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A STUDY OF ATTITUDES OF SMOKERS AND NONSMOKERS
ON SMOKING IN WORK AREAS

by
Frances Gardner Morke

A thesis
submitted in partial fulfillment
of the requirements for the degree of
Master of Science in Management
Cardinal Stritch College
October 1983

APPROVAL SHEET

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Abstract

A STUDY OF ATTITUDES OF SMOKERS AND NONSMOKERS

ON SMOKING IN WORK AREAS

Frances Gardner Morke

The purpose of this study was to investigate and compare the attitudes of smokers and nonsmokers regarding smoking in the work areas of Blue Cross and Blue Shield United of Wisconsin, and prepare them for a possible change in policy when A Clean Indoor Air Act is passed in Wisconsin.

A questionnaire was administered to one hundred employees which included a statement alerting that a change in smoking policy was a possibility. Care was taken to obtain a random sampling and to avoid bias. The self-administered, stamped, self-addressed questionnaire incorporated open-ended, yes/no, rating-scale, and multiple choice items.

Two departments were studied. The Medicare Department processed claims submitted by providers of medical services. The Telephone-Customer-Service Department operated under more stressful conditions. Their duties included accepting telephone inquiries from extremely angry and frustrated policy holders, and resolving problems quickly in a polite manner.

Of note was that several of the folded sheets were damaged by Postal handling, with one return partially destroyed. The substantive significance of the sixty that could be studied completely, was that sixty-nine percent approved of restricted

smoking areas, twenty percent had no preference, and only ten percent would disapprove. Other areas studied included preferred alternatives to smoking policy, the sex, age, education, and occupation of the respondents.

In conclusion, a need was clearly indicated for a more definitive study to follow. A larger rate of return could be expected through the use of stamped self-addressed envelopes, which would reduce the possibility of loss or destruction in the Postal System.

Acknowledgements

The author wishes to express gratitude to The American Lung Association, Milwaukee, Wisconsin, for permission to copy the questionnaire and for educational materials used.

The Tobacco Institute, located in Washington, D.C., also freely sent many booklets which aided the research.

An especially warm word of appreciation to Sharon Hale, R.N., B.S.N., M.S., for her encouragement to attempt this project, and the sharing of experiences, problems, opinions, and friendship. She set an example I have been proud to follow.

Lastly, praise must be given to my husband, Ronald J. Morke, for his unwavering conviction of my capabilities, in the face of apprehensive reluctance. Without his sacrifice, assurance, continual support, and enthusiastic confidence, fulfillment of the requirements for this degree would have been merely a dream.

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CHAPTER ONE
Project/Research Report Proposal

Purpose of the Project

The purpose of the project was to investigate and compare the attitudes of smokers and nonsmokers regarding smoking in the work areas. A questionnaire was distributed to all of the one hundred employees of the Medicare and Telephone-Customer-Service Departments of Blue Cross and Blue Shield United of Wisconsin, for a sample study.

The evaluation of the project was measured by comparing the answers for significant differences.

Statement of Problem

In the next year Wisconsin is expected to pass A Clean Indoor Air Act which prohibits smoking in places of employment, except in designated areas. An abrupt change in Blue Cross and Blue Shield United of Wisconsin corporate smoking policy could be perceived as a threat to work satisfaction by smokers.

The Medicare and Telephone-Customer-Service Departments have always allowed smoking at the work areas. No one has ever documented how nonsmokers felt about this policy.

The manager of the Medicare Department, Mr. Dennis Kruger, stated, "A change in smoking policy would not be tolerated by the Union." However, Marilyn Zarling, the Union Steward, said,

"A change in smoking policy would not be tolerated by management because too many management people enjoy smoking when and where they choose."

The results of the study provided both the Union and management with data that assisted them in making decisions about changes in policy least upsetting to the employees.

Project Title, Location and Duration

The title of the project was "A Study of Attitudes of Smokers and Nonsmokers on Smoking in Work Areas." It contained information gathered from one hundred employees of the Medicare and Telephone-Customer-Service Departments of Blue Cross and Blue Shield United of Wisconsin, located in Milwaukee, Wisconsin.

The information was obtained from the answers on a questionnaire administered by this researcher.

The project's duration was three months, from March to June 1983.

Participants

To accomplish the task the researcher worked alone, in order to keep costs in labor time to the minimum. The employees of two departments of Blue Cross and Blue Shield United of Wisconsin were given the questionnaire to fill out.

The Medicare Department represented most insurance company functions, but on a small scale. It contained a sampling of society's office workers in systems, query and approval, billing, beneficiary services, data processing, and medical review,

which was the area that the researcher was employed as an R.N. technician.

The Telephone-Customer-Service Department had fifty persons working in relative proximity, under very stressful conditions. Their duties consisted of accepting telephone inquiries from extremely angry and frustrated policy holders. In addition, they had to quickly resolve problems in a polite manner.

Both areas were a mixture of different races and cultures, professional, nonprofessional, male, female, college and grade school educated, teenagers through sixty year olds, newly hired through fifteen year veterans, and smokers and nonsmokers.

Objectives

The objectives that guided the research were:

Developmental Objective. By March of 1983, the researcher developed a questionnaire that was administered to the one hundred office workers of the Medicare and Telephone-Customer-Service Departments, in order to collect data that documented attitudes about smoking in work areas.

Implementation Activities. Preparation of the first draft of the questionnaire utilized an open-ended, rating scale, yes/no, and multiple choice items to fill out. By March of 1983, the researcher:

1. Contacted The American Lung Association to see if a sample questionnaire existed.
2. Tailored that questionnaire to meet the needs and to

be as objective in nature as possible.

3. Wrote the first draft of the questionnaire.

In the month of March 1983, in order to prepare the final draft of the questionnaire, the researcher:

1. Submitted the first draft for evaluation by the managers of the Medicare and Telephone-Customer-Service Departments.
2. Revised the questionnaire according to criticisms received by those persons.

Evidence of Completion. The objective was met when the final typed version of the questionnaire was completed.

Evaluation Objective One. By the end of the sample study, the attitudes of smokers and nonsmokers regarding smoking in the work areas was documented.

Implementation Activities. To accomplish this the researcher:

1. Proceeded with data collection.
2. Scored and analyzed the data.
3. Summarized the facts.

Evidence of Completion. The completion of the sample study and the comparison of significant differences was evidence of completion.

Evaluation Objective Two. There was increased awareness that a change in policy about smoking in work areas was a possibility by the end of the sample study.

Implementation Activities. To accomplish the objective, the researcher:

1. Developed a statement suggesting the possibility of a change in policy within a year.
2. Used that statement to head the questionnaire.

Evidence of Completion. The final typed version included a statement that served to increase awareness that a change in smoking policy was a possibility.

Limitations of Project Findings

There were limitations to the project. The respondents may have felt that their privacy was being invaded, or that the subject was not worth the time it took to answer the questions. In addition, if they perceived their rights were being violated, they could have deliberately subverted the answers in retaliation or as a prank. Similarly, those persons adverse to any change in policy, may have felt threatened by the project and could have appealed to either management or the Union to have the study aborted. Management may have strictly enforced a policy of not allowing soliciting of any nature at the place of business. All those factors needed to be taken into consideration and evaluated before designing the questionnaire and implementing it.

Definition of Terms

There were no terms that required definition in this study.

Timeline

Months Oct. Nov. Dec. Jan. Feb. Mar. Apr. May. Jun. Jly.

Steps

1. Brain storming ._.
2. Project concept ._.
3. Project proposal ._.
4. Literature search ._____.
5. Obtaining questionnaire ._.
6. Adapting questionnaire ._.
7. Soliciting critiques ._____.
8. Final copy ._____.
9. Obtaining permission to administer ._____.
10. Collecting/scoring data ._____.
11. Presentation of findings .-.

Budget

Approximate costs were:

Typing paper	\$12.00
Typing ribbon	10.00
Postage stamps	20.00
Photo-copies	<u>30.00</u>
Total	<u><u>\$72.00</u></u>

Summary

In conclusion, the purpose of the project was to investigate and compare the attitudes of smokers and nonsmokers regarding smoking in the work areas, in order to discover their needs and prepare them for the possibility of change in policy.

Rapid change of any kind can intensify stress. As a licensed registered nurse, having an obligation to promote the physical as well as emotional health of all employees, elimination of as much stress as possible was an important professional goal.

Blue Cross and Blue Shield United of Wisconsin, the place where this study took place, is the largest health care delivery system in the state. Health promotion and illness prevention have been significant Corporate objectives. The results of the study aided management in reaching those goals by providing data to utilize in the planning of future policy.

Chapter I. was the report proposal of the guidelines for the creation of the instrument used in obtaining documentation of the attitudes of smokers and nonsmokers about smoking in work areas. It contained the purpose of the project, the statement of the problem, the project title, location, participants, objectives, implementation activities, evidence of completion, limitations, timeline, budget, and summary.

Chapter II. contained information gathered from the review of the literature which reported other studies with similar goals or methodology. Extensive education materials were kindly given to the researcher by The American Lung Association, Milwaukee, Wisconsin, along with permission to copy the questionnaire. The major portion of the literature search was obtained from that source.

Opposing views about attitudes on smoking in work areas were contributed by The Tobacco Institute, located in Washington,

D.C. and incorporated into the Chapter. The review of the literature explored historical, psychological, sociological, philosophical, and economic issues relative to the growing debate between smokers and nonsmokers over their rights about smoking in the work areas.

Chapter III. included a historical review of the project, purpose, participants, activities implemented, evaluation design, findings, conclusions, implications, and recommendations which were reached through research. Although the major attitude documented was demand for change in smoking policy, some overt hostility was also encountered. The research indicated that the issue of smoking at work areas, was not confined to petty annoyances, but to strong feelings and interpersonal conflicts.

CHAPTER TWO

A Review of the Literature Relating to Attitudes of Smokers and Nonsmokers Smoking in Work Areas

Introduction

The purpose of this study was to investigate and compare the attitudes of smokers and nonsmokers regarding smoking in the work areas. The work area is the environment in which most working people spend the greatest percent of their waking hours. The presence or absence of environmental hygiene factors contribute to worker satisfaction or dissatisfaction, and thus to greater or less motivation and productivity.

The right of smokers to be able to continue to smoke when and where they choose, has been strengthened by The Tobacco Institute's campaign that maintains that second-hand smoke, or involuntary smoking, is not harmful to nonsmokers. The opposite view has been taken by The Cancer, Heart, and Lung Associations, who have been urging the public to be more assertive in demanding their right to breathe smoke-free air.

The following literature research revealed historical, psychological, sociological, philosophical, and economic issues relative to this growing debate between smokers and nonsmokers

over their rights. The purpose of the project was to provide the management of Blue Cross and Blue Shield United of Wisconsin, the largest health care delivery system in the state, with data to assist them in making future decisions about changes least upsetting to the employees. Although smoking has always been allowed, no data has ever been collected to document how nonsmokers feel about this policy.

In the next year Wisconsin is expected to pass A Clean Indoor Air Act which would prohibit smoking in places of work except in designated areas. An abrupt change in Corporate smoking policy could be perceived as a threat to work satisfaction by smokers. Rapid change of any kind can intensify stress in the work environment and elimination of as much stress as possible through prudent planning, is an important professional goal.

Historical

There can be little doubt that some of the attitudes of smokers and nonsmokers concerning smoking at their places of employment, have been affected by publicity campaigns for and against that right. On one side of the argument is The Tobacco Institute, which calls itself, "...a nonprofit association of companies in America's oldest industry."¹ One practice they

¹ The Tobacco Institute, "Smoker and Nonsmoker," (1979)

have in common with their opposition, The Cancer, Heart, and Lung Associations, is the liberal use of generalizations referring to sources of information. Inferences are drawn by alluding to, "...a study...a recent study...a major study... some studies...new research...evidence points...some implications..." in both sides' attempts to shape attitudes.²

Interestingly, the same study is often specifically referred to, in support of views from both factions. An example is, Small-Airways Dysfunction in Nonsmokers Chronically Exposed to Tobacco Smoke, generally believed to have been the basis for subsequent research on the subject by the scientific community that often refers to it in that capacity.³ The Tobacco Institute also uses it in their publications.

In 1982, The Tobacco Institute ran double-page magazine advertisements offering a free booklet, "...in the belief that full and free discussion of important issues is in the public interest."⁴ Included in the packet sent, was the question, "Does cigarette smoke endanger nonsmokers?" Within the answer:

Much has been made by anti-smokers of a 1980 study in California claiming to show that exposure to cigarette smoke in thw workplace reduces the lung function of non-smokers. Those who quote this study as gospel, however,

² American Lung Association, "Second-Hand Smoke," (1980)

³ James R. White and Herman F. Froeg, "Small-Airways Dysfunction in Nonsmokers Chronically Exposed to Tobacco Smoke," The New England Journal of Medicine, (1980), pp. 720-22.

⁴ The Tobacco Institute, "Answers to the Most Asked Questions About Cigarettes, (1982), p. 8.

fail to take into account what one of the government's chief lung experts wrote in a guest editorial in the same Journal issue. "The evidence that passive smoking in a general atmosphere has health effects," wrote Dr. Claude Lenfant of the National Heart, Lung and Blood Institute, "remains sparse, incomplete and sometimes unconvincing."⁵

The words, "Generally speaking..." which preceded Dr. Lenfant's statement were omitted in the quote by The Tobacco Institute, as well as the paragraph that followed which more accurately reflected his somewhat cautious view:

The article by White and Froeb in this issue of the Journal brings a new dimension that will clearly have considerable impact; they faultlessly demonstrate a reduction in measures of small airways of healthy nonsmokers exposed to cigarette smoke in the workplace....now, for the first time, we have a quantitative measurement of a physical change.⁶

Thus, both sides may be served by the same reference, by quoting out of context or omitting pertinent facts.

The Tobacco Institute stresses that impairment of the small airways function is not proof of health impairment, but as Dr. William W. Weis reasoned:

...if we adopt the tobacco industry interpretation of "proof," not only have we not proven that smoking

⁵ The Tobacco Institute, "Cigarette Smoke and the Non-smoker," (1983), p. 10.

⁶ Claude Lenfant and Barbara Marzetta Liu, "(Passive) Smokers Versus (Voluntary) Smokers," New England Journal of Medicine (1980), pp. 742-43.

causes lung cancer, neither have we proven that bacteria cause strep throat or that viruses cause influenza.⁷

Clearly, the time has arrived for public discussion to be focused away from the question of whether second-hand smoke is hazardous or not and onto the decisions of what to do about a known health hazard in places of employment.

Psychological

A theme throughout the booklets offered by The Tobacco Institute is that of frequent references to the "overreaction of nonsmokers which may be due to emotional or psychological factors."⁸ Included was the view of Sherwin J. Feinhandler, Ph.D., a lecturer in anthropology in the department of psychiatry at Harvard Medical School:

To some people the smoker has become a ready target for general frustrations, anxiety and discontent...hostile confrontations point to an antagonism that possibly stems from basic differences in lifestyle between the nonsmoker and smoker.⁹

It was interesting to note that the Subcommittee Chairman of the Congressional Hearing in which that assertion was made, was Representative Walter B. Jones of North Carolina. That state is the heart of the tobacco industry, and would have the

⁷ William L. Weis, "No Ifs, Ands or Butts," Management World, September 1981, pp. 39-40.

⁸ TTI, "Cigarette Smoking and the Nonsmoker," p. 12.

⁹ Sherwin J. Feinhandler, statement, U.S., Cong., House, Committee on Agriculture, Subcommittee on Tobacco, "Effect of Smoking on Nonsmokers," 95th Cong., 2nd sess., 7 Sept. 1978 (Washington, D.C.: GPO, 1978)

the most to lose if adverse public opinion about smoking were promulgated.

Workers in the Industrial and the more recent Computer Age, must contend with tedium, especially those in routine lower-level jobs. Cigarettes offer an escape and a steady flow of small psychological rewards. The tobacco advertisement portrays the smoker as the American Ideal; athlete, cowboy, liberated woman, sex-idol, all young vibrant adults at play. Is it any wonder smokers find themselves both physically and psychologically addicted to tobacco?

The irritated nonsmoker is advised to "politely mention their annoyance"¹⁰ or "firmly assert their right to clean air."¹¹ Either method may work to a degree with friends or relatives, but would be irrational to try on the Chief Executive Officer puffing on a cigar, or a chain-smoking Supervisor responsible for one's livelihood, or even a tobacco addicted peer one depends on for cooperation in work tasks.

The environmental influences of advertising, group pressure, and interpersonal relations work against the possibility of an easy psychological peace between these factions.

Social

Despite the fact that tobacco is grown in the state, for

¹⁰ TTI, "Answers to the Most Asked Questions About Cigarettes," (1982) p. 5.

¹¹ ALA, "Facts and Features for Nonsmokers and Smokers," (June 1982)

over six years Wisconsin has been expected to pass A Clean Indoor Air Act. Powerful opponents of the bill, including the tobacco industry, have argued that the measure is an example of unnecessary and cumbersome government interference. Thirty-two other states have already regulated smoking, and the Wisconsin version sensibly prohibits smoking in public places, but allows for the designation of smoking areas.¹²

Wisconsin was the first state to pass a Workman Compensation law which was determined to be constitutional and which withstood all legal tests. To be covered by The Workman Compensation Law, it is merely necessary to prove that an injury or illness happened on the job. The laws are considered remedial legislation, or the type of law that is liberally construed and administered. The employee and his or her doctor are given the benefit of the doubt throughout the legal process. Recovery can be made without proving negligence on the part of either employer or employee. Federal law also requires non-discriminate hiring practices.¹³ If a person is particularly susceptible to a medical problem due to a pre-existing condition, and that condition is aggravated by employment, the employer could be held responsible. Even if the employee has a history of smoking and develops respiratory problems while

¹² "Smokers Jeopardize Your Health, Too." Editorial, Milwaukee Journal, 29 March 1983, Sec. 1, p. 1, col. 1.

¹³ Richard Henderson, Compensation Management, (Virginia: Reston Publishing, 1979) p. 90.

employed, the employer could be liable for Workmen's Compensation benefits despite the employee's background of susceptibility. The same would be true where the nonsmoker has allergies or other specific sensitivity to tobacco smoke. An increase of these types of suits nationwide, and the media coverage, demands immediate formulation of plans in order to avoid expensive settlements. Just one large claim would cost more than the expense incurred in developing smoke-free environments.¹⁴

Economic

Lately there has been increased concern about businesses leaving Wisconsin for economic reasons. The increased cost of energy to heat and cool ventilation air has been a contributor to the problem. For indoor building areas where smoking is occurring, the minimum ventilation standards are generally five times greater than the minimum standards where no smoking is occurring.¹⁵ Ways of cutting expenses could be utilized initially when a building is built, by requiring less expensive equipment; later, by requiring less power to clean, cool, and heat the air if smoking were prohibited. Air filters, lights, and other furniture would require less cleaning and replacement costs. Fuel and human energy in all these areas would be saved in a building where smoking is not permitted.

¹⁴ "Office Smokers Feel the Heat," Business Week, 29 Nov. 1982, p. 102.

¹⁵ American Society of Heating, Refrigeration, and Air Conditioning Engineers' handbook of Fundamental Designs Standard, (New York: 1973)

One of the most outspoken proponents of no-smoking employment policies is William L. Weis. While he initially claimed that employers could shave personnel cost and expect to save \$4,789 per year per smoker, as a long-term average, he later stated that estimate had been an understatement of cost savings.¹⁶

Absenteeism	\$ 220
Medical Care	230
Early Mortality (lost earnings)	765
Insurance (excluding health)	90
On-the-job Time Lost	1,820
Property Damage and Depreciation	500
Maintenance	500
Involuntary Smoking	<u>664</u>
Total annual cost per smoker	<u>\$4,789</u>

Even though at least half of the smokers could be expected to feel personally threatened, he cites several cases where employers implemented no-smoking policies successfully, with unexpected cooperation from smokers. Companies have found increased productivity and profit, and employees and customers enthusiastically supportive of no-smoking policies.¹⁷

In the future, applicants who, by choice, belong to a minority distinguished by high rates of absenteeism, disability, early mortality, and low productivity, and who are contaminating the work environment and impairing the health of their peers,

¹⁶ Weis, p. 39.

¹⁷ Weis, p. 40.

may not be considered for hire. Only about two percent of U.S. businesses now impose smoking bans at the workplace, but those that do are reporting substantial cost saving.¹⁸ A smoke-free environment is not only possible but desirable.

Some management incentives for smokers to quit are paid memberships to health clubs and wage inducements to kick the habit. Increasingly, management views the smoking "ritual" as money wasted, especially in the trades where tools go down when smokers light up.

Philosophical

According to the U.S. Department of Agriculture, cigarettes are the first luxury item poor people buy. Data from Germany and the U.S.S.R. after World War II indicate that even under conditions of extreme deprivation, smokers still bartered food for smokes. William Dwyer, The Tobacco Institute's spokesperson, calls tobacco, "...one of life's natural pleasures... if you can decide not to smoke on your own, why not let others do the same?" Given tobacco's addictive properties and the industry's massive advertising budget, is the choice freely made?

The skilled persuasion on the public-relations level is backed up by widespread campaign contributions to Congressional

¹⁸ Martin J Shannon, "Administrative Management Society Survey," (Business Bulletin) The Wall Street Journal, 17 April 1980, p. 1.

candidates. By the end of September 1978, the Institute's political-action committee, the Tobacco People's Public Affairs Committee, had already given money to 157 members of the House, more than one-third of its members, and fifteen senators. This list included a number of committees with jurisdiction over smoking programs. Recent research has also found that the annual cost of cigarette-related illness may be as high as eighteen billion dollars, more than seven times the tax revenues that have been used as rationalization for acceptance of smoking by some smokers. Nearly 400,000 lives are lost each year to cigarette related diseases. Our society pays a heavy price for a practice already known to be deadly to body and spirit alike.¹⁹

Summary

The review of the literature has revealed conflicting reports on the subject of the attitudes of smokers and non-smokers about smoking at the work areas. As the research indicated, the issue is not confined to petty annoyances, but to strong feelings and interpersonal conflicts. Not nearly as visible are the costs to business and society in areas of health, politics, economics, and productivity, relative to the

¹⁹ Gwenda Blair, "Smoking Blues," A Sourcebook on Health and Survival (California: Foundation for National Progress Press, 1981) pp. 23-8.

smoking practice. The nonsmoking movement has strong editorial support from all segments of the media, even though by doing so their financial resources from tobacco advertisements could be jeopardized.

The trends suggest that smokers and nonsmokers alike, soon may have to compromise in order to abide by law. By using this study, Blue Cross and Blue Shield United of Wisconsin could set an example for business with the implementation of a plan for policy change promoting healthy attitudes about smoking. Maintaining the morale of workers at a satisfactory level, while production is increased, is an important managerial goal. One that demands prudent strategy germane to the issue.

CHAPTER THREE

A Study of Attitudes of Smokers and Nonsmokers

Smoking in Work Areas

Historical Review of the Project

Purpose. The purpose of this project was to investigate and compare the attitudes of smokers and nonsmokers regarding smoking in the work areas of the Medicare and Telephone-Customer-Service Departments of Blue Cross and Blue Shield of Wisconsin, the largest health care delivery system in the state. Although smoking has always been allowed, no data had ever been collected to document how nonsmokers felt about this policy.

In the next year, Wisconsin is expected to pass A Clean Indoor Air Act which would prohibit smoking in places of work, except in designated areas. An abrupt change in Corporate smoking policy could be perceived as a threat to work satisfaction by smokers.

Rapid change of any kind can intensify stress in the work environment. As a licensed registered nurse having an obligation to promote the physical as well as emotional health of all employees, elimination of as much stress as possible was an important professional goal. In order to meet the

objective of alerting the employees of a possibility of policy change, a questionnaire was administered to one hundred employees. The results of the study should aid management in the planning of future policy.

Participants. The employees of two departments of Blue Cross and Blue Shield United of Wisconsin were given the questionnaire to fill out.

The Medicare Department was chosen because it typified all insurance company functions, but on a smaller scale. It was a sampling of society's office workers in systems, query and approval, billing, beneficiary services, data processing, and medical review, which was the area the researcher had been employed as an R.N. technician.

The Telephone-Customer-Service Department was chosen because of the large number of persons, around fifty, that worked in relative proximity, under very stressful conditions. Their duties included accepting telephone inquiries from extremely angry and frustrated policy holders. While being completely knowledgeable about all types of health insurance coverage, they had to remain calm and polite in order to clarify and resolve problems in a pleasant and efficient manner.

Both departments were a mixture of different races and cultures, professional, nonprofessional, male, female, college and grade school educated, newly hired through fifteen year veterans, and smokers and nonsmokers.

The researcher worked alone, keeping corporate costs in

labor time to the minimum.

Implementation of Activities. The researcher obtained permission to copy a questionnaire that had been used successfully in Minnesota, from The American Lung Association. It was slightly revised to meet the objectives and double-sided photo-copies were made in order to include a self-addressed side.

The copies were folded in thirds, horizontally, with a half-covered sticky tab affixed so that the waxed cover could be peeled away later for sealing and mailing. A twenty-cent stamp was put in place and a copy was set on each desk so that the first glance revealed the typed admonition, "DO NOT complete this survey on company time!" One hundred copies were distributed within the last half-hour of the working day of June 9, 1983.

Presentation of Results

Evaluation Design. The objective of collecting data to document attitudes about smoking in work areas, was met by adapting the questionnaire to contain open-ended, rating scale, yes/no, and multiple choice items to answer.

In addition, a statement was incorporated into the survey, to meet the objective of increasing awareness that a change of policy about smoking in work areas was a possibility.

Findings. Out of the one hundred questionnaires distrib-

uted, unfortunately only sixty-one were returned to the researcher. Of that number, eight were torn and damaged in the Postal Service processing, but the answers could be read completely on all but one of them.

The heading was, "The following is a pilot questionnaire designed to identify your preferences and reactions to smoking in the workplace." The following represents the order that questions were asked, divided into male, female, smoker and nonsmoker categories, for ease in reference.

The majority of responses came from female nonsmokers:

Female		Male	
smoker	nonsmoker	smoker	nonsmoker
7	39	7	8

Breaking down the occupation category:

	Female		Male	
	smoker	nonsmoker	smoker	nonsmoker
Administrative	0	2	1	2
Clerical	5	25	1	1
Professional	<u>1</u>	<u>12</u>	<u>5</u>	<u>5</u>
Total	6	39	7	8

If smoking were restricted to designated areas at the place of work, the responses were:

	Female		Male	
	smoker	nonsmoker	smoker	nonsmoker
Approve	3	34	0	5
Disapprove	2	0	3	1
No Preference	1	5	4	2

Working in a no-smoking area would be:

	Female		Male	
	smoker	nonsmoker	smoker	nonsmoker
Extremely Important	1	27	0	2
Somewhat Important	0	10	0	3
Unimportant	3	2	4	3
Somewhat Bothersome	0	0	2	0
Extremely Bothersome	1	0	1	0

Those results showed a pattern of clerical and professional female nonsmokers being in the majority. In addition, it was extremely important to them to have smoking restricted to designated areas at the place of work.

The multiple choice area was designed to include the statement, "The Wisconsin Clean Indoor Air Act may prohibit smoking in places of work except in designated areas."

	Female		Male	
	smoker	non-s	smoker	non-s
Smokers and nonsmokers separated into different work areas	1	26	3	3
Physical barriers between smoking-permitted and no-smoking areas	0	15	1	2
No smoking during meetings	2	28	2	6
Smoking and no-smoking areas within the same room, provided the no-smoke area is 200 sq.ft.	1	14	1	2
No smoking in rest rooms	1	20	1	1
Physical barriers in the lunch-room	1	20	0	0

Two choices have been omitted here; smoking in private offices when office door is closed, and smoking in private offices when office door is open. In some cases both answers were checked, demonstrating confusion in understanding and thus negating each.

In reviewing the open-ended question, "Other?" the responses were few, but clearly opinionated:

Female smokers all left the question blank.

Nine nonsmoking females responded:

- No smoking at any time.
- No smoking during work hours at work station.
- Working in a no-smoking area would be extremely important to me due to my health.
- Smoking by others does not offend me.
- No smoking in cafeteria, lounge only.
- I don't believe smoking should be permitted at work at all because it is extremely bothersome to people with respiratory problems and allergies.
- Proper ventilation in smoking areas directing air away from non-smoking areas.
- None of the above, but as designated in the question, smoking restricted to designated areas at your place of work.
- I happen to be a non-smoker with respiratory problems. I am surrounded by co-workers who smoke. My eyes burn from it and I often have breathing difficulties. When I clean my desk or phone, I find that everything is a different color under the smoke film. I have no problem with their right to damage their own body, but why am I forced to put up with it? Choosing not to smoke is no option when you are forced to breathe smoke filled air eight hours a day.

Two male smokers responded. The administrative occupation:

- Doesn't bother me even when I didn't smoke.

The professional occupation:

- None of the above, this whole thing is blown out of proportion.

Three male nonsmokers responded. Two in administrative:

- I have no objection to people smoking.
 - I feel the State and Legislatures should stay out of this! We have more important items to spend tax dollars and time on besides worrying about individuals' rights to smoke or not smoke and where they can be allowed to exercise those rights!!!!

The professional nonsmoking male:

- In my area, none of the eight employees smokes, and we are a bit spoiled! Since there are no barriers, it is good that there are no smokers.

Conclusions

The distribution of the questionnaire advising of a possible change in policy regarding smoking at the work areas alerted the employees of that possibility. Thus, reduced the stress associated with rapid change.

The question remains of what difference the thirty-nine responses that were not received, would have made in substantive significance. Still Earl R. Babbie feels that a response rate of at least fifty percent is adequate, and that sixty percent is good for analysis and reporting.²⁰ Therefore, this

²⁰ Earl R. Babbie, The Practice of Social Research, (Belmont, Calif. Wadsworth Publishing Co. Inc., 1979) p. 335.

survey may be used as a nomothetic model, or a partial but generalized understanding of a class of phenomenon, through the consideration of the few most relevant factors.

With that in mind, it was hoped that the reader consider these only tentative interpretations and judge the results with that view. The responses reflected what one could easily observe in the average office setting. The ratio of smokers to nonsmokers being less than one smoker to three nonsmokers. The ratio of male smokers to male nonsmokers being evenly divided, and the general assumption that males hold more of the few administrative positions compared to the supporting majority of female clerical workers, was borne out in the study.

Even with the overwhelming demand for changes to be made in smoking policy, by female professional and clerical workers, the action of those in authority was to ignore that demand and moreover, criticize attempted change. Even the majority of female smokers approved of the statement regarding smoking restricted to designated areas at the place of work, and only one stated that it would be extremely bothersome to work in a no-smoking area.

Should this study be repeated, greater precaution to eliminate possible damage to the mailed responses, could be effected by the use of envelopes. Any missing responses would then be more likely to reflect a lack of interest in the subject, rather than Postal destruction.

Implications

The results of this project showed that there was an interest in implementing a change in smoking policy at Blue Cross and Blue Shield United of Wisconsin. In fact, no female nonsmoker that responded, would disapprove if smoking were restricted to designated areas at the place of work, and only two female smokers would disapprove, while three female smokers would approve. The male smoker would either disapprove or have no preference. What was significant was that a male nonsmoker disapproved of restriction to designated areas, while two showed no preference, and five approved. In addition, two male nonsmokers took the opportunity to state negative comments regarding individuals' right to smoke. Of course, that would have been expected from smokers, but these were administrative males firmly against nonsmokers' right to breathe clean air.

A total of forty-two of those who responded, or sixty-nine percent, would approve of smoking restricted to designated areas at the place of work, while a total of twelve, or twenty percent had no preference, and only a total of six, or ten percent would disapprove.

Recommendations

This study should be reviewed in order that management be prepared for a possible change in smoking laws. Other carefully planned studies should be carried out so that more definitive questions may be answered. The problem of acceptable response rates, could be eliminated with the use of self-addressed envelopes instead of folded papers, which are easily

damaged or destroyed by modern postal handling equipment.

However, this was a rewarding project and encouragement from dozens of employees in other areas not tested, was offered to the researcher on a continuous basis. Strangers offered unsolicited support of the project, entreating the researcher to follow up with implementation of a change in smoking policy. Surprisingly, several smokers requested copies of the project, expressing hope that it might help in "kicking the smoking habit."

Admittedly, the number of employees tested should have been at least doubled. It was naive to believe that all one hundred questionnaires would be returned, completely answered. The bulk of those that answered within one week, indeed within a few days, were very interested in the project. Only about ten percent of the total received, came in after the first week.

Although the major attitude detected was one of demand for change in smoking policy, some overt hostility was also encountered. The Manager of Medicare Claims, Mr. Dennis Krueger, had granted approval of the project at its conception in November, 1982. However, within a few months the researcher left that department in order to accept a promotion into the Peer Review section of Blue Shield. The management in the new area expressed opposition toward the project, feeling that their "right to smoke" would be jeopardized if the survey were allowed. The antagonism escalated to the point of termination of the

researcher's employment on June 10, 1983. That may be another limitation to consider if this study is repeated.

Nevertheless, the entire project will be forwarded to Corporate Headquarters, with the objective of attempting to promote healthy attitudes and reduce employee stress when A Clean Indoor Air Act is put into effect.

Bibliography

- American Lung Association. "Facts and Features for Non-smokers and Smokers." June 1982.
- . "Second-Hand Smoke." 1980.
- American Society of Heating, Refrigeration and Air-Conditioning Engineers' handbook of Fundamental Designs Standard. New York. 1973.
- Babbie, Earl R. The Practice of Social Research. Belmont, California: Wadsworth Publishing Co. Inc., 1979.
- Blair, Gwenda. "Smoking Blues." A Sourcebook on Health and Survival. California: Foundation for National Progress Press, 1981.
- Business Week, "Office Smokers Feel the Heat." 29 Nov. 1982. p. 102.
- Feinhandler, Sherwin J., "Effect of Smoking on Nonsmokers." U.S. Cong. House. Committee on Agriculture, Subcommittee on Tobacco. Hearing, 95th Cong., 2nd sess., Washington, D.C.: GPO, 1978.
- Henderson, Richard. Compensation Management. Virginia: Reston Publishing, 1979.
- Lenfant, Claude and Barbara Marzetta Liu. "(Passive) Smokers Versus (Voluntary) Smokers." New England Journal of Medicine, 1980., pp. 742-43.
- Milwaukee Journal. "Smokers Jeopardize Your Health, Too." Editorial, 29 March 1983., p. 1.
- Shannon, Martin J. "Administrative Management Society Survey." The Wall Street Journal. 17 April 1980., p. 1.

The Tobacco Institute. "Answers to the Most Asked Questions About Cigarettes." 1982.

----- . "Cigarette Smoke and the Nonsmoker." 1983.

----- . "Smoker and Nonsmoker." 1979.

Weis, William L. "No Ifs, Ands or Butts." Management World.
September 1981., pp. 39-44.

White, James R. and Herman F. Froeg. "Small-Airways Dysfunction in Nonsmokers Chronically Exposed to Tobacco Smoke." The New England Journal of Medicine. 1980.
pp. 720-22.

Appendix APlastic Bag Containing Damaged Mail**UNITED STATES POST OFFICE
MILWAUKEE, WISCONSIN 53203**

DEAR POSTAL CUSTOMER:

The enclosed has been damaged in handling in the Postal Service.

We realize your mail is important to you and you have every right to expect it to be delivered intact and in good condition. The Postal Service makes every effort to properly handle the mail entrusted to it but, due to the large volume, occasional damage may occur.

When a Post Office handles in excess of 4 million pieces of mail daily, it is imperative that mechanical methods be used to maintain production and insure prompt delivery of the mails. It is also a fact that modern production methods do not permit personal attention to individual pieces of mail. Damage can occur if mail is insecurely enveloped or bulky contents are enclosed. When this occurs and our machinery is jammed, it often causes damage to other mail that was properly prepared.

We are constantly striving to improve our processing methods, to assure that an occurrence such as the enclosed can be eliminated. We appreciate your concern over the handling of your mail and sincerely regret the inconvenience you have experienced.



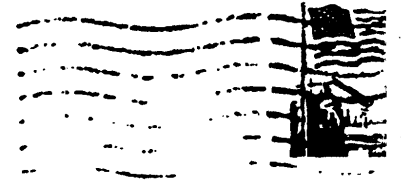
JAMES D. OSTER
MSC Manager/Postmaster

Appendix B

Self-Addressed Side of Questionnaire

would very much appreciate your opinions for part of my graduate study rese
if you would like a copy of the results of this survey, include your name and
address.

PLEASE DO NOT COMPLETE THIS SURVEY ON COMPANY TIME.



Fran Morke
5421 Montgomery Drive
Greendale, WI 53129

following is a pilot questionnaire designed to identify your preferences and reactions to smoking in the workplace.

Female Male

Your age:
 18-29
 30-39
 40-49
 50-59
 60-69

3. Education:
 Grade School
 High School
 Some College
 College graduate
 Post-graduate work
 Voc./Tech. School
Other _____

Occupation:
 Administrative Technical
 Clerical Other (specify) _____
 Mechanical or trade
 Professional

Do you smoke Yes No

5a. Do you smoke at your work station? Yes NO
5b. Do you smoke during work hours? Yes NO

The Wisconsin Clean Indoor Air Act may prohibit smoking in places of work except in designated areas. Which of the following do you favor?

- smokers and nonsmokers separated into different work areas.
- physical barriers between designated smoking-permitted and no-smoking areas.
- no smoking during meetings.
- smoking-permitted and no-smoking areas within the same room, provided the no-smoking area is at least 200 square feet in area.
- smoking in private offices when office door is closed.
- smoking in private offices when office door is open.
- no smoking in rest rooms.
- physical barriers between the no-smoking and smoking-permitted areas in lunch room.

Other? _____

If smoking were restricted to designated areas at your place of work, would you:

- approve
- disapprove
- no preference

Working in a no-smoking area would be:

- extremely important to me.
- somewhat important to me.
- unimportant to me.
- somewhat bothersome to me.
- extremely bothersome to me.

Thank you for your cooperation. Any comments or additional questions are appreciated.