Implementation of Smoking Ban in Mental Hospitals: Views of Patients, Relatives and Staff

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Abstract: The Law on Tobacco Control of the Republic of Lithuania (issued in 1996) prohibits smoking in health care facilities. The security implementation is particularly problematic in psychiatric hospitals, where patients with adaptation problems are used to smoking feeling anxiety. Meanwhile, experts and scholars do not agree on the benefits or harm of smoking for individuals suffering from mental disorder. Republican Vilnius Psychiatric Hospital undertook an investigation of the attitudes of those mostly concerned—the patients, their relatives and the staff of the hospital, also of their views on the ways and feasibility to reduce smoking in the hospital. It was concluded that the main cause of patients’ smoking is addiction, and hospital staff recognize that mental disorders contribute to the increase in dependency. Other reasons—smoking reduces tension, facilitates adaptation to environments, enhances contacts. Most patients and their relatives believe that smoking should not be banned, while the staff believe it should be prohibited in part by a variety of increasing of constraints. The most effective means to reduce smoking in the hospital would be rich leisure activities, education and professional help.

Key words: Smoking ban, mental illness, smoking reduction, inpatients.

1. Introduction

According to the data of World Health Organization, one third of the adult population are smokers; smoking-related illnesses kill 3.5 million people annually (WHO 2013). Smoking relates to 20 percent of the overall mortality in Lithuania [1]. On the other hand, smoking is one of the most evitable causes of diseases since it depends on the person’s choice. Studies show more than 70 percent of daily smoking adults would like to quit. The myths about the alleged positive effects of smoking on nervous mood and stress have been proved untrue, and vice versa—smoking disturbs psychological balance and well-being, increases anxiety, irritability, concentrating difficulty, deteriorates sleep, or—smoking actually does not warm up, but the blood contracted by nicotine promotes the emergence of hypertension [2].

Smoking in public enclosed spaces (pubs, clubs, and other catering establishments) was banned in Lithuania since 2007, but in all health care facilities and areas smoking has been prohibited since 1996, by the Law on Tobacco Control [3]. The implementation of this law raises a number of problems. In particular, the problem is challenging in psychiatric hospital where smoking is a very common phenomenon. The hospital inmates with exacerbation of the disease often feel anxiety, difficulty adjusting to the environment, because changing their habits very difficult in this life stage. Studies of persons with mental illness have reported rates of smoking to be higher than in persons without mental illness [4] and less success in quitting smoking compared with the general population [5]. Some scholars argue smoking can calm the patient and help to spend some time, to come to terms with the consequences of the disease, to make contact with others, and so on, but there is research-based evidence
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to the contrary. According to some authors regular consumption of nicotine increases anxiety, depressive disorder and is associated with an increased need for smoking [6]. Smokers with schizophrenia demand much higher doses of antipsychotics than non-smokers, while the benefits of smoking are not so evident neither proved.

This study sought to find out something about the beliefs of mentally ill smokers and the hospital staff, what means and ways they would like to suggest to support the reduction of smoking in psychiatric hospital. The study involved also patients’ family members because it was important to researchers willing to help motivate patients to non-smoking.

1.1 The Research Aims and Objectives of the Study

The aim of the study is to find out and compare the Republican Vilnius Psychiatric hospital patients, staff and relatives of patients views on smoking ban in a psychiatric hospital.Objectives:

(1) Learn and compare the views of all groups on smoking causes and incentives, noting characteristics of smoking habits of individuals with mental disorders.

(2) Finding and comparing all subjects’ awareness of the negative effects of smoking.

(3) Finding and compare the respondents’ opinion about the smoking ban in a psychiatric hospital, and the feasibility of the most effective ways to implement the ban.

(4) Learn to compare smoking habits of the respondents.

1.2 The Research Method and Sample

1.2.1 The Research Method

A questionnaire survey was carried out in the hospital in March-May 2012. The questionnaire consists of with four sets of questions reflecting the research objectives.

1.2.2 Respondents

100 hospital patients, with mental illness and 100 staff (medical personnel, psychologists, social workers) were interviewed, also 100 patients’ relatives on their visits at the hospital. The study was conducted using a non-probability sample of test target.

1.2.3 Survey Data Processing

Results of the survey data were processed to calculate percentages of responses. Descriptive statistics method was used in comparing between groups of survey respondents’ data.

2. Results and Analysis

2.1 Awareness of the Smoking Ban

Staff awareness of current ban on smoking in health care institutions arises no doubt (only 3 percent did not know the law), while only slightly more than half of the patients and their relatives confessed they knew (Fig. 1). The hospital staff is due to provide the information about the ban to each admitted person and his/her relatives.

2.2 Causes and Incentives for Smoking and Quitting

2.2.1 Smoking Causes

All the test group members expressing an opinion as to why people smoke, often claimed to have become addicted to nicotine. More than half of all three groups believe that smoking helps calm down experiencing a variety of life problems, that people feel the pleasure of smoking. Assessing the claim that mental disorders affect the need for smoking, usually him supported the hospital staff (60 percent).

Thus, the hospital staff, providing a professional approach to the matter, admits addiction to nicotine and makes the assumption of the possible impact of mental disorders by increasing craving to smoke.

2.2.2 Differences in Smoking Habits

When inquired about smoking habits of the mentally ill and the rest, the majority of respondents recognize that mentally ill people smoke because of the disease, which makes them more than others feel anxiety, psychological discomfort. This statement is supported most significantly by staff (almost 80 percent), which also strongly believe that people with mental illness smoke more than the healthy.
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Fig. 1  Subjects’ awareness of the Republic of Lithuania Law prohibits smoking in health care facilities.

Fig. 2  Respondents’ opinion of the difference of smoking habits in people with mental disorders and other smokers.

The majority of all respondents agree mentally ill individuals have a greater variety of problems that smoking helps to forget at least temporarily, as well as adapt to environments, to establish contact. Two-thirds of the staff confirm that smoking cessation is too challenging to this population, easy to become addicted, which is supported by a slightly smaller part of the other groups (Fig. 2).

Obviously the staff due to its competence and expertise is able to state that mental illnesses and their consequences increase the risk of smoking addiction and habituation.

2.2.3 Incentives to Quit Smoking for People with Mental Disorders

Choosing answers to the question why someone with a mental disorder should quit smoking someone, all respondents mostly emphasized economic reasons, the costs of treatment and unacceptability of overspending on cigarettes. Half of the respondents agree that a non-smoker would have fewer conflicts and problems
associated with the smoking ban on hospital premises. Patients and their families are more likely than the staff to indicate conflicts with patient’s own relatives as an incentive to quit smoking. It reflects the concern of the respondents with the avoidance of conflicts in nearest environments. The disease itself is worsened by smoking, as recognized by half of the respondents.

2.3 Awareness of the Negative Consequences of Smoking

2.3.1 Consequences for the Health

The vast majority of respondents have sufficient knowledge of the deteriorative impact of smoking on human organism and its functions. Just the patients themselves are less informed since they have not been referred to a clinic of smoking related disorders. It may be concluded that medical, nursing staff should focus on conversations on the subject and the organization of patient hospital employment include more educational activities.

2.3.2 Financial and Economic Impact

Regarding to negative financial and economic impact of smoking the vast majority of all groups of respondents agree that spending money on cigarettes affects family’s budget, smoking at home harms wellbeing. Hospital staff is more likely than others (80 percent) agree that smoking demands more money for medications and treatment due to the smoker’s health deterioration. The staff notes in addition negative effects of smoking on the entire national economy, assuming the prevalence of smuggled cigarettes.

These results indicate that the hospital staff would like to ensure the quality of patient treatment and emphasize the priority for availability of medication and limitation smoking. Furthermore, the staff have a broader vision of negative impact on the entire economy of the country, and its repercussion on the health care system.

2.3.3 Impact on Relationships with Others

The majority of respondents believe that smoking damages the health of those around. In particular it concerns the staff (91 percent given the highest points), while only 70 percent of the other groups. About two-thirds of the respondents believe that smokers draw their family members, including minors, into the habit of smoking. The same part of the subjects agree that smoking causes the problems and conflicts in the hospital.

The groups disagreed about the impact of smoking on conflicts arising between a smoker and his family members. Such menace is recognized 2/3 of staff, while a half of the patients and their relatives do not perceive it.

The choice of answers to this question allows to judge that hospital staff are more than the others concerned about the negative impact of smoking on the health and psychological wellbeing of the patient’s home life.

2.4 Smoking Ban and Restrictive Measures Efficiency

2.4.1 Smoking Ban

In the answers about the need to ban smoking in psychiatric hospital, both patients and their relatives did not express such a strict opinion as the hospital staff—even a third of both were against them, while only 10 percent of the staff judged it senseless. Only less than 1/5 of the total supported strict ban. Partial constraints of smoking were preferred by two-thirds of the staff and significantly fewer by the other groups.

It appears that the hospital staff evaluate the risks of smoking more comprehensively and are inclined to accept at least a partial restriction of smoking.

2.4.2 Efficiency of Restriction Measures

When appreciating the most efficient measures for smoking reduction in hospital some differences were revealed between the respondent groups. 65 percent staff advocate for education about the risks of smoking, while such an approach would meet half of the patients and their relative. 70 percent of staff appreciate the assistance professionals and activities for smoking cessation, while when such an approach is considered effective by 60 percent of patients and their relatives.
Hospital staff is more likely than others to favor of severe smoking restrictions. The staff is also more severe than the patients and their relatives to tighter control of cigarette smuggling (70 percent of staff and 55 percent of others).

It could be maintained that patients and their families do not always trust the professional and educational measures in helping to quit smoking. They also tend to take negative stand to cigarette smuggling and tobacco price rise. This must be influenced by lower-income and lower economic status than hospital staff.

2.4.3 Smoking Ban in Psychiatric Hospital

Hospital employees tend to take a moderate stand—they judge smoking ban in psychiatric hospital possible only partially, by increasing restrictions; while the positions of the patients and their relatives are more extreme and controversial (Fig. 3).

2.4.4 Efficiency of Smoking Ban Implementation Means in a Psychiatric Hospital

More than half of all respondents indicated leisure activities as an alternative way to implement ban on smoking in psychiatric hospital. A similar number of subjects would appreciate educative work by hospital staff in order to motivate patients to refrain from smoking, assistance and occupation by external professionals. Invited professionals are more trusted by patients’ relatives.

On the contrary, the staff (62 percent) relies more on its personal example to be given to patients. Also almost half of the other respondents would follow it. Severe ban and restraint of smoking are appreciated by fewer respondents (Fig. 4). It is clear that all the participants of the survey of smoking ban in psychiatric hospital would associate its implementation with alternative measures (education, employment), rather than with an outright ban and control.

2.5 Smoking Habits of the Respondents

2.5.1 Smoking Intensity

The majority of all subjects have experience in smoking, the staff notably less, just slightly more than a half, while the other two groups—about 75 percent. About half of the patients, one-third of their relatives and only a fifth of the staff claimed that they have been smoking more than 10 years. 1/4 of smoking patients consume more than 20 cigarettes daily, and only 15 percent of relatives with the same length of smoking, and 2 percent among the staff smokers. Patients admitted they smoked most intensively during hospital treatment.

It may be concluded that better understanding of the consequences of smoking significantly reduces the dimensions of smoking, and those mentally impaired smoke more than others, and less likely quit smoking due to higher anxiety, non adaptation in society and difficulties in establishing contacts with others.
2.5.2 Attempts to Quit Smoking

Most of the respondents from the staff have never been smokers, so there are quite few attempters to quit among them. The difference is particularly striking when compared with patients. It is worth noting that a quarter of staff believe that they never had a need to quit smoking since they never felt addicted to nicotine and have smoked only socially. Vice versa, patients smoke more intensively. Meanwhile, smokers prevail among patients, they smoke more intensively and so they need to quite frequently (54 percent).

It is obvious that staff smokers believe they are able to manage the urge to smoke, while smokers among patients and their relatives have often tried to quit and failed, but few have succeeded, so one must conclude that those people are either co-morbid or just dependent on nicotine.

2.6 Socio-demographic Data

2.6.1 Gender, Age

In the staff group, only 10 percent were males, while the other groups were approximately equal by gender. So, one should consider that their answers about smoking habits might be influenced by gender distribution. According to Lithuanian statistics, one-third of males are daily smokers and among females only 15 percent. All three groups consist mainly of middle-aged people.

2.6.2 Occupational Position and Length of Employment

Multidisciplinary hospital specialists answered the questionnaire, but nurses made more than half of the staff group, proportionally to the overall structure. It must be assumed that the answers about smoking from those respondents with professional experience and continuous communicating with patients were objective and reasonable.

Nearly two-thirds of the staff group had been working at the hospital for more than 10 years, so their answer can be reliable as well.

2.6.3 Education, Place of Residence

Forty percent patient respondents are graduates from colleges or higher institution, as many have completed secondary or professional schools. More than 60 percent of their relatives have higher than secondary education. So all the respondents are sufficiently
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educated, able to assess the problem and their decision-choices are analyzable in a constructive way. Two-thirds of the respondents are urban residents, a fifth come from regional centers. It is likely that being motivated, they can easily obtain professional assistance to quit smoking, or psychological, mental and medical health care when they need.

2.6.4 Marital Status, Family Ties

Most respondents live with their families. The percentage is lower in the patient group, almost as many live alone or with their parents. May be on an illness of these respondents is often more difficult to develop or maintain their family. Assumed that in case of crisis they are left without support and encouragement, therefore, they are more likely to receive help from other family members, health care professionals and the public.

The majority of patients at hospital are attended by visitors from their families: parents, brothers and sisters, spouses. Their views and support could help to motivate patients to refrain from smoking and observe the order of smoking ban in hospitals.

3. Conclusions

(1) Most of the hospital staff know the law and the regulations of Ministry of Health banning smoking, while almost half of questionnaired patients and their relatives do not.

(2) Dependence on nicotine is deemed the main reason of smoking at hospital. 60 percent of staff recognize mental disorders and their consequences affect the increased personal choice to smoke.

(3) All respondents, especially the staff believe that people with mental illness smoke more than others due to problems they cannot cope, while smoking makes easier to adapt to the environment, to establish and maintain contacts. So they easily become addicted which adds to the financial and psychological burden as well as to the costs of hospital treatment.

(4) Respondents have sufficient knowledge of negative effects of smoking on smoker’s health. More important is awareness of the increasing financial burden due to excessive smoking and the damage to the health of those around, arising conflicts. Staff respondents emphasize the additional costs of treatment of the consequences, they are also concerned by the loss of country’s economy when excessive smokers shift to smuggled cigarettes.

(5) In comparison with the hospital staff thrice as many patients and their relatives believe that smoking in psychiatric hospital should not be banned, smoking ban is impossible. In staff’s opinion only partial ban is possible, in the form of restraints, e.g., exceptions from ban in certain places. The most efficient measures for smoking reduction is education, professional assistance, penalties for breaking rules of smoking restraints and cigarette smuggling. Smoking in psychiatric hospitals could be reduced by rich opportunities for leisure and educational activities, talks arranged by hospital staff and visiting professionals.

References