Nurses' smoking habits

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THIS survey set out to investigate the smoking habits of a group of young women—student nurses whose smoking habits are of particular interest since they, more than anyone except the medical profession, have a formal knowledge of the potential hazards of cigarette smoking reinforced by exposure to the results.

The aim of the research was to show how social factors, in particular occupational stress and the social climate of the hospital influenced nurses to take up the habit of smoking, or to change their pattern of smoking.

The study was undertaken in three contrasting hospitals and based on a random sample of 300 student nurses. An initial postal questionnaire (response rate 84%) was followed by depth interviews of about 1½ hr with twenty randomly selected students and an analysis of existing sickness and absence records.

Habits

The proportion of smokers in the sample was 30.9%. Non-smokers were 63.6% and ex-smokers 5.5%. The percentage of women smokers in the general population in this age group 16-24 is estimated at 45% and at first glance it appears that nurses smoke less than other women; but the three hospitals provided contrasts, with hospital A (the provincial hospital) and hospital B (the teaching hospital) being closer to the general population norm and hospital C (with large numbers of immigrant, mainly Malaysian staff) having very few smokers. The reasons for the differences are the cultural taboos on Malaysian and West Indian staff on engaging in 'unladylike' behaviour. Smoking is regarded as an immoral and unpleasant habit. The slightly lower rate of smoking at hospital B rather than hospital A is probably attributable to the differences in social class between the two hospitals. The recruitment of staff for hospital B is mainly from social classes I and II where smoking has recently declined, whereas the staff of hospital A are mainly from social classes III, IV and V where habits have remained unchanged. Indeed, smoking has increased among young women in social Class V.

Of the nurses in the sample, 63.6% were non-

smokers and half of these had smoked at some time in their lives. They gave as their main reason for not smoking that they did not enjoy it and regarded it as a dirty, expensive habit. Aesthetic and financial considerations dominated. Only 12.5% gave a health reason as their reason for not becoming a smoker.

A very small proportion of the sample were ex-smokers—5.5%. On the whole they had been light smokers: 64.2% smoked less than five cigarettes a day and the majority claimed that they found it easy to give up smoking. In this group the majority who gave up claimed that they had done it to protect their future health. After they had given up 85.7% of these smokers said that they still felt the urge to smoke on various occasions. The most common of these was when they were worried about some problem.

Amount

Like other women in their age group the majority of nurses (71%) smoke under twelve cigarettes a day, so they are light to moderate smokers. There were statistically significant differences between those who started smoking before 17, on the amount smoked. Longer smoking means being a heavier smoker, and nurses' mean age of beginning smoking was higher than for other women age group 16.7 to 18.6, so perhaps they would become heavier smokers later on. The third year contained proportionately *more* heavy smokers. It is very important to note that for 56.0% of the girls who smoked, entry into nursing tended to precipitate regular smoking (i.e. smoking at least one cigarette a day). This study, because it was taken at one point in time, could not go into a detailed examination of changes in the *amount* of smoking, or in the numbers likely to take up the habit. Only a longitudinal study could do this and it is being attempted at present to monitor changes in a group of first-year nurses, by interviewing them at regular intervals.

Changes in smoking habits

It was possible to ask people to evaluate changes in their smoking retrospectively. A substantial proportion (44%) claimed that they were now smoking more than they were at the same time last year. Many

of these were third-year nurses who claimed to have increased their smoking because of examination worries. As well as altering their habits, just under half had tried to give up smoking. Giving up smoking was typically triggered by some event which removed the pleasure of smoking—usually a heavy cold or flu. The majority of attempts lasted less than 2 weeks, since smoking was usually resumed once the barrier to smoking had been removed. The main reason for resuming smoking seemed to be an increase in personal strains and worries. Some unpleasant event would occur and the smokers would reach out for their habitually helpful cigarettes.

Illness and absenteeism

Smokers experienced considerably more respiratory illness than non-smokers and the average amount of days off work over the period was 8.42 for non-smokers and 21.0 for smokers.

Attitudes towards smoking

Non-smokers were more against smoking than smokers were in favour of it, but there was a lack of enthusiasm for the idea that nurses had a special responsibility to set an example about smoking. They felt that they were doing quite enough by being nurses at all. Being involved in a very demanding job, meant that they had the right to whatever pleasures they wanted. Measures to ban smoking outside in public places such as theatres and cinemas and to ban advertising met with modified approval, but measures which would bring the ban in close contact with their own lives—for example banning smoking in hospital, was disapproved of by smokers and non-smokers, the latter not wishing to deprive their patients of a pleasure which could make hospital life easier to bear.

Knowledge about the health effects of smoking

The level of knowledge about the health effects of smoking was not very good, the average number of correct statements was about four out of eight, and there were no differences between smokers and non-smokers. There was also no difference in the knowledge of those who had had special talks about smoking and those who had not. Of all the students (both smokers and non-smokers), less than half were fully convinced of the harmful effects of smoking.

Social factors influencing smoking

When smokers began smoking, most of their friends smoked and most of their friends smoke now. This contrasts with non-smokers, many of whom tried out their first cigarettes in comparative isolation, with few friends smoking. The majority of non-smokers have non-smoking friends. Interview data suggest that non-smokers have a smaller circle of friends, are less gregarious and outgoing and are less likely to have a boyfriend. Important support for this comes from the finding that 56.0% of nurses start their regular smoking when they begin nursing. They are in a new situation, many leaving home for the first time and taking on a new 'self'. Insecurity requires a development of routinized regular responses and habits. The habit of smoking has pharmacological benefits—it acts both to soothe and stimulate social benefits since it can serve as a means of gift-exchanges which are simple, flexible and friendly. This sharing can help to develop a solidarity with which the 'smokers group' can confront the identity stresses of a new situation.

The importance of parents' influence on smoking on children was again demonstrated in this research. Smokers were more likely than non-smokers to have both parents smoking. Although smokers and non-smokers had the same proportion of fathers who smoked, smokers were more likely to have mothers who smoked.

Most parents, whether they smoked or not, disapproved of their children smoking. Those student nurses who were heavy smokers were most likely to have both parents smoking, those who were light smokers to have neither or only one parent smoking.

Students were asked to evaluate their reactions to a number of occupational stresses—first death of a patient, first going on a ward, etc. There were no statistically significant differences between smokers and non-smokers on the degree of occupational stress. Smokers perceived slightly less stress, but not significantly so.

It seems that the key to understanding the smoking habits of this group lies in an examination of their total life experience in the development of a new self, rather than a narrow concentration on the amount of stress in the work situation.