

Smoking Habits of Nurses

E JACKA, BA (Cur), RN, RM, P&N, DPHN
P B DISLER, PhD, MB, BCh, FCP (SA)
A R SAYED, MSc (Statistics)
G S WATERMEYER, MB ChB, FCP, (SA)
*W F ROSS, MB,ChB, FFCM,FCGP(R), DPH

Department of Community Health, University of Cape Town Medical School, Observatory 7925, Republic of South Africa and *Department of Community Health, University of Zimbabwe, Harare, Zimbabwe.



INTRODUCTION

There is little debate as to the harmful effects of cigarette smoking on health. Most health workers advise their patients to cease the practice. The impact of the advice is however diluted if it is seen to be ignored by the professionals themselves. As nurses play an increasing role in all levels of health care a survey was undertaken to investigate the smoking habits of two groups of nurses — those operating within the community and those working in institutions.

METHODS

A postal questionnaire was sent to 260 community nurses working in the Health Department of the Cape Town City Council and Cape Divisional Council and 204 nurses working at the Mowbray Maternity Hospital, William Slater Hospital and Avalon Rehabilitation Centre. The response rate from the community nurses was 89.2% and from those working in the abovementioned institutions 77.0%, giving a final sample of 232 and 157 respectively.

OPSOMMING

Verpleegpersoneel is die lede van die gesondheidspan wat die meeste met die gemeenskap in kontak gebring word. Sigaret-rook is 'n erkende gemeenskap-probleem. Die beeld wat deur die verpleegkundige uitgedra word na die gemeenskap ten opsigte van rookgewoontes is 'n belangrike faktor in gemeenskapsopvoeding.

Hierdie studie doen verslag oor die rookgewoontes van verpleegpersoneel verbode aan 'n aantal diensfasiliteite in die gemeenskap. Faktore wat geïdentifiseer word ten opsigte van 'n hoë risiko vir die rookgewoonte onder verpleegpersoneel word uitgelig en met gemeenskapsrookpatrone in verband gebring.

Respondents were asked to supply (anonymously) the following information:

- age, sex, civil status and educational background (that is years of secondary schooling);
- nursing status (that is were they registered nurses, in training to become registered, or enrolled nurses);
- current and previous smoking behaviour and duration of smoking;
- their attitude to whether smoking should be allowed in the following public places: public transport, cinemas, restaurants and supermarkets;
- their opinion of the value of not smoking as a prophylactic measure against lung cancer. This data was included to assess their knowledge regarding the harmful effects of cigarette smoking.

RESULTS

All respondents were female. The age distribution is shown in table 1, the civil status in table 2 and the general educational and nursing education background in table 3. While the racial composition of both groups was similar, it can be seen that nurses working in institutions tended to be younger and unmarried. In addition, more had completed five years of secondary schooling and a greater proportion were either registered nurses or in training to become so.

Smoking habits

This is illustrated in table 4. It can be seen that considerably more nurses working in institutions smoked. Looking at the data more closely it is clear that the main difference lies in those that had never smoked at all (46.1% institutional vs 63.0% of the community health nurses), and that an approximately equal proportion of both groups had given up smoking. In both groups those that did smoke, more than 50% had done so for longer than five years.

Table 1 — Age Distribution of Nurses

Age	Community Health No.(%)	Institutional No.(%)
16-24	13 (5.6)	78 (49.6)
25-34	99 (42.7)	39 (24.8)
35-44	80 (34.5)	22 (14.0)
>45	40 (17.2)	18 (11.4)
Total:	232 (100)	157 (100)
$X^2 = 103.21$ $p = <0.001$		

Table 2 — Civil Status of Nurses

Status	Community Health No.(%)	Institutional No.(%)
Single	56 (24.2)	104 (66.2)
Divorced	13 (5.6)	6 (3.8)
Widowed	12 (5.2)	2 (1.3)
Married	151 (65.1)	45 (28.7)
Total:	232 (100)	157 (100)
$X^2 = 66.82$ $p = <0.001$		

Table 3 — Educational Background

Level of general schooling attained	<Std. 10	Std. 10 or more	Not stated	Total
	No. (%)	No. (%)	No. (%)	No. (%)
Community	121 (52.2)	106 (45.7)	5 (2.1)	232 (100)
Institution	32 (20.3)	118 (75.2)	7 (4.5)	157 (100)
Total:	153 (39.3)	224 (57.5)	12 (3.1)	389 (100)
$X^2 = 32.69$ $p = < 0.001$				
Nursing Education	Registered	Student	Enrolled	Total
	No. (%)	No. (%)	No. (%)	No. (%)
Community	168 (72.4)	3 (1.3)	61 (26.3)	232 (100)
Institution	105 (66.9)	33 (21.0)	19 (12.1)	157 (100)
$X^2 = 10.69$ $p = < 0.01$				

The perceived value of not smoking as a measure against cancer

This is shown in table 5. It is of interest that despite the weight of extremely strong evidence that has appeared in the literature and popular press over the past few decades, a considerable proportion of both groups of nurses were unclear in their minds as to the importance of not smoking in the prevention of lung cancer.

Attitudes to smoking in public places

In both groups more than 80 % thought that smoking should not be allowed in public transport, cinemas and supermarkets. Approximately 70% thought that it should be banned in restaurants.

DISCUSSION

In this study it was found that nurses working in the community smoked less than those who were employed in institutions. The two groups were not identical, the latter group being younger, having received more schooling and comprising a greater proportion of registered nurses. As younger, better educated people have been shown to smoke less than others however, the difference in smoking habits may indeed have been accentuated if these factors had been equalised (OPCS, London, 1978).

It is interesting that the major difference between the two groups lay in the proportion that had never taken up

Table 4 — Smoking Habits

Smoking	Community No. (%)	Institution No. (%)
Never smoked	138 (59.5)	71 (45.2)
Given up smoking	28 (12.1)	24 (15.3)
Smoking	53 (22.8)	59 (37.6)
1-9/day	28 (12.1)	19 (12.1)
10-19/day	16 (6.9)	31 (19.7)
20/day	9 (3.9)	9 (5.7)
Not stated	13 (5.6)	3 (1.9)
Total:	232 (100)	157 (100)

Smoking vs non-smoking $X^2 = 7.91$ $p = < 0.01$
 Given up smoking vs others $X^2 = 0.38$ not significant

Table 5 — The Value of not smoking in the prevention of lung cancer

Value	Community No. (%)	Institution No. (%)
Definite value	96 (41.4)	88 (56.1)
Possible value	76 (32.8)	59 (37.6)
No value	21 (9.1)	2 (1.3)
Do not know	28 (12.1)	7 (4.5)
Not answered	11 (4.7)	1 (0.6)
Total:	232 (100)	157 (100)

smoking and not in those who had subsequently given up. It is reasonable to infer that the postgraduate training in community health of these nurses had little to do with their decision not to smoke as this would almost certainly have been taken at a much younger age. One may speculate whether it is rather a difference in personality that led to these nurses both to choose a career in community health and to decide not to smoke.

Even if the *better* group of two is considered, however, just under a quarter smoked. The prevalence of smoking among nurses in South Africa is thus comparable with that reported from other countries (Spencer 1983, p.237). Interest in this topic was originally stimulated by a report in 1978 by the British Office of Population Census and Sur-

veys. This drew attention to the fact that 48% of nurses smoked and moreover that nurses smoked far more than other professionals (28% of primary school teachers) or other members of the health team (hospital doctors 25% and dentists 31%).

When compared with general population surveys such as the Tobacco Advisory Council Survey (Lee 1976) and General Household Survey (OPCS, London 1978), nurses also smoked more than other females in social classes 1 and 2. The specific occupational category of nurse has also been suggested to influence their smoking habits and a recent article reported that 52% of nurses at psychiatric hospitals were smokers, 39% of nurses in general hospitals and 28% of workers working in the community (Editorial 1983, p. 343).

The prevalence of smoking among other South African females of comparable social class is not known. A recent study of smoking amongst schoolchildren in Cape Town (Prout & Benatar 1983, p. 483), however, noted the smoking habits of their parents too and it was possible to extract these figures for comparison. Of the 643 mothers surveyed, 37.5% smoked which is similar to the nurses working in institutions in our study. The two groups, however, are not directly comparable as the schoolchildren came from a broader spectrum of socio-economic class, a factor which is reported to affect smoking habits.

Health education is a difficult task, particularly in the field of behaviour modification. Approximately 20 million rand is spent annually in South Africa in positive advertising for tobacco (Prout & Benatar 1983, p. 483). The World Health Organisation (1969) has commented that ... *what is needed is a change in way of life rather than a commentary on it.* The role of the nurse in health education is increasing. If educational programmes are to be successful, then nurses must be seen themselves to have healthy lifestyles rather than just adopting attitudes for teaching purposes.

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REFERENCES

- Office of population censuses and surveys. (1978) *Smoking and professional people*. London. OPCS.
- Spencer, J.K (1983) Nurses and cigarette smoking : a literature review. *Journal of Advanced Nursing* 8: 237-244.
- Lee, P.N (1976) *Statistics of smoking in the United Kingdom*. Research paper 1. London. Tobacco Research Council.
- Office of population censuses and surveys. (1978) *General household survey*. London. OPCS.
- Editorial (1983). Nurses who smoke. *Journal of Advanced Nursing* 8: 343-346.
- Prout, S.; Benatar, S.R (1983) Smoking in White high school children in Cape Town. *South African Medical Journal* 63: 483-486.
- World Health Organisation. (1969) *Research and health education. Report of a WHO scientific group*. Geneva. WHO.