

Team support for cessation in the workplace helped motivate cigarette smokers to quit

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When smoking co-workers in the same team are placed on a cessation program, providing financial incentives to the team collectively in return for success of the smokers in the cessation program helped the smokers to quit smoking and remain abstinent for 12 months, according to data presented at the 11th Annual AACR International Conference on Frontiers in Cancer Prevention Research, held Oct. 16-19, 2012.

Sang Haak Lee, M.D., Ph.D., [pulmonologist](#) and professor of medicine at St. Paul's Hospital and the Catholic University of Korea College of Medicine, and colleagues developed a yearlong cessation program that provided [financial incentives](#) to a team of 28 [health care workers](#) at St. Paul's Hospital in Seoul, [South Korea](#). The researchers evaluated whether implementing a [team approach](#) in the workplace, where the team they belong to is rewarded financially when co-workers who smoke and are placed on a cessation program have succeeded, could improve motivation to quit smoking, increase smoking cessation rates and keep former smokers from resuming the habit.

When the smokers participating in the program remained smoke-free, the team they belong to as a whole received a financial incentive of 50,000 won (about \$45) for each successful participant at one week and one month. If the smokers in the team remained abstinent for a longer time period, the team was given a collective incentive of 100,000 won (about \$90) for each success of the participant at 3 months and 6 months respectively. The team incentive resulted in increased [emotional support](#) on part of the rest of the team members whereas the encouragement

from such non-smoking co-workers created more pressure on smokers to succeed in the program. The researchers awarded money to the teams based on team effort—for how many co-workers the team has succeeded to encourage and support the cessation effort—rather than on individual effort.

Abstinence rates at three, six and 12 months were 61 percent, 54 percent and 50 percent, respectively, according to Lee.

"In terms of efficacy, the abstinence rates were relatively high for a prolonged period in the team-based approach compared with those previously reported," he said. "We postulated that team-based intervention not only encouraged participants' motivation to quit smoking within the workplace, but also potentiated maintenance to stay abstinent due to peer pressure and peer support."

Despite antismoking policy measures introduced in the mid-1990s, smoking is a leading cause of death in South Korea. Likewise, smoking remains the world's leading cause of preventable death, Lee said.

Although the study was limited by a small number of participants, according to Lee, the researchers believe that this information could be used elsewhere to develop workplace smoking cessation programs.

"Many employees spend the majority of their day in a workplace environment, and the workplace has a number of advantages for [smoking cessation](#) intervention," he said.

More information: B08 Effectiveness of team-based financial incentives for smoking cessation in the workplace. Lee Sang Haak, et al.

Abstract

Objective: Workplace offers a promising venue for encouraging

smoking cessation. Worksite smoking cessation programs offer a number of advantages, including the accessibility of the target population, the availability of occupational health support and the potential for peer pressure and peer support. Financial incentives given to teams rather than individual participants could create team based effort to support and reinforce smoking cessation within the workplace. The purpose of this study is to identify the effectiveness of team-based financial incentives in improving long-term rates of smoking cessation among employees.

Methods: Total 28 smokers who were healthcare workers from St. Paul's Hospital, were enrolled. The financial incentives were ₩50,000 for smoking cessation at 1 week and 1 month after the initial cessation and ₩100,000 for abstinence at 3 and 6 months after the initial cessation.

Results: Abstinence rate at 3, 6 and 12 months after the initial cessation were 61%, 54% and 50%, respectively. There were no differences in age, body mass indexes and spirometric indexes between the success and failure group. Nicotine dependence scores were significantly higher in the failure group at 3 months, but not at 6 and 12 months. Smokers who participated within 1 month of enrollment had a higher abstinence rate at 3 months than those who participated after 1 month ($p=0.007$).

Conclusion: Team based financial incentives resulted in high abstinence rates, which was maintained through 12 months. These results suggest that the financial incentives given to teams could make use of the potential for peer pressure and peer support over a longer period. In addition, more intensive management is needed to members who participate after 1 month and have higher nicotine dependence scores, which results in a lower abstinence rate.

Provided by American Association for Cancer Research

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