entrances and within grounds
- ◆ NHSGGC commissioned study in 2017 to understand why people either comply or fail to comply with the Smokefree Policy



AIM

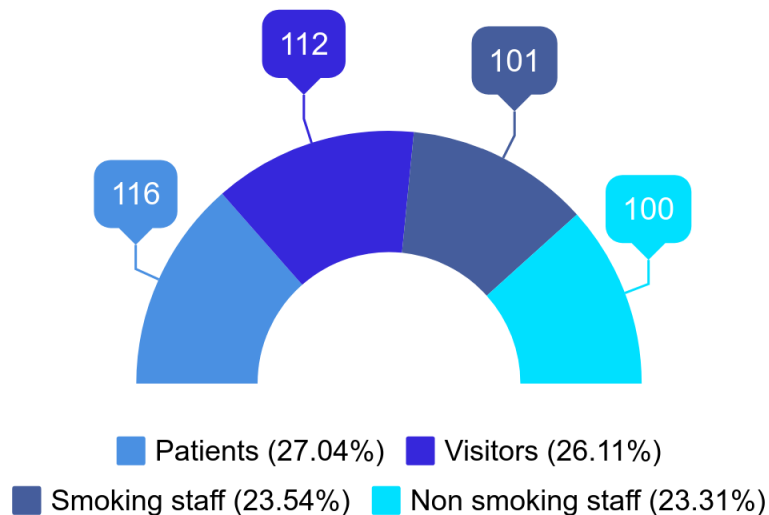
The main aim of the research was to explore why staff, patients and visitors either comply or do not comply with the Smokefree Policy.

METHOD

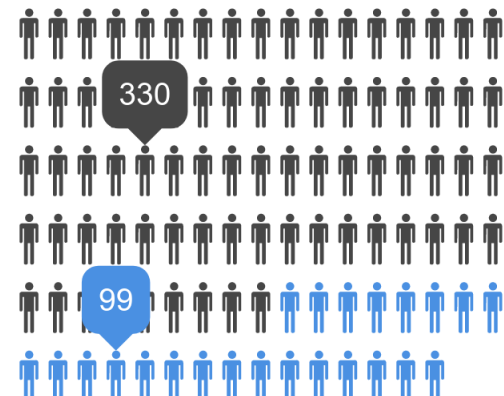


Fieldworkers carried out **429** face to face questionnaires with staff, patients and visitors at the Queen Elizabeth University Hospital/Royal Hospital for Children campus.

24 in-depth interviews were also carried out with staff and patients.



Breakdown of interviewees



77% of those asked were smokers.

SMOKING HABITS

94%

of the smokers in the sample were classed as medium to heavy smokers (average overall was 16 cigarettes a day)

REASONS FOR SMOKING

Patients, Visitors and Staff



Their need to smoke is high, using their level of addiction to justify their actions.



Patients and Visitors - stressed, worrying situation and environment, bored and coping with long days.



Staff - daily routine, long shifts, stressful and busy days

COMPLIANCE: SMOKING LOCATIONS AND HOW THEY WERE CHOSEN

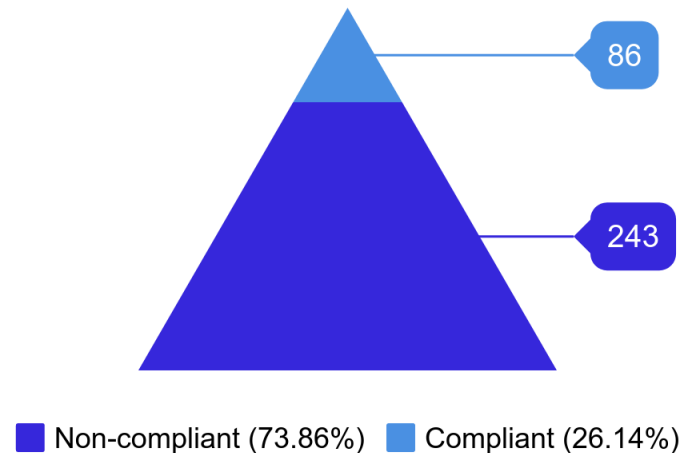
75%

of the locations cited as smokers' 'usual spots' were in non compliant areas

51%

of staff also cited non compliant areas as their usual place to smoke

Non-compliant v's Compliant



The most chosen areas across all groups for non-compliance were: - QEUH main entrance, discharge lounge, maternity entrance, adult A&E, car parks 1+2.



The most chosen areas across all groups for compliance were: - Govan Road, Moss Road and Hardgate Road.

FACTORS THAT DETERMINED SMOKING LOCATIONS

- Smoke where others smoke - social interaction with others
- Smoker's convenience – smoking near to their ward or workplace, especially for staff given time constraints - the 'easiest' place to smoke
- Lack of awareness about where they can smoke and perception there is nowhere else to go
- Lack of enforcement
- To avoid inclement weather
- To sit down
- 'It's the rules' and it's convenient

Overall the responses highlighted convenience wins over compliance

SMOKEFREE POLICY: AWARENESS, ATTITUDES & KNOWLEDGE

54%

of those asked were only definitely aware of a policy, the rules about smoking and not smoking at the QEUH (without being prompted)



the majority of people didn't know about the rules with respect to e-cigarettes

PATIENTS & VISITORS



Mixed views about the Policy

Didn't know for definite they weren't allowed to smoke outside - not told exactly where they can smoke - no signs, staff don't know.

Only some were offered help to quit, no one was offered any help (NRT) to get through their day.

STAFF



Non smoking staff more aware of Policy than smoking staff

Didn't know there were specific staff rules

Lack of management consistency in reinforcing

Didn't see anyone being caught or disciplined - only 48% were aware of disciplinary action

Don't see it as their duty to inform or enforce rules - wouldn't approach anyone

STAFF – DEALING WITH PATIENTS



The majority of responses suggested staff do not find it easy to give patient's information about the Smokefree Policy.

Around 50% stated they would like more help with communicating the policy and explaining why a patient cannot smoke outside.

However responses highlighted how much they felt it was not their job and they didn't have time to prioritise it.

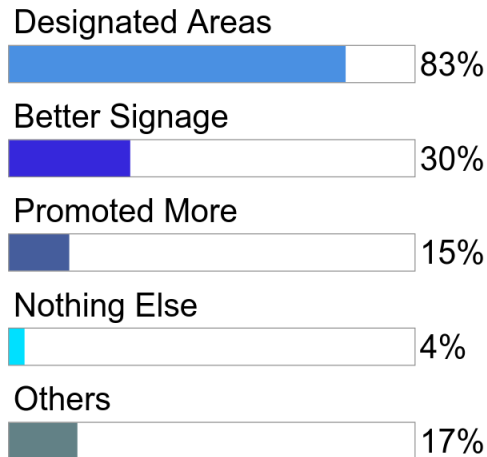
Even at admissions there was seldom time to explain it properly and it is often too much for a patient to take in at this point.

Conveying the Smokefree Policy to patient's bottom of the priority list.

CONCLUSION

- Compliance is a clear problem - heavy smokers - addicted, stressed, bored
- Smoke where is convenient
- Inconsistent or no enforcement and endorsement - engenders a 'who cares' attitude
- Clear communication issues - low awareness for of the Policy and rationale
- Lack of systematic approach to NRT for withdrawal management and misperceptions about the role of the NHSGGC smoking cessation service in hospitals.

RECOMMENDATIONS / SUGGESTIONS



- Remove bins/ashtrays from outside entrances/near seating areas
- Clearer signs, posters and maps to show people where they can smoke
- Information for patients
- Wardens and tannoy systems
- Make it law
- Help/walking aids to help people get off grounds

NEXT STEPS FOR SMOKEFREE SERVICES

- Submit a paper to the Public Health Committee - outlining action plan and proposals in response to the research in order to support staff, patients and visitors with the Policy and the forthcoming SF Hospital Grounds legislation.

MAIN PROPOSALS / ACTIONS

- Adopt a systematic approach to NRT for withdrawal management
- Nursing Admission Document - review questions
- Ward briefings + new staff resource - SF Hospital Service
- Communication campaign - internal and external
- Arts in Health

ANY QUESTIONS ?

Full report available -

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