WHITE PAPER SERIES

Cigarettes in the Hospital Dealing with Healthcare Workers Who Smoke

Hiring policies, cessation programs, and the impact on both your employees and your patients

PIVOT breathe

MK-20394 Rev. B

Smoking and the healthcare worker

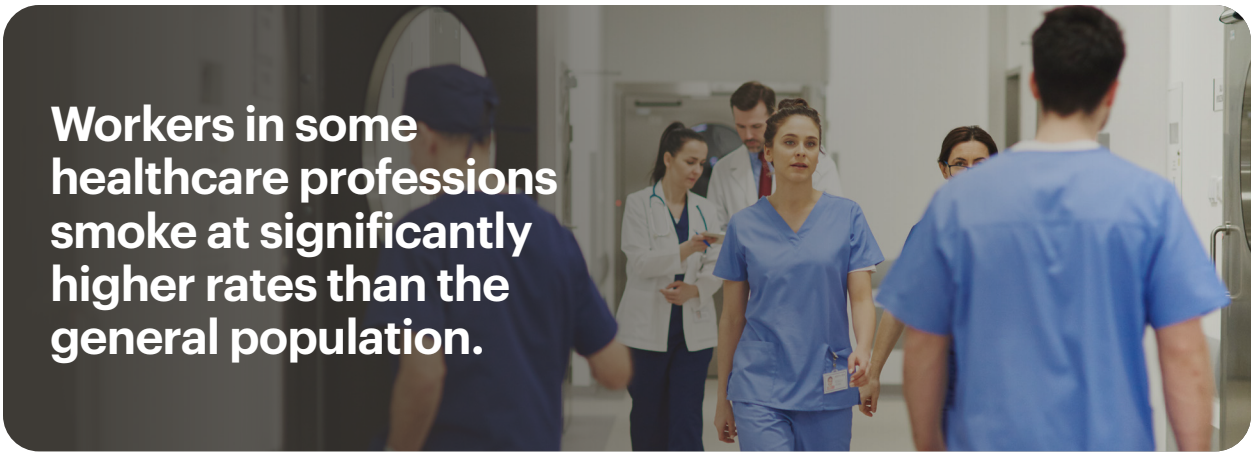
When Memorial Hospital in Chattanooga, Tennessee, decided in 2010 to stop hiring employees who smoke or test positive for nicotine, reaction was mixed. “I think that it is about time that the healthcare industry takes a stand such as this,” said John Brady, an OR nurse, in a story in Health Leaders. Brady added that he’s an ex-smoker.

But workers elsewhere weren’t so sure. Another nurse, Tonya Barrere, compared the policy to screening for BMI (body mass index, a measure of obesity), and pointed out that other “moral choices” like alcohol consumption could be similarly targeted.

It’s not that healthcare workers don’t want to quit tobacco. Just like society at large, the healthcare industry has come a long way from the days when nurses were used in a Camel advertisement. But healthcare providers, not to mention clerical and administration workers in the field, are no different than others who struggle with smoking.

“Nurses do want to quit, just like the rest of the smoking population in the country,” Stella Bialous, a researcher, RN, and co-founder of Tobacco Free Nurses, told the

Source: Research into the impact of tobacco advertising, Stanford University



Campaign for Action in 2017. “But they have some of the same misconceptions regarding nicotine addiction as the general public.” And despite their medical backgrounds, healthcare workers today smoke at slightly higher rates overall than the general population, and workers in some healthcare professions smoke at significantly higher rates.

That comes with a range of complications; smokers everywhere have higher healthcare costs for their employers and more absentee time. But smoking in the context of healthcare has unique workplace implications involving both the aesthetics and health concerns of residual, or third-hand, smoke in medical settings.

Faced with these challenges, in the past decade many hospitals, long-term care facilities, and other medical organizations have instituted policies against hiring smokers. It solves the problem, albeit in a blunt way that doesn’t help address the deeper issue, and may worsen already high turnover. But a new kind of smoking cessation tool may provide a solution, both for healthcare organizations, and their employers, to create a happier and healthier workplace environment for all.

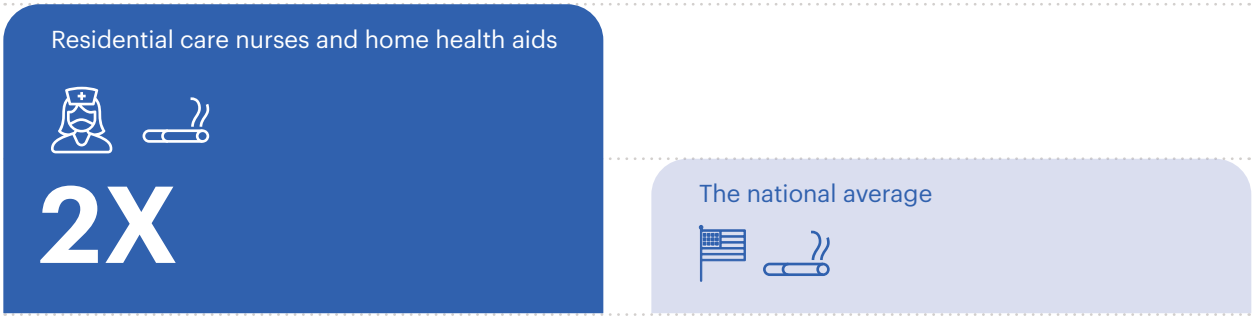
The problem. (It’s bigger than you think.)

Rates of smoking dropped dramatically starting in the 1970s, both among healthcare workers and the broader US population. But that progress has plateaued somewhat since, and a 2015 study in the *Journal of Occupational and Environmental Medicine* points out some stubborn and troubling data.

Using National Health Information Survey data, researchers found that 16% of all workers in healthcare and social assistance fields smoked, compared to 15% of the

general population. Smoking rates were particularly high in some Southern and Midwestern states. And while smoking rates vary widely based on profession (very few doctors smoke), occupations like residential care nurses and home health aides saw smoking rates almost double the national average. Higher smoking rates also correlated with lower income and a lack of health insurance. Workplace stress may also play a role; one study of nurses' aides found that a poor social climate at work was associated with smoking relapses.

Smoking rates in residential care nurses and home health aids are almost double the national average.



All this comes at a massive cost, to both those who smoke and their employers. Smoking is the leading cause of preventable death worldwide, according to the Centers for Disease Control, and is responsible for more than 480,000 deaths per year in the U.S. alone.

In a 2014 story for *Becker's Hospital Review*, author Kytle Frye noted that people who smoke take almost twice as many sick days as those who don't, and that four 10-minute smoke breaks per day adds up to an additional month of unproductive time a year compared with non-smokers.

You can literally put a figure on those costs. A landmark 2013 study in *Tobacco Control*, adjusted today for inflation, finds that an employee who smokes costs his or her employer around $8,000 a year, between lost productivity and higher healthcare expenses.

And as healthcare organizations move to not hire (or even dismiss) workers who smoke, that exacerbates a growing employee retention problem in the industry. Average staff turnover in healthcare was 20.6% a year in 2017, fully a third higher than

Smoking is responsible for more than 480,000 deaths per year in the U.S. alone.

480,000

Those who smoke take almost twice as many sick days as those who don't.

2X

Four 10-minute smoke breaks per day adds up to an additional month of unproductive time a year compared with non-smokers.

1 month

An employee who smokes incurs around $8,000 a year in additional costs versus a non-smoker.

$8,000

turnover rates from 2010, according to an op-ed in *Beckers'* by Michael Rosenbaum, CEO of healthcare data analytics firm Arena. That puts healthcare second only to hospitality.

One of the biggest costs of workers who smoke is harder to quantify, but still of paramount importance: the effect on patients. The impact can relate to quality of experience: patients sometimes complain about workers smelling of smoke. But it can be more serious: children and immunocompromised patients especially may be at risk for health problems from third-hand smoke residue on clothing or other surfaces.

And while numerous studies have found that nurses, in particular, can be a powerful force in helping patients quit, a 2017 study in the *Journal of Advanced Nursing* found that only nurses who had quit smoking were able to effectively use their experiences to encourage patients to do the same. Nurses who still smoked engaged in social justification of it, and even did so subconsciously. "Nurses who smoke may be inhibited as health promoters without being aware of it," the authors wrote.

21%

of healthcare organizations will not hire people who smoke

What HCOs are and aren't doing

Faced with those problems, many healthcare organizations are simply deciding not to hire smokers at all anymore. No federal law protects smokers as a class for employment purposes, but hiring practices with regard to habits like smoking are somewhat restricted by state laws. Right now, 29 states and the District of Columbia provide some level of workplace protection for people who smoke. Still, a 2014 story in *Health Leaders* found that 21% of healthcare organizations will not hire smokers, and often use nicotine testing to screen applicants.

According to the American Non-Smokers Rights Foundation, more than 4,000 healthcare facilities nationwide, including all Kaiser Permanente and Cigna locations, have enacted 100% smoke-free campus policies. That includes a large majority of hospitals, and close to half of mental health treatment centers, according to a 2015 report by the Substance Abuse and Mental Health Services Administration.

Other systems find different ways to address the problem than simply not hiring smokers. Premier Health Partners, a 14,000-employee health system in Dayton, Ohio, does not test for nicotine but in 2010 began levying a $500 surcharge for health benefits on employees who smoke.

Does refusing to hire people who smoke work? The answer may be complex. A 2017 study in the journal *Smoking Cessation* that examined a policy change at a military hospital found that although 61% of survey respondents agreed with the policy, just 33% thought it was effective. Perhaps coincidentally, one third of tobacco users in the study reported decreasing their own use, and the policy was the only factor that researchers found that was significantly associated with that drop. But to work, a smoke-free policy must be followed. A study in two Australian hospitals, published in the *International Journal of Environmental Research and Public Health*, found compliance with the smoke-free policy was just 61%.

What may be missing from these smoke-free environments, however, is much in the way of smoking cessation support for workers. Hospitals vary at the rate they provide cessation programs. According to a 2018 study in the *Journal of Smoking Cessation*, more than 80% of oncology-providing hospitals in the U.S. offered cessation programs for patients. That sounds impressive, but it means one in five hospitals that treat cancer didn't offer cessation progams, even though smoking is a leading cause of cancer.

One in five hospitals that treat cancer don't offer cessation progams, even though smoking is a leading cause of cancer.

When they do, they can be effective. A 2015 study in *Tobacco Control* that compared a high-quality cessation program that included a detailed initial assessment, medication, and phone followups over six months, compared to standard controls (cessation brochures), found the high-quality program cut hospital re-admissions significantly, and overall mortality at one year was cut in half.

The question is whether these programs are also provided to employees. Cessation programs can be offered and paid for by different entities: hospitals, health plans or employers, meaning that the plan a healthcare facility offers to patients through their insurance may be different than the one offered to its employees, if there is one.

Real solutions

So what does work to quit smoking, anyway? Clinical practice guidelines in the U.S. show definitively that high levels of support yield better results, as do quit medications. And a recent study in the *New England Journal of Medicine* evaluated whether monetary incentives can help, with some hopeful results.

The problem with assessing efficacy is that people respond to different cues and motivations. One-size solutions don't fit all. That's where modern cessation programs with a digital component can fit in. A digital app offers progress goals and accountability, tailored behavioral interventions like expert coaching for key moments, and a community for support. And because they're digital, they can scale to different size workforces and get proven tools and behavioral interventions to virtually anyone who needs them.

- Progress goals and accountability
- Tailored behavioral interventions
- A community for support

"We know that more than 70% of people who smoke say they want to quit, and that more than half will try in any given year," says David Utley, M.D., creator of the digital quit program Pivot Breathe. "But we also know that most of those people will try to quit on their own, without any type of support. Those cold turkey quit attempts have a success rate of less than 5%.

"But truly evidence-based programs tend to require either in-person counseling or a limited number of calls to a quit line. That's why Pivot Breathe uses an app, a Breath Sensor, and human coaching via in-app chat. We can deliver evidence-based quit methods at digital scale."

As many studies have shown, quitting smoking is tremendously hard; a long-term study of quit attempts in 2016 found that we may have dramatically underestimated this; according the new research, the average person who smokes may try to quit as many as 30 times before succeeding. Healthcare workers are just like any other employee: they want to quit, but many have tried, and failed, and existing programs may not have worked for them, or they may not be aware of the options. In an essential 2012 study of nurses who smoke, Bialous and co-author Linda Sarna wrote that nurses "exhibited similar misconceptions" about quitting as other smokers. "Despite being healthcare professionals," they wrote, "nurses who smoke may not be aware of evidence-based methods for quitting."

Next-generation solutions, like Pivot Breathe varied, customizable approaches, could be the answer. The costs of smoking—for both workers and the organizations that employ them—are clear in size and stark in severity. Helping employees successfully quit creates a happier, healthier workforce, and a better bottom line.

PIVOT breathe

Pivot is a digital health company that empowers individuals to embrace wellness and enables corporations and health plans to improve their population's health and their business' bottom line. Pivot's first product addresses tobacco use, the leading cause of preventable illness and death in the U.S. Pivot addresses cessation for all forms of tobacco (combustible, vaporized and smokeless) and delivers a mobile app experience complete with tailored behavior change content, pharmacotherapy, an FDA-cleared carbon monoxide (CO) breath sensor, a supportive peer community, and a personal tobacco treatment coach. For more visit www.pivot.co

Learn more about Pivot Breathe today!
www.pivot.co | info@pivot.co | 650.249.3959