Extended Abstract

Determination of Tobacco Use Levels Among Mental Health Hospital Employees and Their Opinions on the Smoke-Free Hospital Application: A Cross-Sectional Study

Introduction

The use of tobacco and tobacco products is one of the foremost public health problems in our country and in the wider world. According to Turkey's data profile in the Global Tobacco Epidemic report of 2017, 43.2% of men and 18.2% of women use tobacco, while the rate of tobacco use is 16.8% (M=20.3; F=12.8) among young people and 30.9% among adults. In the 2009-13 circular issued by the Ministry of Health on the implementation of the provisions of Law No. 4207, it is postulated that 'areas for consumption of tobacco products may be created in a way not exceeding 10% of the total area in the units where the psychopathic and neurotic patients are treated'. The ten Public Mental Health and Diseases Hospitals that serve psychiatric patients in our country may have smoking areas for patients in their inpatient clinics. Those who work in these hospitals serving long-term patients may be exposed to verbal and physical violence,, have difficulties in communicating with patients and their relatives, have difficult or drug-addicted patients, or work in closed clinics. Previous studies have identified that around 30% of staff in health-related institutions smoke, but there has been no research into the smoking habits of staff working in mental health hospitals. The aim of this study, therefore, was to determine the level and frequency of tobacco use among the staff working in a hospital specializing in mental and neurological diseases, and to determine their opinions about the concept of a 'Smoke-Free Hospital'. The 'Smoke-Free Hospital' application was introduced to the case-study hospital in March 2019. Patients, their relatives, and the hospital staff were permitted to smoke only in the places designated as smoking areas in the hospital's garden. All of the staff were informed about the 'Smoke-Free Hospital' project in advance, and signposts and wall scrolls were implemented to inform the patients and their relatives of the change.

Methods

This cross-sectional and descriptive study was conducted in a mental health hospital located in the Asian part of Istanbul. All of the hospital personnel, a total of 508 staff (Male=300; Female=208), were contacted to participate, and the questionnaire was given to the 330 staff who responded and agreed to be involved. The study took place between 1st January and 1st March 2019 and was carried out in accordance with the Declaration of Helsinki. The consent of all of the participants was obtained. The questionnaire was prepared by the researchers and was composed of three different

sections. The first section consisted of socio-demographic questions about the age, sex, and marital status of the participants; the second section was concerned with the opinions of the staff about the smoke-free air zone; the third section carried out the Fagerström Nicotine Addiction Test (FNAT) in order to determine the addiction level of the participants who smoked. The FNAT itself was composed of six questions, and each question was given a different score. According to the total scores obtained from the evaluation of this test, the level of nicotine addiction was divided into five groups: nicotine addiction was very low (0-2 points), low (2-4 points), moderate (5 points), high (6-7 points) and very high (8-10 points). In this study SPSS 22.0 was used to handle statistical data. Descriptive analysis was performed on the demographic data, including variations in the age, sex, and marital status of the participants. In addition, analyses of the participant's thoughts about the application of the smoke-free air zone, on cigarette smoking, on smoking during working hours and outside of working hours, and when and how often they were smoking, (as outlined in the FNAT) were performed. With the data obtained from the working group, the Chi-square test was used for the comparison of the data and significance value was considered as $p<05$ in statistical analysis.

Findings

The study found that the smoking rate among hospital staff was 33.3% (n=110). The smoking group consisted of 110 people aged between 20 and 58; 51.8% of them were female (n=57) and 48.2% were male (n=53). The study demonstrated the existence of a meaningful correlation between smoking and sex, with smoking more common among males than females (X2 (1, N=330) = 8.90, p=.003). The chi-square test also demonstrated a further correlation between smoking and occupational groups. Smoking was the highest in the group of servants/technical service/workers/ drivers (70.6%), which was stated as the other occupational group, but it was also high among cleaning and clinical support staff (47.6%) and data entry staff (45.7%) (X2 (8, N=330) = 26,96, p=.001).

It was observed that the number of cigarettes consumed by smokers fluctuated considerably, with 43.9% of smokers (n=43) consuming more cigarettes during working hours, and the other 56.1% (n=55) smoking more outside of working hours. When the responses of the staff involved in the questionnaire were examined, a meaningful correlation was detected between smoking and their thoughts about the 'smoke-free air zone.' It was observed that the majority of smokers (53.5%) thought that the smoke-free air zone should be 'indoors only,' whereas non-smokers (75.9%) thought that it should be 'both indoors and outdoors' (X2 (2, N=330) = 26,15, p=.000). A further correlation between the participants' thoughts about the smoke-free air zone and their sex was also detected. It emerged that females thought that the smoke-free

air zone should be applied ‘both indoors and outdoors’ more often than their male colleagues (X2 (2, N =330) = 7.72, p=.02). In terms of marital status, no meaningful correlation could be found between the participants’ thoughts about the smoke-free air zone policy and their marital status (X2 (2, N=330) = .51, p=.77). According to the FNAT, 42.7% (n=47) of the smokers demonstrated a ‘very low level of addiction,’ 22.7% (n=25) had a ‘low level of addiction,’ 14.5% (n=16) had a ‘moderate level of addiction,’ 12.7% (n=14) had a ‘high level of addiction,’ and just 7.3% (n=8) were categorized as having a ‘very high level of addiction’. The mean FNAT score of the smokers was 3.42. No meaningful correlation was detected between the level of nicotine addiction and their sex and marital status.

Discussion

Turkey has made huge advances in its fight against the use of tobacco and tobacco products in the last two decades. Law on the “Prevention and Control of the Harms of Tobacco Products” was largely met by the requirements of the MPOWER package, an initiative created by the World Health Organization. In 2008 the use of tobacco products in all enclosed areas was banned in an attempt to protect passive smokers, and the campaign was launched with the slogans “Smokeless Airspace” and “Protect the Air.” The ALO 171 Smoking Cessation Advice Line, the Smokeless Airspace Control System, the 2015-2018 National Tobacco Control Program Action Plan, and the implementation of a Smokeless Campus program all represent important steps that have been taken within this framework.

The fact that this study was carried out in a mental health hospital provides a fresh perspective. Mental health hospitals are different from other health facilities in that they have a high smoking rate among patients, and have defined smoking rooms in inpatient clinics. In addition, as of March 2019, the Smoke-Free Hospital program was initiated in the case-study hospital. The fact that the research was conducted shortly before its implementation is important, as it provides a crucial perspective on the employees' views on the idea of the ‘Smokeless Hospital.’ Repeating the research after the program’s implementation and comparing the data will serve as an example for hospitals considering its application.