

# Smoking Habits of Nurses

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**The amount of literature available on the habits and attitudes of both children and adults towards smoking is now considerable. Research conducted among nurses is, however, minimal but a survey by the author reveals some significant figures**

There are many reasons why a survey of smoking among nurses may produce different results when compared with studies undertaken in other disciplines. Nurses are predominantly female and work in an environment which invariably produces anxiety and tension, particularly in the hospital ward. Also, it could be that attitudes towards smoking are different among those nurses who are resident in nurses' homes.

It also appears to the writer that nurses seem unconvinced that smoking is a contributory factor in producing ill-health.

The survey took place early this year in three hospitals situated close together in the north-west of England, with permission of the hospital authorities. It took the form of a random sample of grades extending from nursing auxiliaries to ward sisters.

A personal letter was sent to each chosen nurse, together with an invitation to complete, voluntarily, a questionnaire covering 25 questions. The majority of questions were multi-choice ones with three questions requiring personal views in writing. The form was returned in a specially prepared envelope. The nurses did not disclose their names, wards or departments.

Of 685 nursing staff employed, about a third were selected at random. Their number consisted of: 35 sisters, 37 staff nurses, 28 enrolled nurses, 45 student nurses, 25 pupil nurses, and 52 nursing auxiliaries; a total of 222.

It was a disappointment, therefore, to have only 101 forms returned (45% of those sent). Four forms were returned after the survey had been completed.

On checking, however, two points became clear. The first was that, during the time of the survey, many staff were off ill with influenza. The second

relevant point was that, in a previous ballot which affected all nursing staff vitally, only 40% had exercised their right to vote. Therefore, the response to the survey was perhaps greater than the figures at first suggested.

## Age of Staff

The average age of the staff was 31 years. Those under 30 totalled 48%, between 31-40 years 16% and staff aged over 40 was 36%. The ages of staff ranged fairly evenly from 18 years to 59 years. All staff, but one, taking part in the survey were women. Nearly two-thirds of the staff were married.

## Length of Time in Nursing

The staff taking part in the survey had, on average, been nursing for seven years. Ward sisters had been nursing, on average, for 12 years, staff nurses 10 years, enrolled nurses eight years, student nurses 14 years, pupil nurses 7½ years and nursing auxiliaries six years. Some of the pupil nurses had been nursing auxiliaries before starting pupil training. There was little evidence that the longer a person had

been in nursing the more she was likely to smoke cigarettes.

Table 1 shows the total number of regular smokers distributed according to their daily tobacco consumption. The 41 smokers indicate a smoking rate of 42% for nurses. This percentage is well above the average for women.

Over 51% of the smokers consumed between 11 and 20 cigarettes daily, while 29% smoked five to 10 daily. Very few (12%) smoked over 20 a day.

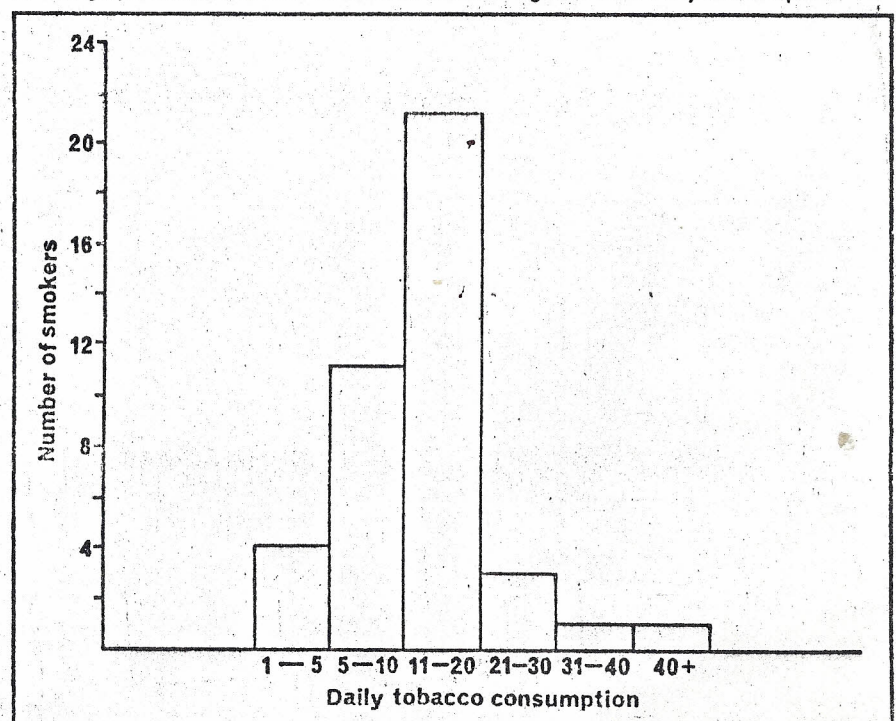
## Age and Smoking Consumption

Table 2 shows the tendency of smokers to consume more as they grow older. There is a general rise from 10 a day from the age of 18 years, reaching a peak at 31 to 35 years and again at 46 to 50 years with 16 cigarettes consumed each day. This same graph shows, on the lower line, the non-smokers in the same age group. There are more non-smokers between the ages of 36 and 40.

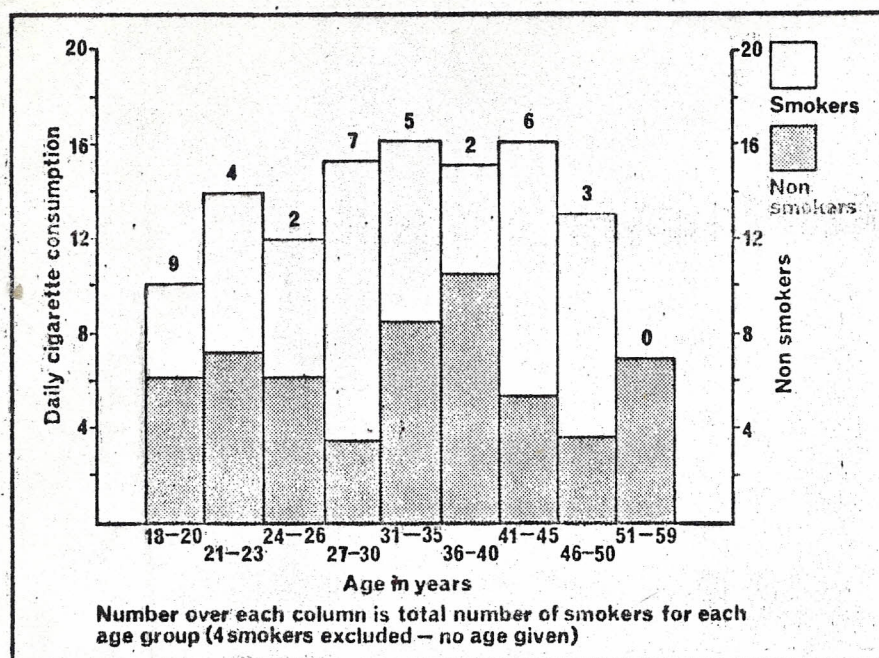
## Residency

Twelve per cent of the nurses were resident in their hospitals. Eight of

1. The graph shows the total number of smokers against their daily consumption.







2. This graph compares age groups and consumption and includes proportions of non-smokers

these nurses smoked. The smallness of the sample did not allow any conclusions to be reached on the effects of residency and smoking.

#### Age of First Smoke

It was found that 37 nurses had never smoked. Of those who had smoked a cigarette, 39% had smoked their first cigarette by the age of 15, 55% had started by 16, 66% by 17, 84% by 18, 89% by 19 and 94% had had their first cigarette by the time they were 20. It was shown that one nurse had smoked by the age of six years and four by the age of 11 years. There was then a steep rise until the twentieth year. Only three nurses stated that they had their first smoke after the age of 20.

#### Start of Regular Smoking

There were 59 regular smokers. One nurse had started at the age of 14 and 13 had started by the age of 16. By the age of 20 most regular smokers had already started smoking.

Next, the individual age of entry into hospital work was compared with regular smoking habits. It was found that 39% of regular smokers had already started by the time they had entered hospital, while 27% were smoking regularly within one year. Within two years, a further 23% had started regular smoking. This means that 50% of all regular smokers had started the habit within two years of starting work in a hospital.

#### Parents' Attitude to Smoking

The participants were asked if either or both parents smoked. It was found that 79% of either or both parents smoked regularly. Fifteen

nurses of 37 who stated they had never smoked had parents who did not smoke. This shows the enduring influence of parental attitudes on their children even when the children became adults.

#### Formal School Instruction

The participants were then asked if they had received any formal instruction on the dangers of ill-health from smoking while at school. A reply was offered from 91 nurses, 89% stating that they had received no instruction at school, while the other 11% admitted instruction. The average age of those having had instruction at the time of the survey was 26 years. Only three nurses in this group were aged over 30 years, one being 46.

#### Influence of Nursing on Smoking

Regular smokers were asked if they felt that nursing had had any influence on their smoking habits. Seventy-one per cent stated that they were not influenced at all. Fifteen per cent stated that it had influenced them to start smoking, while 13% said it had caused them to stop. Those who had been influenced by nursing to take up smoking were asked for their views on the source of influence. Their own colleagues had been the main influence on 43%, while 33% stated that living as a resident had influenced them and 22% had been influenced by the work in the wards.

Smokers were then asked if they had reason to believe that regular smoking caused ill-health. Twenty-nine per cent stated that no ill-health would follow, while 71% admitted that it could cause ill-health.

Smokers were asked if they would

find giving up smoking difficult. Thirty-one per cent said it would be easy to give up smoking, 61% said it would be difficult and 8% would find it impossible to give up.

Of those 14 who had given up smoking as a result of taking up nursing, half had done so because of the cost and five because of the fear of illness.

#### Written Questions

In reply to the question as to how the hospital could help young people to resist taking up smoking, 27 suggested lectures, seven thought there should be a ban on smoking in dining rooms and five suggested placing posters around the hospital. Sixteen other suggestions were made including group discussions and refusing to take on staff who smoke.

In the last question it was suggested that doctors seemed to smoke less than nurses. What, they were asked, were the reasons for this? Twenty-six said strain, tension and pressure of work was the reason and nine put it down to habit. Thirty other reasons were given but few agreed on the same cause for smoking apart from the replies above.

#### Conclusion

There should be general concern that 50% of all nurses becoming regular smokers do so within two years of taking up nursing. The high rate of 42% of nurses smoking regularly needs to be investigated further. Although the sample of nurses living as residents was too small to draw any conclusions, a later question revealed that 33% of smokers who had admitted being influenced to smoke by taking up nursing had been influenced by living as residents.

Nearly all nurses who had at least tasted a cigarette had done so by the age of 18 years.

Fifty-nine nurses (60% of those answering the survey) smoke regularly and if, by 20 years, a nurse has not smoked it is unlikely that she will start.

The effects of parents' smoking habits are very significant on non-smokers. The 40% of non-smokers having non-smoking parents should remind parents yet again that they are setting examples which their children will copy long into adult life.

It was found that nearly two-thirds of staff would find giving up smoking difficult. It is possible that an anti-smoking clinic within the hospital may be of great assistance to the staff.

Perhaps more research should be undertaken on the effects of strain, tension and pressure of work at ward level. Is this the main reason that nearly half of all nurses smoke on a regular basis?