

CASE STUDY

Critical analysis of a no-nicotine hiring policy

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ABSTRACT

This critical analysis examines the human resource (HR) policy of no-nicotine hiring at a healthcare organization in the United States. The paper begins with a history of tobacco use and the smoking trends in the U.S. The social acceptance of tobacco use declined once the harmful effects of the product were scientifically proven. The paper discusses the attempts of workplaces, specifically that of a U.S. healthcare organization, to reduce nicotine use among employees. The organization's policy of a smoking ban is explained, as well as the later policy of refusal to hire a candidate who tests positive for nicotine. Employee reactions to the policies are shared.

Key Words: No-nicotine policies, Workplace smoking bans, Tobacco use, Human resource policies, Smoking and tobacco history

1. INTRODUCTION

The only thing in life that is predictable is change, as the saying goes. Tobacco acceptance is one example of such a change. In the 1950s, tobacco use in the form of cigarette, cigars, or pipe smoking was commonplace and quite socially acceptable.^[1] Today, there are many public places where smoking is banned. However, most recently, there is a trend occurring that bans, not only smoking on the organization's premises but smokers themselves. Only non-smokers are hired at organizations that justify their policies of discriminating against smokers. Is a no-nicotine hiring policy a wise decision or unjust discrimination? Is this type of policy simply another step in the evolution of nicotine use in the United States? To properly address these questions, it is helpful to first explore the vacillation of the social acceptance level of smoking and the health implications of tobacco use. The paper then explores the human resource management (HRM) roles in creating policies that ban smoking in the workplace and the latest trend to refuse to hire smokers. The human

resource (HR) policy against hiring smokers is in existence at some hospitals across the country. A critical analysis of this no-nicotine hiring policy in one U.S. hospital is addressed.

2. TOBACCO'S EARLY HISTORY

Historians estimate that Native Americans first used tobacco as early as the first century B.C. It was smoked for ceremonies and medicinal purposes. Pictorial evidence of tobacco smoking is shown on pottery from Guatemala dating back to 600-1000 A.D.^[2] The earliest recorded ban on smoking occurred in 1575 with the prohibition of tobacco use in places of worship in Spanish colonies. The Roman Catholic Church instituted the ban. Then, in the 1600s, Pope Urban VIII prohibited snuff in sacred places. Anyone caught violating this decree faced excommunication.^[3] The 17th century also brought about suspicion of tobacco's effect on health; in 1604 King James I of England complained of its effects on the nose and lungs. He subsequently imposed the first heavy tax on the product. Sir Francis Bacon noted its addictive tendencies in 1610. The effects of second-hand smoke were

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addressed in 1868 in a Railway Bill passed by United Kingdom's Parliament that required separate railway carriages for non-smokers so they would not be subjected to tobacco's ill effects.^[2]

3. SMOKING TRENDS

Trends in smoking have changed dramatically in the United States over the past century. Once considered "a significant part of America's culture",^[4] it is now empirically proven as a cause of cancer and is deemed inappropriate in various venues. Workplaces, restaurants, and even the movie industry have changed their policies regarding tobacco use.

3.1 Tobacco use since 1880

The consumption of tobacco in the United States during the early 1880s was primarily through chewing tobacco (56%), with only 1% of Americans smoking manufactured cigarettes. The rest of the approximately 6 pounds of tobacco consumed per person consisted of cigars (26%), pipe and hand-rolled tobacco (14%), and snuff (2%).^[5] From 1880 to 1913, various developments occurred that led to the increase in Americans who smoked tobacco. Some of these developments included the mass manufacturing of the cigarette, improved transportation systems, the invention of the safety match and the promotion of tobacco products through advertising.^[1,5] The tobacco industry began promoting to women in the 1920s, which led to social acceptance of female smoking. These events led to the jump in per capita cigarette usage from fifty-four cigarettes at the beginning of the 20th century to 4,345 by 1963.^[1] Sales of cigarettes were higher than ever in America in the first six months of 1957.^[6] Consumption of tobacco peaked in the first half of the 1950s. At that time, consumption of tobacco was about 13 pounds, mainly through cigarettes (80%). The remainder was through cigars (10%), chewing tobacco (4%), and snuff (3%).^[5]

The infatuation with the cigarette started its decline on July 12, 1957 when U. S. Surgeon General Leroy Burney reported the conclusions that the U.S. Public Health Services had compiled regarding tobacco use.^[6-8] Burney's report warned, "excessive cigarette smoking is one of the causative factors of lung cancer."^[6] Burney also noted that studies "confirmed beyond a reasonable doubt that there is a high degree of statistical association between lung cancer and heavy prolonged cigaret [sic] smoking".^[8] At that time, the Surgeon General's statements were the strongest that the government had ever made toward smoking. After Burney's report was published, incidence of smoking declined, particularly in males. Smoking cessation instances rose.^[9] On January 11, 1964, then-Surgeon General Luther Terry came out with another report citing the correlation between smoking and lung

cancer. The report was the culmination of a 15-month investigation of a committee of respected scientists. The committee was granted approval by the American Medical Association as well as the tobacco industry. The members were equally divided between smokers and non-smokers.^[10] Terry announced that the group concluded that smoking cigarettes causes lung cancer and laryngeal cancer. It also included that "there was suggestive evidence, if not definitive proof, of a causative role of smoking in other illnesses such as emphysema, cardiovascular disease, and various types of cancer".^[4]

By 1998, per capita consumption of cigarettes decreased to 2,261.^[1] One year later, statistics showed that U.S. consumption of tobacco slipped to 4.2 pounds per person, a decrease of 8.8 pounds since the early 1950s. This 1999 figure broke down to cigarettes (83%), cigars (6%), chewing tobacco (5%), snuff (5%), and pipe tobacco (1%). To reiterate this decline, 42.4% of the U.S. population of adults smoked in 1965, yet in 2000, the statistic dropped to 23.3%. Smoking cessation, that was quitting the nicotine habit, jumped from 24.3% in 1965 to 49.6% in 1993. In 2000 the smoking cessation rate was 48.8%.^[5]

3.2 Tobacco policies and regulations

Over the years, bans against tobacco were enacted throughout the U.S. Organizational policies were put into effect to prevent individuals from tobacco use. The U.S. Federal government also imposed regulations pertaining to the product.

3.2.1 Early U.S. tobacco bans

In 1632, the first record of a U.S. ban of tobacco use in public places took place in Massachusetts. Later, New Amsterdam's (present-day New York) Governor Kieft banned smoking in his jurisdiction. 1647 marked the year that Connecticut allowed individuals to smoke only one time a day and prohibited public smoking. It was in 1683 that the first U.S. laws were instituted prohibiting outdoor smoking. This ban occurred in Massachusetts; Philadelphia, Pennsylvania soon followed suit, with fines for those who violated the law.^[3] When tobacco became recognized as revenue producers for governments during the 18th and early 19th centuries, bans were reversed. However, Boston banned smoking in 1840 as a fire danger.^[11] In the later 19th and early 20th centuries, moral crusaders in the United States led anti-smoking campaigns and asked for a prohibition on alcohol.^[12] This led to 15 different states banning cigarette sales during 1890 to 1927. The bans were lifted after pressure from the tobacco industry and the attraction of increased tax revenue.^[13]

3.2.2 Warning labels

In 1965, one year after Surgeon General Terry's report, Congress issued the Federal Cigarette Labeling and Advertising Act (FCLAA). This act required cigarette warning labels placed on cigarette packages that read, "Caution: Cigarette Smoking May Be Hazardous to Your Health." Five years later, a stronger warning was placed on the packages that stated, "Warning: The Surgeon General Has Determined That Cigarette Smoking Is Dangerous to Your Health."^[14] In September 2012, the U.S. Federal Food and Drug Administration (FDA) began requiring that the warning labels on cigarette packages and advertisement be in larger print and more prominently placed on the package and advertisement.^[15]

3.2.3 Workplace bans

Early evidence of instituting workplace bans on smoking occurred in a Winchendon, Massachusetts woolen mill. In a document dated July 5, 1830, Amasa Whitney, the mill owner, prohibited smoking in the mill. One of the organization's "commandments" stated that smoking "is considered very unsafe, and is also specified in the insurance".^[16] Despite this early example, smoking in U.S. workplaces, including hospitals, was evident in the past few decades. A paradigm shift started occurring when, in 1972, Surgeon General Jesse Steinfeld initiated a discussion on non-smokers' exposure to environmental tobacco smoke, also referred to as secondhand or passive smoke.^[17] A growing number of "public and private sector institutions began adopting policies to protect individuals from [secondhand smoke] exposure by restricting the circumstances in which smoking is permitted" within the 1970s.^[18]

By 1986, two national U.S. studies linked the harmful effects of exposure to environmental tobacco smoke and lung cancer and respiratory illnesses.^[19] The National Research Council (NRC) published a review and C. Everett Koop, the Surgeon General at the time, released a report. The report was entitled, *The Health Consequences of Involuntary Smoking*.^[17] In it, Koop posited:

"Cigarette smoking is an addictive behavior, and the individual smoker must decide whether or not to continue that behavior; however, it is evident from the data presented in this volume that the choice to smoke cannot interfere with the nonsmokers' right to breathe air free of tobacco smoke."

Attention to this issue led to "governmental action and private initiative" restricting smoking in public areas.^[18] A 1988 article revealed that full bans on smoking in U.S. workplaces were still quite rare. Organizational policies imposed restrictions in workplace smoking instead of full bans. These restrictions rose from 36% in 1986 to over 50% in 1987 sur-

veys.^[20] This increase was undoubtedly sparked by the 1986 report. In 2010, 26 U.S. enacted laws prohibiting smoking in indoor workplaces and the nation's health initiative, Healthy People 2020, is seeking laws in all 50 states by the year 2020.^[21]

4. TOBACCO'S ADVERSE EFFECTS

Today, it is well established that active smoking and exposure to secondhand smoke causes numerous health conditions. Active smoking is the single leading preventable cause of death in the U.S.^[18,22,23] Tobacco smoking contributes to illnesses such as "cardiovascular disease, lung cancer, strokes, and emphysema".^[24] In 2005, 2.5 million people died; of those, one in five died from tobacco-related illness.^[25] Secondhand smoke contributes to the development of illnesses such as lung cancer and cardiovascular disease in adults and respiratory illnesses in children and adults.^[17] It is no wonder the cigarette has been called "the deadliest artefact [sic] in the history of human civilization".^[13]

5. HRM AND TOBACCO POLICIES

Strategic HRM can be defined as "the pattern of planned HR deployments and activities intended to enable the firm to achieve its goals".^[26] Workplaces started restricting smoking on a greater scale after C. Everett Koop's report warning of the effects of exposure to secondhand smoke.^[27] America's "Goldstar Hospital" (Pseudonyms are used to protect identity of the organization in focus) joined the growing list of workplaces that offered designated smoking areas. Since Goldstar Hospital's mission intrinsically aligned with patient's health, this policy of restricting smoking served as a strategic endeavor. The policy allowed the hospital to further achieve its goals of healing, not harming patients. Employees who used to smoke cigarettes right in the hospital were forced to take longer breaks as they walked outside to areas that had been designated for them to use. However, some patients smoked as well, and the policy led to inpatients being wheeled out in their wheelchairs to designated areas outside the hospital. Oftentimes, a passerby could witness the same employees outside at various times of the day. Their habit led them to ritualistic visits outside. Many would huddle against the cold in the winter months.

5.1 Smoke-free hospital

Then, in November 2007, Goldstar Hospital went smoke-free. A total ban of smoking on hospital property became the policy. Goldstar State was not the first hospital to institute this policy. Johns Hopkins Hospital of Baltimore, Maryland instituted a hospital-wide smoking ban in 1990. The 1990 ban was described in the organization's employee handbook,

along with the explanation of the seriousness that the HR department attributed to failure to comply to the new policy.

Hopkins' HRM personnel included the following statement in the handbook: Failure to comply with the ban on smoking in a non-designated area is a "critical violation" of the employee code of conduct, in the same category as deliberate inattention to patient care, the falsification of records, and the unauthorized possession of a deadly weapon. Disciplinary action, depending on the circumstances, will lead to suspension or immediate termination of employment.^[28]

More than 3,800 U.S. hospitals, healthcare systems, and clinics now have smoke-free campuses.^[29]

It is said, "Soft HRM is about trying to encourage firms to be 'nicer' to their people, on the basis that such 'niceness' is likely to translate into greater commitment and productivity, and hence, even more profits." When HRM personnel institute policies on smoking bans, employees are divided. Those who refrain from smoking may view HRM as "nice" for initiating this type of policy since some may not appreciate the exposure to secondhand smoke. However, the smokers generally fail to see anything nice or fair about such a policy. With Johns Hopkins disciplining such action comparatively with those who possess a deadly weapon, HR managers acted far more out of the hard HR realm. Hard HR involves less attention to employee rights, as the major focus is on returns. With attention to returns, however, "the organization will perform most efficiently, which ultimately is in the interest of all."^[30]

5.2 Smoke-free policy's positive impact

Goldstar Hospital's adoption of a smoke-free policy led to improved relationships with numerous anti-tobacco advocacy groups. The groups presented a united front in creating smoke-free healthcare facilities. Strategically, this collaboration could serve to benefit the organization in the future. One example is in HR's recruitment and selection of candidates for open employment positions; "interface and engagement with the external world" assists in generating applicants.^[31] Additionally, the "collaboration encourage [d]... sharing of ideas across boundaries"^[32] as the healthcare facilities undoubtedly discussed their strategies to implement the smoke-free policy.

Goldstar Hospital expressed the benefits that the ban offered those who set foot on hospital property. Namely, the patients, visitors, and employees alike were no longer susceptible to the negative impact of exposure to secondhand smoke, therefore reducing risk of cardiovascular disease, lung cancer, and respiratory illnesses. The smoke-free policy improved the initial attempt at this protection – the restriction policy.

The designation of smoking areas did not allow for total avoidance of exposure to secondhand smoke. To address the impact that the new policy would have on existing smokers, Goldstar Hospital also offered free smoking cessation classes to its employees. HR also listed various resources available in the area on the hospital's employee website. This type of communication allows HR to "informally nurture and sustain the desired cultural changes"^[33] that were taking place due to the establishment of the new smoke-free policy.

5.3 Smoke-free policy's negative impact

Workplace smoking bans can negatively impact employees. Employees' morale can decrease, and turnover can increase.^[24] However, when employees at Goldstar Hospital faced the smoking ban policy, an unexpected conundrum was encountered. The smokers found a way to continue their habit during working hours. The workers would walk off the confines of hospital property to light up their cigarettes and continue to feed their addiction. Since the hospital was surrounded by private homes, this meant that the employees were smoking in neighbors' properties. When they were done with their smoke breaks, many disposed of their cigarette butts on these properties since there were no trash facilities available to them there. This enraged many neighbors, some of whom had experienced previous conflict with the hospital employees who would park in their streets instead of in Goldstar Hospital's employee parking lot. Eventually, the story found its way to the local press. A local newspaper ran its headlines about the littering problem in Goldstar Hospital's neighboring properties. Social media provided an outlet for the neighbors' gripes. The neighbors complained of cigarette butts on their driveways, yards, and sidewalks. One neighbor pleaded for Goldstar to remedy the situation. Another threatened a lawsuit if her property caught fire from the smoldering butts. Due to the previous conflict due to employees parking in the neighboring streets rather than the employee parking lot, Goldstar Hospital's HR department already had a friendly neighbor policy in place. This policy forbade employees from parking in neighbor's streets and carried penalties that ranged from a warning to termination depending on the number of infractions. This current negative publicity sharply contrasted to the mission of being a friendly neighbor. To address this issue, the company issued a statement to its employees:

Goldstar prohibits the use of tobacco products on Goldstar property. Goldstar initiated a Friendly Neighbor policy that prohibits employees from loitering on property adjoining Goldstar campus while smoking or using tobacco products. Unfortunately, Goldstar's neighbors are continuing to experience employees congregating on their properties to smoke,

littering the area with cigarette butts and trash.

This behavior is a violation of Goldstar policy and it threatens our reputation. The action impairs the Goldstar goal of improving the quality of life for people in the areas we serve. All employees are asked to respect the property rights and well-being of our neighbors. Violators are subject to increasing discipline, which can result in termination.

Goldstar provides confidential tobacco cessation support, at no cost, to interested employees as well as their spouses or domestic partners through various offerings.

Though this policy informs employees that they are not to smoke in neighboring properties, HR officials lament that the policy is difficult to enforce as the hospital does not have authority outside the confines of the hospital. Despite the potential ineffectiveness of enforcing off-campus violators, Goldstar Hospital has indeed terminated employees for policy infractions since its inception.

5.4 No-nicotine policy

Only days before the story of the neighbors' complaints of cigarette butt litter, Goldstar Hospital instituted its no-nicotine hiring policy. This new policy further strengthened the hospital's aim to curb tobacco use among its employees. Since the softer policy, the smoking ban, failed to incentivize cessation among many employees, the policy changed to incite more adherence. When the no-nicotine hiring policy went into effect in 2012, all applicants, whether they were applying for employment or a volunteer position, would undergo a routine drug test that included testing for nicotine. This insinuated that nicotine was on par with an illegal narcotic. Products that would lead to a positive test result include cigarettes, cigars, snuff, smokeless tobacco, nicotine patches and nicotine gum. An individual's exposure to secondhand smoke would not affect the detection accuracy for tobacco usage. Those who failed the test would not be eligible for hire at that time. However, a failed test did not permanently exclude the applicant from employment at Goldstar Hospital. In fact, the applicant could apply again for any qualified position, including the one that was originally applied to, if it was still an open position, six months after the failed testing took place. The new policy did not affect existing employees; the newly hired employees who had undergone pre-employment testing would not be retested, according to Goldstar Hospital officials.

5.5 HR strategy

Goldstar Hospital's head of HR remarked that the policy coincides with many other hospitals' similar policies across the country that are aimed to encourage a healthier employee lifestyle, decrease employee absentee rates, and re-

duce healthcare expenses. Multiple empirical studies support this notion. A study of 300 employees, categorized by 100 current smokers, 100 former smokers, and 100 never-smokers concluded that workplace productivity increases and absenteeism is lowered in former smokers as compared to those who currently smoke.^[34] Current smokers miss far more days of work than do never-smokers, while former smokers miss more than never-smokers but less than current smokers. A meta-analysis of 29 studies revealed that those who currently smoke miss 2.74 more days, on average, annually than non-smokers. During 2011, "the total cost of absenteeism due to smoking in the United Kingdom was estimated to be £1.4 billion."^[35] It is estimated U. S. employers must pay "an additional \$5,816 per year due to low productivity resulting from absenteeism, presenteeism and smoking breaks".^[36] Presenteeism is defined as the act of showing up for work when sick, and its resulting productivity loss.^[37] However, this dollar estimate differs from the number the Centers for Disease Control and Prevention (CDC) approximates. The CDC concludes that every worker who is a tobacco user costs an employer an extra \$3,391 in lost productivity (\$1,760) and medical expenses (\$1,623). Still lower is the estimate the American Lung Association provides.^[38] The organization sets the healthcare cost figure at \$1,429 for employers.^[39] Goldstar Hospital annually spends about \$100 million on employee healthcare. With the new policy, the costs are expected to improve due to a healthier population of employees.

When HR professionals act as strategic partners, "they help formulate winning strategies by focusing on the right decisions and by having an informed opinion about what the business needs to do."^[32] Goldstar Hospital's HR professionals strategized with other Goldstar executives to create a policy that would save the organization money at a time when hospitals throughout the U.S. are facing difficult economic times. As the previous paragraph explains, productivity is lost when smokers are ill. However, productivity is also decreased when smokers take breaks. Mitchell^[40] discussed the estimation of the break times of smokers versus non-smokers. He approximated that a smoker would take about ten minutes per break counting the time it takes to prepare to leave the desk to go smoke and then return to the desk to resume work. Furthermore, the author assumed that the smoker will take about three of these breaks per day, a number he calls modest. This amounted to thirty minutes per day of time away from work that a non-smoker would not take. Mitchell did the math and concluded that for an employee who works a five-day workweek, at forty-six workweeks annually, taking into account holidays and vacation, the smoker spends more than fifteen days per year away from work. He referred to

this disparity between smokers and non-smokers as unfair and inequitable. Mitchell admitted that he was not a smoker and did not understand the grips of its addiction. If the consensus among non-smokers was the same as Mitchell's, then Goldstar Hospital's no-nicotine policy might prove to be the correct decision. Goldstar's executives noted that there were far more non-smokers in the organization than there are smokers. Therefore, there are more employees who may be feeling the lack of fairness and equity regarding breaks. Looking at the ban through this lens, one may conclude that Goldstar Hospital's decision to create a no-nicotine hiring policy stemmed from a teleological/consequentialist form of ethics. The executives' choice paid more attention to the consequences of the policy than they did to the determination of right versus wrong, which would result in a deontological form of ethical decision-making.

Another positive consequence catalyzed by Goldstar Hospital's move to stop hiring smokers is that of maintenance cost reduction. Though the cost savings is not as high as that from productivity and medical savings, the policy will result in fewer cleanups due to cigarette butt litter. As the hospital's neighbors' complained, smokers leave trash behind and it is a tedious task to pick up the butts strewn on the ground. One of Goldstar Hospital's neighbors did just that, however, when he made his formal complaint to the organization. He picked up all the litter left from smokers, put it into a baggie, and hand-delivered it to the organization's leaders with the request to remedy the situation. That resulted in the HR policy 4.395, specifically mentioning the Friendly Neighbor policy.

There is more social stigma associated with tobacco use than in past generations. Attention on wellness and preventative medicine has resulted in a more health-savvy culture. Thus, tobacco use does not mirror "a company's healthy workplace vision – particularly for health organizations".^[41] Patients who have breathing problems are bothered by the smell of lingering smoke on healthcare workers' uniforms when they return from their breaks. A physician seems hypocritical when she advises a patient to stop smoking when she smokes herself. In hiring decisions, it is important to consider person organization (PO) fit.^[31] PO fit refers to the alignment of the individual with that of the company. Goldstar Hospital's values and culture should be compatible with an employee's values and personality in order to maintain a suitable PO fit. In a good PO fit, performance increases and resistance to change decreases.^[42] By refusing to hire smokers, the hospital clearly communicates organizational values, which is imperative in the hiring process and beyond.^[43] Goldstar Hospital's vice-president of HR asserts that the crux of the no-nicotine hiring policy is to create a healthy atmosphere for

patients and employees alike as well as to improve employee health.

5.6 Negative consequences of policy institution

Staffing is likely the most important HR exercise.^[32] The authors stated that "staffing involves three major processes: expanding the candidate pool, hiring the best candidates, and orienting them to the work". The policy of refusal to hire tobacco users affects the first two of these processes. The candidate pool is reduced when the hospital only hires those who do not use tobacco products. For most of its healthcare workers, Goldstar Hospital receives a plethora of applicants for its open positions. In one year, it hired about 3,000 people but received over 20,000 applications. Wisniewski^[44] posed the question of what happens to the policy if the employment market changes and there is a closer alignment of number of positions with applicants. This can potentially occur in a service area with multiple hospitals. Healthcare worker who wish to remain smokers would have more employment options. They would be more apt to apply to hospitals without no-nicotine policies. This, in turn, could lead to shortages in those that do enact such policies. They may have to offer financial incentives to attract employees as a result. Boston University's professor of Public Health, Michael Siegel warned that there will be negative consequences if many companies adopt no-nicotine hiring policies; more smokers will find themselves jobless. He added, "Unemployment is also bad for health."^[23]

Imagine the need to fill an opening for a pediatric cardiologist. If a world-renowned cardiologist was encouraged to apply for the position and HR turned down the individual because of a smoking habit, is this policy in the hospital's best interest? Hiring the top physicians in the country is more difficult than hiring other healthcare workers. That top recruit could offer strategic benefits for the organization. But if the recruit is a smoker, the physician will not have the chance to save any lives at Goldstar Hospital.

5.7 Slippery slope

Critics of the no-nicotine hiring policy argue that the hiring ban on nicotine users could be a first step of many.^[45] Since Keystone State Hospital's HR personnel stated that the policy was instated due to concern for employee health, there is a potential for a slippery slope. Those who engage in other habits or lifestyles that impact health may be next, according to opponents of the policy. For example, overweight people or those who drink alcohol may be at greater risk for health problems. An employer could use the same justification of concern for employee health by refusing to hire these populations.^[45,46] One critic of the policy, Lewis Maltby of the

Workrights Institute argues that there are many habits that negatively affect health. He maintained, “If it’s not smoking, it’s beer. If it’s not beer, it’s cheeseburgers.” He then added, “what about your sex life?”^[23] The slippery slope argument is legitimate; especially if the healthcare industry continues to face economic challenges and hospitals need to look for more innovative ways to cut costs.

5.8 Discrimination concerns

HR professionals are advised that their roles are “to root out discrimination whenever it appears.”^[32] The authors posited that the HR workers are “the natural advocates for employees.” If an applicant is a nicotine user and applies for a position at Goldstar Hospital, and is the most qualified candidate for the position, is it discriminatory for the hospital to refuse to hire that individual? Nicotine is not an illegal substance. The candidate is not breaking laws. Furthermore, since nicotine patches also result in a positive test result for the pre-employment testing, this means that those individuals who are attempting to quit the addiction of tobacco are excluded from employment. Is it not the HR professional’s duty to advocate for the qualified candidate? Understanding and empathy are vital elements in an HR professional’s work. How empathic is the HR professional who refuses to hire the best candidate for a position who also happens to be trying to quit smoking?

Melmed^[41] asserted that most smokers want to quit their habit and have attempted it in the past. He estimated that the average smoker will try eight to eleven times to quit the addiction before the cessation is successful. Smokers have a tendency to relapse when trying to quit. The relapse generally occurs within three months after quitting.^[47] Relapses are more frequent when stressors are high, “such as being jobless and reviled.”^[41] Considering this logic, one can argue that the refusal to hire a fully competent applicant who is using a nicotine patch for smoking cessation actually increases their health risk. This is in direct opposition to the stated goals of the hospital.

The Society for HRM (SHRM) lists state laws on use of tobacco products. Many state laws exist that prohibit smoking or tobacco use in public places. However, many states also enacted laws that prohibit discrimination against tobacco users who are using a legal substance during their off-hours, i.e., not on work time.^[48] Goldstar’s state law does not consider nicotine users a legally protected class; federal law does not either.^[22] However, 28 states plus the District of Columbia do protect smoker rights and outlaw the no-nicotine hiring practice.^[49] Though no-nicotine hiring policies are still considered rare,^[50] there is a growing number of hospitals in the remaining 22 states to factor nicotine

use into hiring decisions.^[49]

Dr. Aditi Satti serves as the director of smoking cessation at Temple University Hospital. She noted, “I think a pretty fine line runs between public health and personal liberties.” Boston University’s Dr. Michael Siegel opposed the no-nicotine hiring policies. Though an anti-smoking advocate, he felt that these policies do represent employment discrimination. He posited, “Making decisions about hiring based on a group to which someone belongs rather than on their actual qualifications for the job, as a principle, is wrong.” Siegel also argued the policy could be theorized as a type of class discrimination since “research suggests there is also a link between smoking and lower education levels.”^[22]

5.9 Ethical expectations

The debate continues over the ethical implications of the no-nicotine hiring policy. While Goldstar Hospital officials are quick to mention that their policy is legal since nicotine users are not considered protected in 20 states in the United States, it is important to keep in mind the words of Brumback.^[51] He advised that hiring the right employees in an ethical manner requires multiple steps that go beyond the law. He cautioned, “it is much easier to be on the right side of the law than on the right side of ethics.” Regardless of what the future holds for states’ outlook on such policies, several factors must be attended to when hiring at Goldstar Hospital. In order to recruit ethically, Brumback advised offering “all applicants a fully informative overview of the assessment and hiring process” and honestly reveal expectations. When assessing ethically, the author stated that each applicant needs to be assessed in the same way. Therefore, applicants need to be fully informed about the nicotine policy and the policy needs to be in place for each employee regardless of the prestige of the open position, i.e., maintenance worker versus surgeon. Attorney Stephen Fink, an employment and labor law specialist, maintained that the screening for nicotine be made known to the candidate prior to the test. Otherwise, he said, if the screening is undisclosed, “potential employees can argue it’s a violation of their privacy.”^[39]

When applications of new, controversial policies such as smoking bans get instituted, it is imperative to treat employees respectfully and provide them with sufficient information.^[52] In researching the acceptance of a smoking ban in a financial services institution, Greenberg^[24] studied 732 clerical workers. Approximately 30% of the 732 employees were smokers. The participants were randomly assigned to four different groups, each of which was informed of their company’s new smoking ban in different delivery methods, ranging from blunt and uninformative to explanatory and respectful. The study concluded, “acceptance of a work site

smoking ban is facilitated by using socially fair treatment.” Interpersonal and informational justice increases employee buy-in and reduces immediate negative feedback when threatening policies are enacted.

5.10 Goldstar hospital employee’s reactions to the policy

Negative feedback was indeed present when Goldstar Hospital introduced its no-nicotine hiring policy. This is evident from reactions posted in the hospital’s internal messaging board. The message board is an effective means of lateral communication. The comments are monitored and removed if deemed inappropriate. The board is also used for downward communication as well. In fact, it was one of the methods used to reveal the institution of the policy. Ulrich and Brockbank^[32] advised multiple flows of information to add value. By allowing employees to express their concerns to each other, it empowers them. The manner that the policy was explained in the message board was rather concise. The employees’ reactions were varied, though many expressed negative feelings about the new policy, even those who identified themselves as non-smokers. The thread was quite popular as it solicited far more posts, in a short period of time, than the boards typically receive. A paraphrased selection of the remarks follows:

“Smoking is an employee’s choice. I think that people who make the choice to smoke should pay more for health insurance but I absolutely disagree with Goldstar’s view that smokers should not be hired.”

“What I do in my home, in my spare time, is none of Goldstar’s business.”

“It is legal to buy cigarettes; it should be okay for smokers to work here, as they are not violating the law.”

“This policy is going a little bit too far and I am not even a smoker. Discriminatory stipulations should not be placed on the growing unemployed population. Smoking is bad for your health, but what is next, someone telling me that I cannot drink alcohol while off duty, in the privacy of my own home? This is not right.”

“This policy is discriminatory.”

The comments condemning the policy were many. Among the very few comments that were either neutral or in seemed to support the policy were:

“If smoking habits make an employee more likely to miss work due to illness, it is Goldstar’s business.”

“At-Will Employment states that you can be terminated from your job at any time, for any reason, unless there is discrim-

ination based on a protected status such as gender or age. Smoking is not considered a protected status.”

6. RECOMMENDATION

As the comments suggest, many employees were perturbed by Goldstar’s new policy. Since the policy did not affect current employees, perhaps the executives felt that detailed communication regarding the change in hiring practice was unnecessary. However, as the aforementioned Greenberg^[24] study demonstrated that socially fair treatment helped to mitigate negative reactions to controversial policy changes, Goldstar Hospital leaders could have introduced the policy in a more sensitive manner than simply stating that the organization is following other companies who want to improve the health of employees and patients, while concomitantly lowering healthcare expenses.

Goldstar was not the first to institute such a policy so leaders could have predicted the potential concerns of employees, i.e., snowball effect, discrimination, etc. It is recommended that the hospital address potential concerns when communicating the news of a controversial policy change. A key leader of the company should deliver this communication. The majority of employees prefer hearing about major issues from a top leader. “The source enhances the impact of a message, or detracts from it.”^[32] The employees should be made aware of important changes in policy early on in the change process. Galbraith, Downey, and Kates^[53] warned, “Nothing will demotivate a workforce more quickly than the feeling that they are being ‘kept in the dark’ as change gets under way.” By intentionally or unintentionally withholding information about the “purpose, course and consequences” of an organizational change, anxiety and insecurity fosters.^[54] This is evident in many of the employees’ opinions expressed in Goldstar Hospital’s internal messaging board. The messaging board provides an outlet for the employees and it is recommended that its use continue. The employees felt safe enough to express their honest thoughts without fear of reprisal. Perhaps future controversial policy changes can be discussed via this outlet prior to their institution.

The Joint Commission,^[55] a U.S. healthcare accrediting body, recommends healthcare policymakers to “communicate early and often” to smoothly transition a new smoking policy into effect. This can take place in the form of periodic town hall meetings, emails, and other internal publications, according to the recommendations. The organization suggests opening a hotline that allows employees to receive up-to-date information on the changes. Andersen^[54] posited employees need to be involved in an organization’s change development. Through this involvement, the views of employees who disagree with the changes “need to be expressed and in-

tegrated". These cognitive conflicts offer a useful component of the change process. Finally, The Joint Commission^[55] cited periodically reviewing the policy and enforcement tactics as a successful strategy once a policy is implemented. The original policy task force or another group of hospital leaders should conduct this review. The purpose of the review is to determine if a momentum shift has occurred or further changes are necessary.

7. CONCLUSIONS

Within the past several decades, the social acceptance of tobacco use declined significantly. The decline began with the increased awareness of the negative effects of tobacco on one's health, particularly the reports of Surgeon Generals Burney and Terry that were published in 1957 and 1964, respectively. The harmful effects of tobacco use are not limited to the user in the case of smoking. Exposure to secondhand smoke has been proven to have harmful effects on humans as well. The fact that smoking harms the smoker and non-smokers led to smoking bans in workplaces. One such organization enacting a smoking ban in the United States

was Goldstar Hospital. The smoking ban eventually led to a stricter policy, the no-nicotine hiring policy. This policy involves testing a potential employee for nicotine and prevents an individual with positive test results from being hired. The person is eligible for hire in six months if the new test results are negative for nicotine.

The no-nicotine hiring policy has been enacted in various organizations throughout the United States. Twenty-nine states and the District of Columbia have laws protecting nicotine users' rights. Though the policy is legal in various states, it is controversial. When the policy was initiated at Goldstar Hospital, many employees expressed concern. It is recommended that Goldstar Hospital's top management provide a more sensitive delivery method when enacting a controversial policy and that the information is delivered early in the change process. Further research on the retention of employees and the effectiveness of the policy is necessary.

CONFLICTS OF INTEREST DISCLOSURE

The author declares no conflict of interest.

REFERENCES

- [1] CDC. Achievements in public health 1900-1999: Tobacco use United States, 1900-1999. *MMWR Weekly*. 1999. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4843a2.htm>
- [2] Key dates in the history of anti-tobacco campaigning. Action on Smoking and Health. 2016. Available from: http://www.ash.org.uk/files/documents/ASH_741.pdf
- [3] Richards J. History shows smoking bans likely to be repealed. *Heartland*. 2008. Available from: <http://news.heartland.org/newspaper-article/2008/07/01/history-shows-smoking-bans-likely-be-repealed>
- [4] Brawley OW, Glynn TJ, Khuri FR, et al. The first surgeon general's report on smoking and health: The 50th anniversary. *CA: A Cancer Journal for Clinicians*. 2014; 64(1): 5-8.
- [5] Giovino GA. Epidemiology of tobacco use in the United States. *Oncogene*. 2002; 21(48): 7326-7340.
- [6] Oakley JR. Growing up in Alamance County, North Carolina. Charleston, SC: The History Press; 2014.
- [7] Leitzell K. They are cancer sticks. The medical experts link smoking and lung disease. *U.S. News & World Report*. 2007; 143(5): 68-69.
- [8] United Press and Associated Press. U.S. agency links cancer to cigarets. *The Detroit News*. 1957: 1. Available from: <http://www.rarenewspapers.com/view/562347?imageList=1#full-images>
- [9] Henley SJ, Richards TB, Underwood JM, et al. Lung cancer incidence trends among men and women - United States, 2005-2009. *MMWR Recommendations & Reports*. 2014; 63(1): 1-5.
- [10] History of tobacco regulation. (n.d.). Schaffer Library of Drug Policy. Available from: <http://www.druglibrary.org/schaffer/library/studies/nc/nc2b.htm>
- [11] Brooks JE. *The mighty leaf: Tobacco through the centuries*. Boston, MA: Little, Brown & Company; 1952.
- [12] Previous smoking bans. *Smoke Screens*. 2009. Available from: <http://www.smokescreens.org/080309-previous-smoking-bans/>
- [13] Proctor RN. Why ban the sale of cigarettes? The case for abolition. *Tobacco Control*. 2013; 22: 27-30. PMID: 23591501. <https://doi.org/10.1136/tobaccocontrol-2012-050811>
- [14] Langvardt AW. Tobacco advertising and the first amendment: Striking the right balance. *William & Mary Business Law Review*. 2014; 5(2): 330-412.
- [15] Tobacco products. U.S. Food and Drug Administration. 2013. Available from: <http://www.fda.gov/TobaccoProducts/Labeling/ucm259214.htm>
- [16] No smoking at work. (n.d.). International Institute of Social History. Available from: <http://socialhistory.org/en/today/no-smoking-work>
- [17] U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta, GA: U.S. 2006.
- [18] CDC. Perspectives in disease prevention and health promotion 1986 surgeon general's report: The health consequences of involuntary smoking. Available from: <https://www.cdc.gov/mmwr/preview/mmwrhtml/00000837.htm>
- [19] U.S. EPA releases findings on passive smoke. *Journal of Environmental Health*. 1993; 56(2): 50.
- [20] Gruenberg GW. Smoking in the workplace the issues heat up. *Arbitration Journal*. 1988; 43(3): 8-14.
- [21] Tynan M, Babb S, MacNeil A, et al. State Smoke-Free Laws for Work-sites, Restaurants, and Bars — United States, 2000–2010. *Mmwr Morbidity & Mortality Weekly Report*. 2011; 60(15): 472.

- [22] Marcus MB. At more U.S. workplaces, smokers need not apply. Health Day Daily. 2012. Available from: <http://www.coxhealth.com/default.cfm?xyzpdqabc=0&id=9&action=detail&ref=42082>
- [23] Sulzberger AG. Hospitals shift smoking bans to smoker ban. The New York Times. 2011. Available from: http://www.nytimes.com/2011/02/11/us/11smoking.html?_r=0
- [24] Greenberg J. Using socially fair treatment to promote acceptance of a work site smoking ban. *Journal of Applied Psychology*. 1994; 79(2): 288-297.
- [25] Danaei G, Ding EL, Mozaffarian D, et al. The preventable causes of death in the United States: Comparative risk assessment of dietary, lifestyle, and metabolic risk factors. *PLoS Med*. 2009; 6: 4. PMID: 19399161. <https://doi.org/10.1371/journal.pmed.1000058>
- [26] Wright PM, McMahan GC. Theoretical perspectives for strategic human resource management. *Journal of Management*. 1992; 18(2): 295.
- [27] Office on Smoking and Health (US). The health consequences of involuntary exposure to tobacco smoke: A report of the surgeon general. Atlanta (GA): Centers for Disease Control and Prevention (US). 10, Control of Secondhand Smoke Exposure. 2006.
- [28] Fee E, Brown TM. Hospital smoking bans and their impact. *American Journal of Public Health*. 2004; 94(2): 185. PMID: 14759925. <https://doi.org/10.2105/AJPH.94.2.185>
- [29] White J. Hospitals ban workers from smoking. *Healthcare Business and Technology*. 2015. Available from: <http://www.healthcarebusinesstech.com/hospitals-ban-smoking/>
- [30] Collings DG, Wood G. Human resource management: A critical approach. In D. C. Collings & G. Wood (eds.), *Human resource management: A critical approach*. New York, NY: Routledge; 2009.
- [31] Searle R. Recruitment and selection. In D. C. Collings & G. Wood (eds.), *Human resource management: A critical approach*. New York, NY: Routledge; 2009.
- [32] Ulrich D, Brockbank W. *The HR value proposition*. Boston, MA: Harvard Business School Press; 2005.
- [33] Johnson P. HRM in changing organizational contexts. In D. C. Collings & G. Wood (eds.), *Human resource management: A critical approach*. New York, NY: Routledge; 2009.
- [34] Halpern MT, Shiklar R, Rentz AM, et al. Impact of smoking status on workplace absenteeism and productivity. *Tobacco Control*. 2001; 10(4): 297-298. <https://doi.org/10.1136/tc.10.3.233>
- [35] Weng SF, Ali S, Leonardi-Bee J. Smoking and absence from work: systematic review and meta-analysis of occupational studies. *Addiction*. 2013; 108(2): 307-319. PMID: 23078132. <https://doi.org/10.1111/add.12015>
- [36] Hornyak J. Butting out on smoking employees. *Benefits & Pensions Monitor*. 2013; 4.
- [37] Hemp P. Presenteeism: At work - but out of it. *Harvard Business Review*. 2004. Available from: <https://hbr.org/2004/10/presenteeism-at-work-but-out-of-it>
- [38] Frye K. Can and should you link health insurance rates and smoking? 2014. Society for Human Resource Management. Available from: <http://www.shrm.org/legalissues/federalresources/pages/link-health-insurance-rates-smoking.aspx>
- [39] Ladika S. Nicotine screenings snuff out some employment offers at health care companies. *Workforce*. 2013. Available from: <http://www.workforce.com/articles/nicotine-screenings-snuff-out-some-employment-offers-at-health-care-companies>
- [40] Mitchell O. Smoking breaks: How much do smokers cost your business? *Excellence Essentials*. 2014; 1: 12.
- [41] Melmed F. No-hire tobacco policies: Why they are a communication and cultural challenge. *Talent Management and HR*. 2007. Available from: <http://www.eremedia.com/tlnt/no-hire-tobacco-policies-why-they-are-a-communication-and-cultural-challenge/>
- [42] Sutarjo. Ten ways of managing person-organization fit (P-O Fit) effectively: A literature study. *International Journal of Business & Social Science*. 2011; 2(21): 226-233.
- [43] Kristof-Brown AL, Zimmerman RD, Johnson EC. Consequences of individuals' fit at work: A meta-analysis of person-job, person-organization, person-group, and person-supervisor fit. *Personnel Psychology*. 2005; 58(2): 281-342. <https://doi.org/10.1111/j.1744-6570.2005.00672.x>
- [44] Wisniewski D. A ban on hiring smokers? It's not that simple. *HR Morning*. 2013. Available from: <http://www.hrmorning.com/ban-hiring-smokers/>
- [45] McDaniel PA, Cadman B, Offen N, et al. Smoking or my job? US media coverage of nonsmoker-only hiring policies. *PLoS One*. 2015; 10(12).
- [46] Arkansas Center for Health Improvement. Tobacco use as a factor in hiring policy. 2012. Available from: <http://www.achi.net/Content/Documents/ResourceRenderer.ashx?ID=105>
- [47] Work/life. Smoking cessation: Trying to quit? *Nursing*. 2004; 34(9): 74. <https://doi.org/10.1097/00152193-200409000-00053>
- [48] SHRM. Workplace smoking. Society for Human Resource Management. 2013. Available from: <http://www.shrm.org/legalissues/stateandlocalresources/stateandlocalstatutesandregulations/documents/smoking.pdf>
- [49] Workplace ban on smokers and nicotine testing. *Certiphi Screening*. 2015. Available from: <https://www.certiphi.com/resource-center/occupational-health-screening/workplace-ban-on-smokers--nicotine-testing/>
- [50] Avery B. UMass Memorial Hospital Marlborough institutes nicotine-free hiring policy. *Gatehouse Media*. 2015. Available from: <http://marlborough.wickedlocal.com/article/20151008/NEWS/151005869>
- [51] Brumback GB. Getting the right people ethically. *Public Personnel Management*. 1996; 25(3): 267-276.
- [52] Weaver GR, Trevino LK. The role of human resources in ethics/compliance management: A fairness perspective. *Human Resource Management Review*. 2001; 11: 113-134. [https://doi.org/10.1016/S1053-4822\(00\)00043-7](https://doi.org/10.1016/S1053-4822(00)00043-7)
- [53] Galbraith J, Downey D, Kates A. *Designing dynamic organizations*. New York, NY: AMACOM; 2002.
- [54] Andersen GR. Conflicts during organizational change: Destructive or constructive? *Nordic Psychology*. 2006; 58(3): 215-231. <https://doi.org/10.1027/1901-2276.58.3.215>
- [55] The Joint Commission. Keeping your hospital property smoke-free: Successful strategies for effective policy enforcement and maintenance. 2011. Available from: http://www.jointcommission.org/assets/1/18/Smoke_Free_Brochure2.pdf