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Original Research Article

Analyzing Smoking Policy in National Center for Mental Health in Jordan

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Policy analysis is the process that determines which alternative policies will achieve goals in light of the relations between the policies and the goals. Actually, National Center for Mental Health (NCMH) in Jordan has smoking policy that is concerned about patients' safety measures, but some problems could occur during implementing of the policy. Evaluating the smoking policy in NCMH, an alternative one in regard of six steps of policy analysis is recommended as new policy. The best alternative in this situation is to implement the smoke free hospital policy regardless of smoker patients' satisfaction.

Keywords: Smoking ban, Smoking permission, Mental health facilities, Policy analysis.

INTRODUCTION

Policy analysis is the process that determines which of the various alternative policies will most achieve a given set of goals in light of the relations between the policies and the goals (Walt et al., 2008). Actually, National Center for Mental Health (NCMH) in Jordan has many policies that are regulating the health care and the administrative processes. One of these policies is the smoking policy. In general, smoking policy in the hospital is concerned about patients' safety measures, but some problems could occur during implementing of the policy. Hence, this paper will analyze the smoking policy in NCMH and deduce the proper policy to regulate smoking practice in the hospital.

SIX STEPS OF POLICY ANALYSIS

In this paper, six steps of policy analysis model will be used to evaluate current policy in NCMH. Moreover, the six steps will focus on resolving current expected problem in implementing smoking policy in NCMH.

STEP ONE: VERIFY, DEFINE, AND DETAIL THE PROBLEM

In general, cigarette smoking is a common deleterious practice all over the world that has contributed to many health problems, and associated with high level of morbidity and mortality. Smoking is the second cause of death in the world. Resulting in approximately five million deaths a year in the world (Kruger, Trosclair, Rosenthal, Babb, & Rodes, 2012). Particularly, smoking habit has a considerable standing in public health issues in Jordan. For instance, one study in 2012, reported that 45% of Jordanian people had smoked in the past month, and 36% of Jordanian had smoked in the past 24 hours (Abugoush et al., 2012).

Specifically, Smoking is a significant public health issue among people with mental illness (Annette, Lela, Shane, & Shanta, 2010). Additionally, cigarette-smoking prevalence in psychiatric population is two to three times higher than free mental illness population (Morisano, Bacher, & Audrain, 2009). Similarly, smokers with mental disorders smoke more cigarettes per day than smokers in general (McNally, Todd, & Ratschen, 2011). Actually, smoking related morbidity and mortality from cancer, cardiovascular, and respiratory disease is considered (Annette et al., 2010). Furthermore, some researches suggested that smoking could act as a trigger for mental illness (West & Jarvis, 2005). Moreover, smoking related contents interacts with some psychotropic medications, making them less efficient and resulting in increased dosage and more side effects associated with these medications (West & Jarvis, 2005).

Consequently, many mental health care facilities issued policies that regulates smoking practice in their buildings. The objectives of these policies is concerned about protecting their consumers' health, and improving the quality of mental care for them. In a like manner, smoking policies in mental health care centers resemble smoking policies in general health care facilities regarding their objectives. In other word, smoking

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policies for both psychiatric and general health care facilities is consistent with patient safety standards and quality of health care regardless of the nature of health care that is provided in the health care facilities. At the same time, the aim of these policies is to provide a safe and healthy environment for clients, visitors, and employees.

At this level, both consumers and employees in mental health care hospitals have the right of a smoke free environment. This right is usually protected by the law and local policies. Conversely, in Jordan, although we have a public law that prevents smoking in public area, but mental health care centers are not included under the authority of this law. Hence, it is important to reflect the critical factors that imposed on analyzing the current smoking policies in mental health facilities in Jordan. In general, the significant factor that required more attention is second hand smoking or passive smoking. Significantly, there is strong evidence that passive smoking causes premature death and diseases. Moreover, passive smoking can increase the risk of cancer, cardiovascular, and respiratory diseases in non smoker people (Kruger et al., 2012).

Following this further, 91% of psychiatric nurse in England believed that mental health encounters particular challenges, because of high smoking prevalence among psychiatric patients, which is associated with safety risks, and potential interactions with antipsychotic medications (Hollen et al., 2010). On the other hand, analysis of the national health services in England found that they are facing specific difficulties in implementing smoke free policy (Ratschen, Britton, & McNeill, 2009). In consequence, all of health care providers, patients, and health care decision makers have to be concerned about the advantages and disadvantages of the smoking policy.

The conflict in implementing smoking policy may need to be resolved by evidence based decisions and regulations regarding the objectives and methods of implementing smoking policy. In addition, all parties concerned in implementing smoking policy have to enhance their position by an evidence that justifies the way of choosing smoking policy. In other words, smoking itself is a medical matter that requires a scientific approach to clarify objectives and goals of its policies. In addition, psychiatric nurses and psychiatrists in mental health care facilities have an evidence based power to influence on smoking policy issues, but the patients have no power in this process. Hence, the aim of conducting the policy analysis is to find out convenient smoking policy for all stakeholders in NCMH in Jordan, which is able to resolve existing problems with smoking action within its building.

STEP TWO: ESTABLISH EVALUATION CRITERIA

In order to compare, measure, and select among alternative smoking policies, relevant evaluation criteria must be established. Some commonly used measures include administrative ease, cost and benefits, effectiveness, equity, legality, and political acceptability. Actually, smoking policy of NCMH is the target policy for evaluation. In the beginning, the current policy will be presented. Then, desirable and undesirable outcomes will be identified. After that, smoking policy will be evaluated according to established criteria.

SMOKING POLICY OF NCMH

Smoking policy statement describes the purpose and actions of the policy as illustrated below.

Purpose: The purpose of smoking policy in NCMH is to identify regulations regarding smoking in the hospital by staff and patients.

Policy actions: The policy statement is illustrated as below:

1. Patient and family learn smoking regulations during orientation to the unit and hospital.
2. Smoking is allowed only in general patient areas, never in patient rooms, bathrooms, treatment rooms, or laundry area.
3. Smoking may be restricted if patient is in seclusion or on special precautions.
4. Patients may smoke while in seclusion, in restraints, or on special precautions with supervision according to the procedures for these situations.
5. Staff is not allowed to smoke while on duty except on break or during lunch in non patient areas.

Desirable and undesirable outcomes

The desirable outcomes of the smoking policy of NCMH are increasing safety measures in the patients' room, increasing satisfaction of smoker patients regarding cigarette smoking permission, expanding patients' awareness about the smoking policy and hospital regulation after the orientation, and monitoring patients during smoking act. On the other hand, the undesirable outcomes are: increase risk of passive smoking, diminish satisfaction of non smoker patient, offer unhealthy environment for all patients and health care providers, and increase risk of developing and worsening physical illness in psychiatric patients during hospitalization period.

Evaluation of current smoking policy in NCMH

The current smoking policy will be evaluated according to the evaluation criteria and measures of administrative ease, cost and benefits, effectiveness, equity, legality, and political acceptability.

Administrative ease: The smoking policy does not require more administrative skills or time than available, and it will be more easy to implement.

Costs and benefits: Achieving the particular objectives of the smoking policy is not expensive. Also, applying this policy for obtaining more benefits does not necessitate an increase in the expenditure.

Effectiveness: Smoking policy in NCMH could not fulfill the main objectives and goals due to failure in implementing healthy environment and encouraging smoker clients for healthy habits.

Equity: Smoking policy is harmful to non smoker clients, and it violates the non smoker rights for healthy air environment regardless of the smoker clients satisfaction.

Legality: Smoking policy is not consistent with the public law, but the local policies in the hospital are not governed by the public law. For this reason, smoking policy is legal and does not require changes in law to be lawful.

Political acceptability: Smoking policy is a council regulation that is almost not affected by political dimensions, and there is

no conflict in implementing of this policy with any political group.

STEP THREE: IDENTIFY ALTERNATIVE POLICIES

It is significant to have an understanding of the values, goals, and objectives not only of the client, but also of other involved parties to generate the alternative policies. At the same time, the non action alternative or continuation of the status quo is a policy that deserves consideration. Furthermore, searching for appropriate alternatives is based on consulting experts on the policy issues, or utilizing from other hospital policies and workshop reports.

Alternatives of the smoking policy

The following are four suggested alternatives and options for current smoking policy.

1. Allocating and assigning specified smoking room. In this alternative the smoker clients can smoke in assigned room for smoking within their unit. Because of this, non smoker patients will not be exposed to cigarette smoke.
2. Enforce smoking cessation program for all smoker clients. Here, it is reported that a large percentage of smokers who have mental illness want to quit smoking. In addition, nicotine withdrawal can be managed using a range of nicotine replacement products (Moan & Rise, 2005)
3. Adopting smoke free hospital or smoking ban strategy. That is the smoke free hospital policy rated positive overall (Ratschen, Britton, & McNeill, 2009). The advantages of implementing this policy include: reducing exposure of patients and health care provider to passive smoking, and motivate the patients to quit (Etter & Khan, 2008).
4. Continuity of the status quo. In other word, to continue the same current policy in NCMH in case other alternatives are not feasible. At the same time, minor modification to the status quo could be implemented.

STEP FOUR: ASSESS ALTERNATIVE POLICIES

Evaluation of the alternative policies will be according same evaluation criteria for the current policy. It is significant also to estimate the expected outcomes of each policy alternative.

Evaluation criteria of alternative policies

The evaluation criteria of each policy will use the same measures of administrative ease, cost and benefits, effectiveness, equity, legality, and political acceptability. Refer to Table 1, to review the summarization of the evaluation process.

Allocating and assigning specified smoking room

The assessment of this alternative policy reveals the following:

1. This policy does not require more administrative skill, and it is easy to be implemented.
2. Assigning special room for smoking may cost more than the current policy, but it will provide more benefit.
3. Partial effectiveness articulated in this policy due to preventing of non smoker exposure to passive smoking, but smokers will be in the risk of passive smoking exposure.
4. Both groups of smoker and non smoker will get their needs regarding smoking issue. Similarly, this policy will fulfill the equality criteria according to willingness aspect.
5. This alternative policy is corresponding with law, and protecting the non smoker patients' right of healthy air environment.
6. Politically, the policy action is acceptable.

Enforce smoking cessation program for all smoker clients

In the same way of evaluation, implementing of smoking cessation program may disclose the following points:

1. Smoking cessation programs need a developed guideline to ease a process of smoking cessation among the patients, and need more time to activate this program. On the other hand, smoking cessation program is not available in the hospital. Hence, implementing this alternative may not be applicable, and need more efforts for implementation.
2. Using of nicotine replacement medications may cost the hospital more expense than the budget.
3. Encouraging patients to quit is effective to manage their smoking habits, and it will add more benefits and improve their health.
4. No doubt, Equity is achieved regarding values of this policy.
5. This policy is consistent with the law.
6. This alternative is likely favorable for all political groups.

Adopting smoke free hospital or smoking ban strategy.

This alternative policy is an essential policy for all the general hospital. Here we will evaluate this alternative policy in respect of psychiatric dimension of the NCMH as follows:

1. Actually, no more time and administrative skills are required to implement this alternative.
2. Certainly, this policy will save the hospital budgets due cut off the free charge cigarette presenting to patients.
3. Highly desirable benefits will be achieved after implementing this alternative policy.
4. Proceeding of this policy will include all patients and health care providers. Indeed, it will be fair and equal.
5. Undoubtedly, this policy has the higher level of legality compared with other alternatives.
6. Executing smoking ban policy is not a matter of debate in the political salons.

Continuity of the status quo

The current policy in the hospital will be kept as it is. The detected problem with current policy may not be solved within present conditions, and may need more resources, budget, and governmental attention. Hence, if the current policy achieved higher score compared with the other alternatives it will be continued.

Estimate expected outcomes of each policy alternative

The desirable and undesirable outcomes of each alternative policy detect the total benefits of them, and help in analyzing the alternatives for comparison process.

Table 1. Evaluation of Alternatives

Criteria	Assigning smoking room	Smoking cessation	Smoke free	Status quo
1. Administrative ease	Easy	Not easy	Easy	Easy
2. Cost	Moderate	Expensive	Cost effective	Cost effective
3. Effectiveness	Partially effective	Effective	Effective	Not effective
4. Equity	Equal	Equal	Equal	Not equal
5. Legality	Legal	Legal	Legal	Legal
6. Politically	Acceptable	Acceptable	Acceptable	Acceptable

Table 2. Expected Outcomes

Alternatives	Desirable outcomes	Undesirable outcomes
1. Assigning specified room	Prevent passive smoking among non smoker, and smoker satisfaction	Increase risk of physical physical illness among non smoker
2. Smoking Cessation	Healthy environment, and improve patients health	Dependency encumbrance
3. Smoke free Hospital	Total healthy environment	Dependency encumbrance
4. Status quo	Patient safety in his room	Passive smoking, and risk of physical illness

Table 3. Strength and Weakness of Alternatives

Alternatives	Strength	Weakness	Evidences
1. Assigning specified room	Applicable, and acceptable from all patients and staff	No smoking management for smoker client	Skorpen, Anderson, and Bjelland (2008)
2. Smoking Cessation	Manage smoking habit, and consistent with public health policies	Not appropriate for the budget	Freund et al., (2009)
3. Smoke free Cessation Hospital	Manage smoking habit, and consistent with public health policies	Appropriate for the budget	Hollen et al., (2010)
4. Status quo	Save efforts to apply new policy	The problem is not resolved	Current practice in the hospital

This process is significant in estimating the alternative policies. Moreover, critical assessment for each alternative will minimize the conflict in detecting the proper alternative. The expected outcomes are presented in Table 2.

STEP FIVE: DISPLAY AND DISTINGUISH AMONG ALTERNATIVES

After evaluating all alternative policies, the final decision for suitable alternative may need a comparison and discussion of the characteristics of each alternative. The evaluation criteria that are summarized in Table 1, and expected outcomes that collected in Table 2, will guide a process of detecting the convenient policy. In addition, strength and weakness of each alternative will add significant measures to enhance process of differentiation, and defining the proper alternative among all available options. As shown in Table 3, the strength and weakness points of each alternative are existing regardless evidences that support each of them. An evidence-based policy may have some conflict points within its frame. Hence, comparing the alternatives will lead to deduce the appropriate one.

At the beginning, the first alternative of assigning and allocating specified room for smoking rated moderate score for implementation, because of the weakness points of risk for physical illness among smoker patients, which is not acceptable in a health care facility and public health policies. At the same time, this alternative does not provide an opportunity to treat nicotine dependency among psychiatric smoker patients. Hence, this alternative will not solve our problems regarding current policy in NCMH. On the other side, the next policy of implementing smoking cessation program may cover the weakness of the first alternative, but it is not applicable due lack of budget, administrative skill, experiences, and resources in the hospital.

For this reason, the third alternative may cover this weakness by implementing smoking ban by the authority of the hospital. In other word, the hospital can force the patient to not smoke during their hospitalization without using smoking cassation protocol of nicotine replacement and gradual quitting of smoking. In addition, the alternative policy of smoke free hospital may rate highest score as an appropriate alternative policy for implementation in NCMH. Moreover, the continuity of status quo will not resolve a serious problem of risk of smoking related disease in the hospital. Finally, the best alternative in this situation is to implement the smoke free hospital policy regardless the smoker patients' satisfaction.

STEP SIX: IMPLEMENT, MONITOR, AND EVALUATE THE POLICY

The final policy will be implemented in the hospital after getting approval from the hospital committee that is responsible for policies issue. After implementing this policy, monitoring of the commitment and compliance to this policy has to be started to exclude these elements in case the problem continued. The best way for monitoring is to perform monthly indicators to show a percentage of compliance and noncompliance among clients and employees.

If the compliance percentage was more than threshold set, so the policy is implemented correctly. After monitoring the policy, the evaluation of the policy will be conducted. The evaluation process will focus on the desired goal. Again, previous problems and any new encountered problems have to be evaluated to estimate the efficacy of the new problem. After the evaluation process, we can answer the questions about if

the policy was properly implemented, and if the policy achieved the intended outcomes. Significantly, the new smoking policy may fail because some external factors discovered after experiencing the policy, which are not present at the time of preprogram evaluation and analyzing process. Finally, the below paragraph represent the suggested new policy.

Title: Smoking policy**.**
Policy actions: (a) Patient and family learn smoking regulations during orientation to the unit and hospital. (b) Smoking is not allowed overall hospital building for patients and staff. (c) There is no exception for visitors to smoke in the hospital.

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