

INFORMATION, AN IMPORTANT ELEMENT OF THE WORKPLACE HEALTH PROMOTION PROGRAMMES AIMED AT CHANGING BEHAVIOUR

¹Z. MUNTEANU, ²I. D.BARDAC

¹Public Health Authority, Oradea, ², „Lucian Blaga” University of Sibiu.

Abstract: Workplace health promotion is a holistic approach of the health management that combines behaviour prophylaxis (prevention) with the technical and organizational changes (circumstantial prevention). The study has revealed the workers' appreciation of the information received on the effects of tobacco, as well as their wish to receive more information on smoking and on various health risk factors from doctors and, first of all, from health promotion specialists.

Keywords: smoking, workplace, smoking in the workplace
Rezumat: Promovarea sănătății la locul de muncă este o abordare holistică de management a sănătății ce combină profilaxia (prevenția) comportamentală cu modificările tehnice și organizaționale (prevenția circumstanțială). Studiul a relevat aprecierea lucrătorilor referitoare la informațiile primite despre efectele tutunului, precum și dorința de a primi noi informații referitoare la fumat și diferiți factori de risc pentru sănătate, de la medici și în primul rând de specialistul în promovarea sănătății
Cuvinte cheie: informare, fumat, locul de muncă, fumatul la locul de muncă

INTRODUCTION

The habit of smoking may be reduced by means of a Workplace Health Promotion Programme, an important component being the correct informing, using the social marketing principles, in order to change the smokers' behaviour (reduction/giving up smoking).(1).

The role of the formative research is to assess the subjects' perceptions of the information actions on smoking and on the associated risk factors in the working environment, so as to establish the communication strategy, the drawing up of the instruments and of the implementation plan.(2,3)

The associated exposure to professional irritants (ashes, gases, vapours) and tobacco triggers a synergic action, potentiating their effects on the respiratory system. The workplace health promotion measures led to an improvement of the situation.(4) From the point of view of the population and ecological strategy, the workplace health promotion is a holistic approach of the health management that combines behaviour prophylaxis (prevention) with the technical and organizational modifications (circumstantial prevention).(5)

MATERIAL AND METHOD

The quantitative study used a questionnaire applied to a representative sample group of 215 individuals (determined with the Taro Yamane formula) working in a wood processing company: S.C. "ELMOBEROM" S.A. Beiuș, the county of Bihor.(6,7) 25 subjects were pre-tested. The application of the questionnaire was a face-to-face interview with 7 interview operators. The interviews took place within the company and took up an average of 25-30 minutes for smokers and approximately 20-25 minutes for non-smokers. The data collection time interval was January-February 2008. There was a very high answer rate, as there were no refusals. The statistical analysis was performed with the S.P.S.S. 15.0 programme pack.(8,9)

RESULTS

The information on smoking in the workplace structures the group in the following way:

Table no. 1. The structure of the group depending on the smoker/non-smoker status and on the amount of information on smoking received at the workplace, within the company.

Amount of information on smoking received at the workplace	Smoker/non-smoker status					
	Smoker		Non-smoker		Total	
	ca	%	ca	%	ca	%
Never	29	41,5	38	26,2	67	31,2
Once-twice	16	22,9	34	23,4	50	23,2
Less than 5 times	6	8,5	23	15,9	29	13,5
5-10 times	6	8,5	9	6,2	15	7,0
More than 10 times	13	18,6	41	28,3	54	25,1
Total	70	100	145	100	215	100

PUBLIC HEALTH AND MANAGEMENT

Table no. 2. The structure of the group depending on sex and on the amount of information on smoking received at the workplace, within the company.

Amount of information on smoking received at the workplace	Sex					
	Males		Females		Total	
	ca	%	ca	%	ca	%
Never	30	26,3	37	36,6	67	31,2
Once or twice	28	24,5	22	21,8	50	23,2
Less than 5 times	13	11,4	16	15,9	29	13,5
5-10 times	6	5,3	9	8,9	15	7,00
More than 10 times	37	32,5	17	16,8	54	25,1
Total	114	100	101	100	215	100

Table no. 3. The structure of the group depending on the level of education and on the amount of information on smoking received at the workplace, within the company.

Amount of information on smoking	Level of education											
	Gymnasium		Vocational school		High-school		Post high school education		Academic education		Total	
	ca	%	ca	%	ca	%	ca	%	ca	%	ca	%
Never	3	42,9	29	30,8	31	28,9	2	66,6	2	50,0	67	31,2
Once / twice	3	42,9	17	18,1	29	27,1	0	0	1	25,0	50	23,2
Less<5times	0	0	18	19,1	11	10,3	0	0	0	0	29	13,5
5-10 times	0	0	8	8,5	7	6,6	0	0	0	0	15	7,00
More than 10 times	1	14,2	22	23,5	29	27,1	1	33,4	1	25,0	54	25,1
Total	7	100	94	100	107	100	3	100	4	100	215	100

Table no. 4. Distribution of the study group depending on age and on the amount of information on smoking received at the workplace.

Amount of information on smoking	Age											
	Under 25		25-34		35-44		Over 44		Total			
	ca	%	ca	%	ca	%	ca	%	ca	%		
Never	8	47,0	12	38,7	33	30,9	14	23,3	67	31,2		
Once/ twice	4	23,5	10	32,3	24	22,5	12	20,0	50	23,3		
Less<5times	3	17,7	4	12,8	18	16,9	4	6,7	29	13,5		
5-10times	0	0	3	9,7	10	9,2	2	3,3	15	6,9		
More>10	2	11,8	2	6,5	22	20,5	28	46,7	54	25,1		
Total	17	100	31	100	107	100	60	100	215	100		

Table no. 5. The structure of the study group depending on the amount of information on smoking received.

Have you received enough information on smoking in the company?	Number of persons	Proportion(%)
I have received no information	7	3,3
I have received little information	50	23,2
I have received enough information	73	34,0
I have received a lot of information	10	4,7
I have received very much information	13	6,0
No answers	62	28,8
Total	215	100

The structure of the study group depending on the person offering the amount of information on smoking (at all, little, enough, a lot and very much) reveals that the person in charge of labour protection offered 47,3% of the information belonging to category "a lot" and 40,1% of the information "enough".

The structure of the study group depending on the issue of receiving information at the workplace

reveals the following: 81 subjects (37,7%), desire more information on the effects of smoking, 20,9% (45 subjects) insist on finding out more about counselling on giving up smoking and 41,4% (89 subjects) refuse new information on the practice of smoking.

The structure of the study group depending on the persons preferred to transmit information can be seen in picture no. 1.

PUBLIC HEALTH AND MANAGEMENT

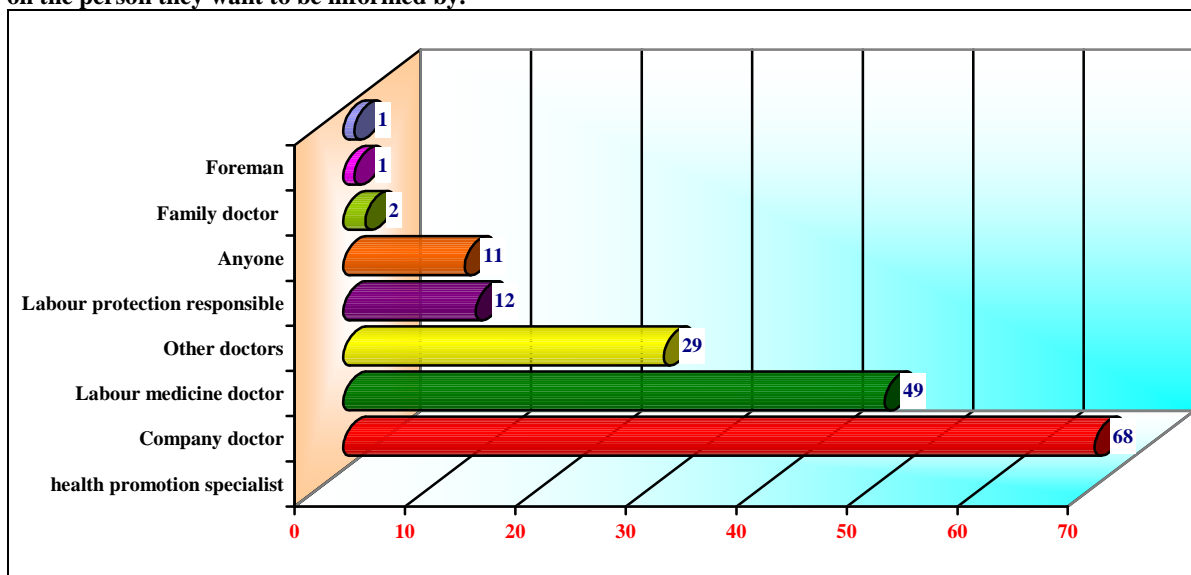
Table no. 6. Distribution of the persons offering information on smoking and the amount of information transmitted

Source of the information on smoking	At all		Little		Enough		A lot		Very much		Total	
	ca	%	ca	%	ca	%	ca	%	ca	%	ca	%
person in charge of labour protection	2	22,2	26	33,7	56	40,1	9	47,3	11	37,9	104	38,1
Company doctor	3	33,4	20	26,0	35	25,1	3	15,8	7	24,1	68	24,9
Head of personnel	2	22,2	9	11,7	15	10,6	1	5,3	6	20,7	33	12,0
Another doctor	2	22,2	7	9,0	20	14,4	1	5,3	0	0	30	11,1
Public Health Authority doctor	0	0	4	5,3	9	6,4	2	10,5	2	6,9	17	6,2
Foreman	0	0	3	3,9	1	0,6	1	5,3	2	6,9	7	2,5
Director	0	0	1	1,3	2	1,4	2	10,5	1	3,5	6	2,2
Family doctor	0	0	2	2,6	0	0	0	0	0	0	2	0,7
Firemen	0	0	1	1,3	1	1,4	0	0	0	0	2	0,7
Self information	0	0	1	1,3	0	0	0	0	0	0	1	0,4
Mass media	0	0	1	1,3	0	0	0	0	0	0	1	0,4
Bill poster	0	0	1	1,3	0	0	0	0	0	0	1	0,4
Nobody	0	0	1	1,3	0	0	0	0	0	0	1	0,4
Somebody else	0	0	0	0	0	0	0	0	0	0	0	0
Total	9	100	77	100	139	100	19	100	29	100	273	100

Table no. 7. The structure of the group depending on the smoker/non-smoker status and on the wish to receive more information on smoking.

Wish to receive more information on smoking	Smoker		Non-smoker		Total	
	ca	%	ca	%	ca	%
Yes	45	64,3	53	36,5	98	45,6
No	20	28,5	88	60,9	108	50,2
I do not know	5	7,2	4	2,6	9	4,2
No answer	0	0	0	0	0	0
Total	70	100	145	100	215	100

Picture no. 1. Distribution of the group of persons who wish to receive more information on smoking, depending on the person they want to be informed by.



The structure of the study group depending on the reception of information on various risk factors revealed that the respondents noticed that they had never been informed on coffee consumption (188 subjects), on smoking (92 subjects), alcohol (86 subjects), or on other addictive substances (184 subjects), inappropriate diet (187 subjects), healthy lifestyle (177 subjects), toxic substances (76 subjects),

stress (160 subjects), demanding physical activities (130 subjects) or the effects of glue, oils or of red gum derivatives (102 subjects).

Overall, there have been 767 explicit information appreciations in various degrees, with an average of 3.56 information on the risk factors for each of the persons interviewed. These aspects are illustrated in table no. 8

PUBLIC HEALTH AND MANAGEMENT

Table no. 8. The structure of the group depending on the appreciation of the reception of information on the risk factors within the activities of workplace health promotion.

Risk factors	I have received no information	I have received little information	I have received enough information	I have received a lot of information	I have received very much information	Total %
Coffee	188	17	9	1	0	100
Smoking	92	53	62	5	3	100
Alcohol	86	40	59	24	6	100
Drugs	184	8	14	4	5	100
Inappropriate diet	187	20	5	3	0	100
Healthy lifestyle	178	27	7	3	0	100
Stress	160	34	11	8	2	100
Toxic substances	76	52	49	37	1	100
Glues, oils	102	34	47	29	3	100
Demanding physical activities	131	34	39	10	1	100

DISCUSSIONS

The efficient prevention of smoking includes first of all the activity of information.(10) Similar studies regarding the Workplace Health Promotion show the importance of informing employees; similarities regarding the wish, source and the issue of knowledge transmission have also been noticed.(7)

It is recommended that communication be supported by messages approaching the negative effects of smoking, especially of smoking within confined areas at the workplace.(11)

Information represents an aspect of service accessibility at the level of the jobs stimulating interventions, the generation of policies/regulations of workplace health promotion.

The business environment and the managers must be informed; they must know the potential benefits of investing in a training programme of the entire personnel with regard to the optimum approach of smokers, which presupposes brief adequate information sessions implemented in the work hours.(13)

CONCLUSIONS

- The subjects appreciate the information received on the effects of tobacco, stressing the role of the person in charge of labour protection and of the company doctor.
- The subjects prefer that the information on smoking be supplied by doctors and first of all by the health promotion specialist.
- The answers of the subjects interviewed reveal that there has been very little information on the various health risk factors at the workplace.
- The initiation of intensive health educational actions regarding the risk factors (tobacco, alcohol, drugs, physical activity).

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