



## Smoking among Nurse Educators in Glasgow – 1984



*An Evaluation Report*

by Greater Glasgow Health Board Health Education Department

## Smoking Among Nurse Educators in Glasgow in 1984

### Summary

The postal questionnaire achieved a 76% response rate.

Smoking rates among nurse educators were: women, 26%; men, 41%

Most of the women started smoking about the time they started nursing.

Many (81%) are making attempts (often repeated) to stop but most feel they prefer to tackle this alone perhaps with a self-help booklet.

All accept that there is a risk to health.

Most (95%) agree that nurses should encourage patients and others not to smoke and have been so doing.

Valerie Inglis  
January 1985

### Main Conclusions

The method of a postal questionnaire to survey the smoking attitudes and behaviour of nurse educators in Glasgow was acceptable, as shown by a 76% response rate.

The rate of smoking among men in this sample (41%) was much higher than among women (26%) while the rates for the Glasgow population as a whole in 1984 were 42% and 45% for men and women respectively.<sup>2</sup>

The men started smoking at a younger age than women and the majority of these were already smokers before entering nursing, women start about the time they start nursing.

Ex-smokers start younger than smokers; so that in two aspects of their smoking career at least they differ from continuing smokers.

Men and women make repeated attempts to give up smoking; would rather not be smokers; accept that the habit is dangerous to health and agree in the main that nurses should not smoke.

However smokers, ex-smokers and non-smokers of both sexes have been active in persuading those around them to give up the habit.

Reasons for ex-smokers stopping and for smokers trying to stop are interesting because of the level of health knowledge of a group such as this. Worries about health risks feature most prominently (see Table 6) particularly among those who were successful in stopping. Closer study would be needed to reveal the extent of concern and the acceptance of personal risk associated with actually giving up. Women tend to have more complex reasons than men for wanting to give up and most people prefer to try and give up by themselves or perhaps with a self-help booklet.

This study relates to nurses who entered as recruits about 20 years ago. The high rate of smoking among female nurses which is often claimed and more often assumed was not found in this group.

It would be very interesting to know if the pattern of starting to smoke at the time of starting nursing still persists.

This question should be answered first. If young nurses at the outset of their career are still being recruited to smoking, nurse educators are in a particularly influential position to affect the decisions they make.

Providing clear simple information is not likely to be "enough". More "sophisticated" methods and support systems need to be evolved. Representatives of those involved in educating young nurses should collaborate with the Health Education Department to achieve this.

#### References

1. Spencer, J., 1983, The Postal Survey of Nurses Smoking Behaviour, University of Hull, HU6 7RX.
2. Glasgow 2000 Stage Two Monitor, Glasgow 2000, 20 Cochrane Street, Glasgow, G1.

#### ACKNOWLEDGMENTS

The help, interest and encouragement of the late Mrs C V Cunningham in enabling this survey to take place is gratefully acknowledged.

The contribution of all those who offered advice and co-operation and those who participated in the survey is greatly appreciated, in particular the capable and willing assistance of Mrs D Athanasopoulos throughout the project.

## Smoking among Nurse Educators in Glasgow in 1984

A survey of smoking attitudes and behaviour of the nurses engaged in teaching throughout the area of Greater Glasgow Health Board was carried out at the beginning of 1984. Early in the development of the Glasgow 2000 project, it was felt important to have a measure of smoking attitudes and behaviour of the nursing workforce in Greater Glasgow Health Board, both in relation to their own health and as an influence on their effectiveness as health educators in the drive to decrease smoking. The group of nurse educators was selected because of their importance in relation to young nurses at the outset of their careers and also to serve as a pilot for the method of a postal survey in assessing smoking among the total nursing workforce in GGHB.

Approval was sought and obtained from the Chief Area Nursing Officer and the Area Personnel Officer and a working group set up, consisting of representatives from Nursing, Information Services and Health Education.

Permission was obtained to use a questionnaire from a similar study by the Health Education Council in 1982 - the sample was identified through their pay codes - and the questionnaire sent out by internal mail along with an explanatory letter. A second sweep was made a month later.

The final response rate was 76%, i.e. 189 out of 250.



## RESULTS

## The Sample

Response rate 76%                    189 out of 250\*  
     34 from men and 155 from women

The nurse educator group consists principally of tutors, clinical teachers and health visitors. The health visitors were female and 11 of the men were in psychiatric nursing - compared with 3 women. The mean age of the group was 42 years, with a mean of about 22 years in nurses and at present involved in day-time work only.

A summary of smoking behaviour is given in table 1.

Table 1. Cigarette smoking status of GGHB nurse educators.

	Non-smokers	Ex-smokers	Smokers	Total
	(%)	(%)	(%)	(%)
Men	9 (26)	11 (32)	14 (41)	34 (100)
Women	59 (39)	54 (36)	39 (26)	152 (100)
Total	68 (37)	65 (35)	53 (28)	186 (100)

The difference in smoking between men and women was very marked; it was decided therefore to analyse all the results by sex as well as smoking status.

## Marital Status

Nearly all the men were married so that distribution of smoking between the marital states could not be pursued.

Among the women, there were approximately equal numbers married and single and equal numbers of smokers in both groups. However, the 'married women' group has slightly more ex-smokers and slightly fewer who had never smoked.

\* Three replies from women did not fit into any of the 3 smoking categories but offered individual explanations of their smoking experiences. They were not evaluated in the analysis.

### Smoking Habits

The mean number of cigarettes smoked per day was 17 (standard deviation 9, maximum 60 and minimum 2) and all smoked filter-tips.

The age at starting to smoke regularly was examined and the results for smokers and ex-smokers given in Table 2. The issue of whether respondents had already begun smoking before entering nursing also was explored; see Table 3.

Table 2. Age at starting to smoke regularly.

	Smokers				Ex-smokers			
	16 yrs or less	17-20 years	21 yrs or over	Total	16 yrs or less	17-20 years	21 yrs or over	Total
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Men	5 (36)	5 (36)	4 (29)	14 (100)	4 (40)	5 (50)	1 (10)	10 (100)
Women	8 (21)	14 (36)	17 (44)	39 (100)	8 (15)	36 (70)	9 (17)	53 (100)

The mean age at which smokers adopted the habit was 21 years and 18 years for ex-smokers.

Table 3. Already a smoker before entering nursing.

	Smokers			Ex-smokers		
	Yes	No	Total	Yes	No	Total
	(%)	(%)	(%)	(%)	(%)	(%)
Men	10 (71)	4 (29)	14 (100)	11 (100)	0 (0)	11 (100)
Women	13 (33)	26 (67)	39 (100)	23 (43)	31 (57)	54 (100)

In general women started smoking at a later age than men and this is substantiated in the finding that more men were already smokers before entering nursing. More than two-thirds of the regular female smokers did not start until after they have become nurses. (This does not necessarily indicate a causal relationship but it does indicate an important point for intervention to help stop nursing recruits from ever starting smoking.)

It is interesting that for both sexes subsequent ex-smokers begin their smoking career at a younger age than continuing smokers).

#### Giving Up Smoking

Smokers were asked if they had ever tried to give up the habit and to indicate how many attempts they had made.

Table 4. Attempts to stop smoking.

	Ever tried	Tried once only	Tried 3 or more times	Smokers in group
	(%)	(%)	(%)	(%)
Men	12 (86)	2 (14)	10 (71)	14 (100)
Women	31 (79)	16 (41)	15 (38)	39 (100)

The males in this sample had made many attempts to stop - although they do not appear to be particularly successful to judge from the numbers of male ex-smokers shown in Table 1.

The issue of not wanting to smoke as opposed to making attempts to stop was explored.

Table 5. Smokers who did NOT WANT to continue smoking.

	Did not want to continue	Total
	(%)	(%)
Men	10 (71)	14 (100)
Women	25 (68)	37 (100)

This should be compared with Table 4. Men declare they do not want to be smokers and make many attempts to stop. This desire appears to be real if it can be accepted that making three or more efforts is more meaningful than a single attempt. Women (68%) claim they do not want to continue but make many fewer attempts to achieve this. (It may be they feel less strongly about continuing or are less hopeful about their likely success in stopping).



Smokers were asked to give the one main reason they had for making their last attempt to stop. Ex-smokers were asked which reason for stopping was most important when they were successful in giving up. These findings are considered together in Table 6.

Table 6. Reasons for attempting to stop (Smokers) or for giving up (ex-smokers).

	Smokers reasons for trying		Why Ex-smokers stopped	
	men	women	men	women
	(%)	(%)	(%)	(%)
Worried about health risks	4 (33)	7 (23)	5 (45)	21 (39)
Advised by doctor	0	0	0	0
Suffered bronchitis, short breath, etc.	0	2 (6)	0	0
Cost	3 (25)	8 (26)	4 (36)	4 (7)
Became pregnant	0	2 (6)	0	3 (6)
Anti-smoking publicity	0	0	0	0
Set example to children	3 (25)	3 (10)	0	3 (6)
Set example to patients	0	0	0	0
No longer enjoyed smoking	0	1 (3)	1 (9)	7 (13)
Not permitted to smoke at work	1 (13)	0	0	0
Illness or death of friend or relative who smoked	0	0	0	4 (7)
Other (give details)	1 (13)	8 (26)	1 (9)	11 (20)
Number in Sample	12 (100)	31 (100)	11 (100)	54 (100)

It is interesting to look at these two sets of data together since ex-smokers are simply smokers who have succeeded in their attempt to give up. In both sets worries about health risks and cost are the main reasons for wanting to stop. However concern about health was more marked among ex-smokers than the "triers" and more marked among men than women. (It may be that a smoker has to see the risk as great and real for him/her before they do stop). In both groups women more often had individual reasons for stopping that they felt did not fit into the

categories provided \* but they also offered as main reasons a loss of enjoyment of smoking or the death or illness of someone close to them.

Ex-smokers were asked when they had stopped smoking this is shown in Table 7.

Table 7. When the ex-smokers gave up smoking.

	Number of years since stopping smoking			
	3 years or less	4-5 years	6-10 years	Total
	(%)	(%)	(%)	(%)
Men	1 (10)	0	5 (50)	10 (100)
Women	16 (39)	4 (10)	9 (22)	41 (100)

It appears that the men gave up smoking a number of years ago and that women are doing so more recently.

Those continuing to smoke were asked what help they wanted to assist them in giving up - Table 8.

\* Footnote: Individual reasons for stopping or trying to stop smoking:-

It is less fashionable  
 Socially unacceptable to friends  
 Because I wanted to  
 Change my image  
 May aggravate but is not the sole factors in cancer -  
 example of longevity of family smoker.

Table 8. Help wanted by smokers wanting to give up •

	Men	Women
	(%)	(%)
Just stopping by yourself	4 (33)	14 (54)
Using a self-help booklet	2	0
Group sessions to help smokers give up	0	3 (12)
Professional counselling about smoking problems	1	1
Nicotine chewing gum	1	4 (15)
Acupuncture or hypnosis	2	3 (12)
A smoking ban at your work place	0	0
Other	2	1
Number of smokers wanting to stop	12 (100)	26 (100)

Most people and particularly women wanted to give up by themselves although there was interest in nicotine gum and hypnosis and acupuncture. There was little demand for counselling or group support sessions and the idea of a ban at work got no support at all.

#### Other Smokers in the Home

Respondents were asked if anyone else in their household smoked; the replies are in Table 9 and show smokers were more likely to live with other smokers.

Table 9. Number who do live in a household with at least one other smoker.

	Non-smokers	Ex-smokers	Smokers	Total in group
	(%)	(%)	(%)	(%)
Men	0 (0)	1 (3)	9 (26)	34 (100)
Women	6 (4)	11 (7)	18 (12)	151 (100)

The number with parents who smoked is shown in Table 10.

Table 10. Those with at least one parent who smoked (s).

	Non-smokers	Ex-smokers	Smokers	Total in group
	(%)	(%)	(%)	(%)
Men	7 (21)	8 (24)	14 (41)	34 (100)
Women	38 (25)	38 (25)	30 (20)	152 (100)

Men who smoked were more likely to have parents who smoked but this is not so with women. Since women started their career later than did men their associates of the late teen years may have been more influential.

#### The Link between Smoking and Health

There was complete acceptance that smoking was dangerous to health (100%). The great majority had encouraged another to stop or cut down their smoking (95%) and this effort was spread fairly evenly among family, colleagues, friends and patients.

#### The Role of the Nurse

There was agreement in the main that nurses should not smoke as shown in Table 11.

Table 11. Agreement that nurses should NOT smoke.

	Agree	Total
	(%)	(%)
Men	27 (77)	35 (100)
Women	118 (80)	147 (100)

The spread of this agreement among those who smoked or did not smoke was expressed and is given in Table 12. The group showing least support was that of women smokers.



Table 12. Agreement that nurses should NOT smoke in relation to own smoking habit.

	Non-smokers			Ex-smokers			Smokers		
	agree	total	(%)	agree	total	(%)	agree	total	(%)
Men	8	9	(89)	8	11	(73)	11	15	(73)
Women	50	57	(88)	43	52	(83)	25	38	(66)

Similarly agreement with the statement that nurses should encourage patients not to smoke was expressed see Table 13.

Table 13. Agreement that nurses should encourage patients NOT to smoke.

	Agree	Total
	(%)	(%)
Men	33 (94)	35 (100)
Women	142 (95)	150 (100)

Agreement in general was overwhelming with the slight dissention spread between men and women, see Table 14.

Table 14. Agreement that nurses should encourage patients NOT to smoke in relation to own smoking habit.

	Non-smokers			Ex-smokers			Smokers		
	agree	total	(%)	agree	total	(%)	agree	total	(%)
Men	8	9	(89)	10	11	(91)	15	15	(100)
Women	51	58	(93)	52	54	(96)	36	38	(95)

Data on the social class of fathers and spouses as appropriate was collected but is not presented here.