Exploring Barriers to Implementation of Smoking Policies: A Qualitative Study on Health Professionals from Three County-Level Hospitals¹

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Objective This study was to identify factors limiting the implementation of smoking policies in county-level hospitals. **Methods** We conducted qualitative interviews (17 focus groups discussions and 6 one-to-one in depth interviews) involving 103 health professionals from three target county-level hospitals. A combination of purposive and convenience sampling was used to recruit subjects and gain a broad range of perspectives on issues emerging from ongoing data-analysis until data saturation occurred. The transcripts were analyzed for themes and key points. **Results** The main themes that emerged suggested that both smokers and non-smokers viewed smoking very negatively. However, it was clear that, underlying this acceptance of the health risks of smoking, there was a wide range of beliefs. Most of the health professionals pointed out that, as smoking was legal, addictive, and influenced by social norms, currently it was almost unrealistic to expect all smokers to give up smoking or not to smoke in the hospitals. Furthermore, they were concerned about the potentially detrimental effects of providing counseling advice to all smokers on the interpersonal relationship among colleagues or between doctors and patients. In addition, low level of employee participation influenced the sustainable implementation of smoking policies. **Conclusions** Simply being aware of the health risks about smoking did not necessarily result in successful implementation of the smoking policies. Application of comprehensive intervention strategies such as implementing smoking policies in public places at the county level, creating supportive environments, promoting community participation, and conducting health education, may be more effective.

Key words: Qualitative study; Tobacco use; Smoking policy; HP attitudes

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REFERENECES

- Longo D R, Feldmana M M, Kruse R L, et al. (1998). Implementing smoking bans in American hospitals: results of a national survey. *Tob Control* 7, 47-55.
- McBride A (1994). Health promotion in hospitals: the attitudes, beliefs and practices of hospital nurses. J Adv Nurs 20, 92-100.

- 3. Longo D R, Johnson J C, Kruse R L, *et al.* (2001). A prospective investigation of the impact of smoking bans on tobacco cessation and relapse. *Tob Control* **10**, 267-272.
- Stillman F A, Becker D M, Swank R T, et al. (1990). Ending smoking at the Johns Hopkins Medical Institutions-An evaluation of smoking prevalence and indoor air pollution. JAMA 264(12), 1565-1569.
- 5. Waranch H R, Wohlgemuth W K, Hantula D A, *et al.* (1993). The effects of a hospital smoking ban on employee smoking behaviour and participation in different types of smoking cessation programmes. *Tob Control* **2**, 120-126.
- Samuels N (1997). Smoking among hospital doctors in Israel and their attitudes regarding anti-smoking legislation. *Public Health* 111(5), 285-288.
- Dekker H M, Looman C W N, Adriaanse H P, *et al.* (1993) Prevalence of smoking in physicians and medical students, and the generation effect in the Netherlands. *Soc Sci Med* 36(6), 817-822.

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Abbreviations: SHS, secondhand smoke; HPs, health professionals; MCPH, Mianzhu County People's Hospital; ACPH, Anyi County People's Hospital; XCPH, Xin'an County People's Hospital.

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- Frisch A N S, Kurtz M, Shamsuddin K (1999). Knowledge, attitudes and preventive efforts of Malaysian medical students regarding exposure to environmental tobacco and cigarette smoking. *Int J Nurs Stud* 39(8), 793-796.
- Samet J M, Yach D, Taylor C, et al. (1998). Research for effective global tobacco control in the 21st century: report of a working group convened during the 10th World Conference on Tobacco or Health. Tob Control 7, 72-77.
- Yang gonghuan (2005). Death and their risk factors among Chinese population Beijing. Peking Union Medical College Press, Beijing.
- Willaing I, Ladelund S (2004). Smoking behavior among hospital staff still influences attitudes and counseling on smoking. *Nicotine Tob Res* 6(2), 369-375.
- 12.Poland B D, Cohen J E, Ashley M J, et al. (2000). Heterogeneity among smokers and non-smokers in attitudes and behavior regarding smoking and smoking restrictions. *Tob Control* 9, 364-371.
- Krueger R A (1998). Analyzing and reporting focus group results Focus Group Kit, VI Thousand Oaks, CA: Sage Publications.
- 14.Kelly N R, Groff J Y (2000). Exploring barriers to utilization of poison centers: a qualitative study of mothers attending an urban women, infants, and children (WIC) clinic. *Pediatrics* 106(1), 199-204.
- Clark N M, Mcleroy K R (1995). Creating capacity: establishing a health education research agenda. *Health Educ* Q 22(3), 270-272.
- 16. Green L W, Kreuter M W (1999). Health promotion planning: an educational and ecological approach, 3rd ed Mayfield Publishing Co, Mountain View/California.
- 17. Goldstein A O, Hellier A, Fitzgerald S (1987) Hospital nurse

counseling of patients who smoke. Am J Public Health 77, 1333-1334.

- Kawakami M, Nakamura S, Fumimoto H, et al. (1997). Relation between smoking status of physicians and their enthusiasm to offer smoking cessation advice. *Intern Med* 36(3), 162-165.
- Li H Z, Rosenblod L (1996). Chinese physicians' cigarette smoking habits and their anti-smoking counseling practice. *Health Promo Int* 11, 89-94.
- 20.Mundt M H, Glass L K, Michael C (1995). A Professional Challenge: Nurses and Smoking. *Journal of Community Health Nursing* 12(3), 139-146.
- 21. American Lung Association (1985). Creating your Company Policy ALA, New York.
- 22.National Heart Foundation of Austrian (1987). Going Smoke-Free: A Guide for Workplaces. National Heart Foundation of Austrian, Newcastle.
- 23.Davis D, O'Brien M A, Freemantle N, *et al.* (1999). Impact of formal continuing medical education: do conferences, workshops, rounds, and other traditional continuing education activities change physician behavior or health care outcomes? *JAMA* 282(9), 867-874.
- 24.Mowatt G, Grimshaw J M, Davis D A, et al. (2001) Getting evidence into practice: the work of the Cochrane Effective Practice and Organization of Care Group. J Contin Educ Health Prof 21, 55-60.
- Poses R M (1999). One size does not fit all: questions to answer before intervening to change physician behavior. *Jt Comm J Qual Improv* 25, 486-495.

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