

PROHIBITION OF TOBACCO USE in a psychiatric hospital:

Attitudes of nursing staff and patients with severe mental illness

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BACKGROUND

Implementing smoke-free policies in psychiatric hospitals is an opportunity to improve the health of patients with severe mental illness (SMI), who are disproportionately affected by smoking-related morbidity and mortality. Successful smoke-free policies require support from staff and patients. In this study, we explored the attitudes of in-patients with SMI and psychiatric nursing staff towards a comprehensive smoke-free policy in a psychiatric hospital.

METHODS

We conducted 30 semi-structured qualitative interviews with purposively sampled in-patients with SMI (n=15) and nursing staff (n=15) at a specialist psychiatric hospital. Qualitative data were thematically analyzed.

RESULTS

Thirteen nurses and two patients supported the development of a smoke-free policy. Nurses who supported the initiative, recognized challenges, and risks, including increased risks of violence and abscondment amongst patients. Nurses felt that the possible health benefits, mainly the protection against the harmful effects of tobacco use outweighed the challenges of implementing a comprehensive smoke-free policy. The main challenges included shortage of resources for provision of staff training and pathways of treatment of nicotine dependence. Patients who opposed the development of a smoke-free policy felt that they had a right to choose whether they wanted to smoke or not, during their period of admission. Furthermore, they were averse to having that decision made for them.

DISCUSSION

In Weskoppies Tertiary Psychiatric Hospital, a smoke free policy is being considered. At the time of conducting this study, selling of cigarettes and trade of illegal cigarettes had already been prohibited and in-patients were only allowed to smoke a limited number of cigarettes per day. Our study revealed that nursing staff were more positive about a smoke-free policy, whilst in-patients who were smokers had no intention of quitting smoking at the time of the study. Prohibiting smoking is an important intervention to reduce the negative physical and public health effects of smoking (U.S. Department of Health and Human Services, 2014). In this study, the supportive views of nursing staff is encouraging, since their support is vital for implementing a smoke-free policy (Huddleston et al., 2018; Prochaska et al., 2017). According to World Health Organisation (WHO) report on the role of health professionals in tobacco control, nurses can play a significant role in supporting the patients and families by educating them about the benefits of smoking cessation and encouraging them to adhere to smoke free policies (Who.int. 2021). The nature of their clinical role means that they spend

more time with the patients who are likely to view them as role models. That refers to the conduct of their behaviour in health-related matters such as diet and exercise, and particularly regarding to smoking (Who.int. 2021). This study revealed that one of the challenges to the antismoking campaign was the attitudes of staff who smoke and tend to be poorly supportive towards the proposed smoking ban. The findings were similar to other studies that reported that nurses who are smokers seem to be more negative towards smoking bans (Abebaw, Shumet, & Getnet, 2017; Stubbs, Haw, & Garner, 2004; Trainor & Leavey, 2017). Furthermore, mental healthcare nurses are also twice as likely to smoke compared to their colleagues in other fields (Ratschen, Britton, & McNeill, 2009).

This study showed that their influence can have a negative impact for patients who model their behaviour according to how nurses conduct themselves. This blurs the line of a patient-professional relationship and may also undermine the role of non-smoking nursing staff who advocate for healthier working conditions. On the contrary if they are supportive towards the anti-smoking campaign they are likely to have a good impact on the patients. Rice et al., 2013 reported that nursing interventions for smoking cessation increase the chances of successful quitting by 50%. Other studies have also demonstrated that smoke-free initiatives correspond with improved staff attitudes toward the policies (el-Guebaly et al., 2002; Lawn and Pols 2005).

Consulting with patients is a valuable tool to engage policy makers and successfully implement smoking ban policies (Trainor & Leavey, 2017). During the consultation process, we realised that there are challenges to engaging patients and their families. Most of the patients at WKH understood that smoking was harmful to their health and that cessation would have health benefits. Nevertheless, they focused on what they would lose after smoking was banned rather than on the benefits. This is contrary to the reports that patients with SMI are motivated to quit smoking (Arnott et al., 2015; Ratschen et al., 2009; Stubbs et al., 2004). This may be due to the fact that their motivation to quit was explored during the anti-smoking campaign and thus their responses could have been an expression of their opposition to the proposed policy.

CONCLUSION

Most of the nursing staff supported the development of a smoke-free policy, while most patients felt that their autonomy was being threatened. These differences in attitudes were mainly because patients with SMI perceived the proposed comprehensive smoking ban as a compulsion for them to stop smoking since they are long term in-patient who have restriction of movement by virtue of having SMI. They are thus unable to leave hospital grounds to be able to smoke elsewhere as opposed to nursing staff. Developing a smoke-free policy is a sensitive process in psychiatric settings, which will only succeed if there is education, collaboration, and co-ordination of all concerned bodies.

