Why Be Smoke-Free? A Qualitative Study of Smoke-Free Restaurant Owner and Manager Opinions

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This qualitative study captured the opinions of the owners and managers of smoke-free restaurants. The purpose of this study, initiated by local citizens who were members of a group called Healthy Alamance, was to identify the motivations and experiences of restaurant owners and managers who had committed to smoke-free indoor environments. Telephone interviews were attempted with all 80 owners/managers of smoke-free restaurants in Alamance County, North Carolina, and 87.5% of these restaurant owners/managers completed the interview. The investigators isolated economic factors, customer demands and considerations, and environmental issues as the three principal categories describing smoke-free restaurant owners' and managers' motivations for becoming smoke free. The results from this study can be used to assist communities working toward the development of a smoke-free restaurant campaign.

Keywords: *tobacco control programs; environmental tobacco smoke; smoke-free restaurants; why be smoke-free?*

The surgeon general first addressed health problems associated with active smoking in 1964. Eight years later, in 1972, the surgeon general addressed the concept of involuntary exposure to smoking or secondhand smoke. Involuntary smoking, also called secondhand smoke, was defined as when a nonsmoker inhales side stream or exhaled mainstream smoke emitted from a smoker. In 1986, involuntary smoking was the focus of an entire surgeon general's report, *The Health Consequences of Involuntary Smoking*. The 1986 report concluded that involuntary smoking was dangerous to everyone, not just those with heart and lung disease. The report documented that repeated exposure to smoke from cigarettes caused lung cancer and was associated with adverse respiratory effects, especially in children. The report also explained that simply separating smokers and nonsmokers who shared the same air did not protect them from secondhand smoke exposure (Koop, 1986). The 2006 surgeon general's report confirmed these findings, stating that ventilation systems are not a safe or financially viable option to separate nonsmokers from secondhand smoke (U.S. Department of Health and Human Services [USDHHS], 2006).

During the past 20 years, research has identified more health debilitating findings related to smoking. In studies by the California Environmental Protection Agency (Cal/EPA), it was estimated that about 50,000 excess deaths from lung cancer, cardiac-related illnesses, and SIDS in California were caused by secondhand smoke (California Environmental Protection Agency & Air Resources Board, 2005). The surgeon general's report (USDHHS, 2006) documented excess deaths, low birth weight, preterm deliveries, new cases of asthma and the complication of existing cases, and ear infections in children caused by involuntary smoking.

It was also reported in the surgeon general's report (USDHHS, 2006) that although exposure to secondhand

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TABLE 1
States With 100% Smoke-Free Laws in Workplaces, Bars, or Restaurants

Workplaces	*Restaurants*	*Bars*
Delaware	California	California
Florida	Colorado	Colorado
Hawaii	Connecticut	Connecticut
Massachusetts	Delaware	Delaware
Montana	Florida	Hawaii
New Jersey	Hawaii	Maine
New York	Idaho	Massachusetts
North Dakota	Maine	New Jersey
Rhode Island	Massachusetts	New York
South Dakota	Montana	Rhode Island
Washington	New Jersey	Vermont
	New York	Washington
	Rhode Island	
	Utah	
	Vermont	
	Washington	

smoke by nonsmokers had declined since the 1986 report, involuntary smoking remains widespread and was a major preventable health hazard. The motivation for the report comes from the ineffectiveness of separating smokers from nonsmokers and repeated findings that smoking restrictions reduce exposure to secondhand smoke and lead to lower smoking rates (USDHHS, 2006).

The preponderance of evidence and a change in acceptability of smoking behaviors in the United States has led to many marked changes in exposure to secondhand smoke in public settings. According to a report by American Nonsmokers' Rights Foundation (2006), as of October 6, 2006, all workplaces in 11 states (Delaware, Florida, Hawaii, Massachusetts, Montana, New Jersey, New York, North Dakota, Rhode Island, South Dakota, and Washington) are 100% smoke free, all restaurants in 15 states (California, Colorado, Connecticut, Delaware, Florida, Hawaii, Idaho, Maine, Massachusetts, Montana, New Jersey, New York, Rhode Island, Utah, Vermont, and Washington) are 100% smoke free, and bars in 11 states (California, Colorado, Connecticut, Delaware, Hawaii, Maine, Massachusetts, New Jersey, New York, Rhode Island, Vermont, and Washington) are 100% smoke free (see Table 1). In states that have not enacted smoke-free policies, numerous cities and counties have enacted 100% smoke-free laws for workplaces, restaurants, or bars. In addition, Louisiana enacted a 100% smoke-free law for workplaces and restaurants that went into effect January 1, 2007. Utah and Montana have also passed 100% smoke-free bar laws effective January 1, 2009, and October 1, 2009, respectively. Puerto Rico also went 100% smoke free in workplaces, restaurants, and bars as of March 2, 2007 (American Nonsmokers' Rights Foundation, 2006).

The study described in this article was conducted in Alamance County, North Carolina, prior to the publication of the 2006 surgeon general's report about the hazards of involuntary smoking. North Carolina produces about two thirds of the flue-cured tobacco grown in the United States. Flue-cured tobacco is tobacco that has been dried in a closed building by an external furnace (North Carolina Department of Agriculture and Consumer Services, 2003). North Carolina, even with a tax increase in 2006, still has one of the lowest tax rates on cigarettes (Tax Policy Center, 2006). North Carolina has been slow in enacting smoke-free policies in health care facilities. Not until May 2003 did Pardee Hospital in Hendersonville, North Carolina, become the first 100% tobacco-free campus. First Health of the Carolinas was the first health system in North Carolina to go 100% tobacco free a year later on July 4, 2004, and others have followed (North Carolina Prevention Partners, 2006). Tobacco revenue may be a reason North Carolina has been slow in implementing smoke-free policies.

In a series of compelling studies, it has been found that even in a tobacco-producing state such as North Carolina, regulating or prohibiting smoking in restaurants had no adverse economic impact (Glantz, 1999; Glantz & Smith, 1994, 1997; Goldstein & Sobel, 1998; USDHHS, 2006). In contrast, tobacco companies campaigned that prohibiting smoking would hurt business revenue, especially in bars and restaurants.

A COMMUNITY DEVELOPMENT PERSPECTIVE

The impetus for this study grew from the concern of local citizens, members of a group called Healthy Alamance. Healthy Alamance is a Healthy Carolinians partnership (see http://www.healthycarolinians.org). Healthy Carolinians is a community-based partnership designed to improve the health of North Carolinians. Healthy Carolinians is guided by a Governor's Task Force whose vision is that the health promotion agenda for North Carolina should be developed and owned by a broad coalition of concerned citizens. Healthy Carolinians is based on the concept that community members are most qualified to effectively prioritize the health and safety problems in their community and to plan and execute creative solutions to these problems. Also, this agenda should stimulate and guide effective steps toward healthier living (Healthy Carolinians, 2002). Healthy Alamance is devoted to a variety of locally selected health issues, including heart

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disease and stroke, diabetes, cancer, obesity, and tobacco use prevention and smoke-free environments.

In findings from research about smoke-free restaurants, several approaches are suggested to increase the number of these restaurants, including (a) sharing data about smoke-free restaurants and the lack of economic harm, (b) working with affected populations, for example, asthmatic children, to advocate for smoke-free environments, and (c) community-wide events to generate media attention about secondhand smoke (*ETS Policy Manual*, n.d.). The Centers for Disease Control and Prevention (2000) also suggest environmental changes.

With these approaches in mind, members of the Healthy Alamance Substance Abuse Task Force implemented a campaign to establish smoke-free environments as a community norm in Alamance County. They educated restaurant owners about actual rates of smokers and the number of patrons who want smoke-free environments and facilitated a process that incorporated community input and media recognition as an incentive for change. Early in the campaign, the Healthy Alamance Substance Abuse Task Force conducted a telephone poll to determine the number of smoke-free restaurants. At that time, 33% of Alamance County restaurants were smoke free. As the campaign continued, members of the task force found that many restaurant owners continued to vacillate on this issue for fear that they would lose a large number of customers. However, by 2004, 45% of the Alamance County restaurants were smoke free.

METHOD

Respondents

During summer 2004, the Healthy Alamance Substance Abuse Task Force conducted a telephone poll to determine the number of smoke-free restaurants. This process identified 80 restaurants. All 80 restaurants fit the criteria for the study and all of the owners/managers of these smoke-free restaurants were contacted. Respondents were interviewed with the understanding that the description of findings would not reveal their identity or the identity of their restaurant.

Question Selection Process

The interview questions were based on the study's objectives. The objectives were (a) to determine the motivations of restaurant owners/managers to become smoke free, (b) to determine the benefits of being a smoke-free restaurant, and (c) to determine the disadvantages of being a smoke-free restaurant. The following three questions were used to investigate the study's objectives: (a) What motivated you to have your restaurant become smoke free? (b) What are the benefits of being a smoke-free restaurant? and (c) What are the disadvantages of being a smoke-free restaurant? These interview questions were pilot tested with a small sample of restaurant owners/managers. Owners/managers were asked to review and provide feedback on the understandability and clarity of questions. During this process, other details of the interview process were gathered, for example, the accuracy of existing contact information, the willingness of restaurant owners to be audiotaped, and the length of the interviews. The questions used in the pilot test were used to interview all respondents.

Interview Process

Following the identification of respondents, the investigators made telephone contact with potential respondents to assure that their contact information was correct and that they would agree to be interviewed. At this time, a date was set to conduct the interview. The investigators forwarded copies of the guiding questions to respondents prior to the telephone interview. Each respondent was then contacted by telephone at a prearranged time and verbally consented to participate in the study according to informed consent guidelines approved by the University and Medical Center Institutional Review Board. After conducting the audiotaped interviews, which ranged from 10 to 20 minutes in duration, the interviews were transcribed verbatim and analyzed using a modification of a data analysis process

articulated by Miles and Huberman (1994). Working independently, the investigators reviewed transcripts and assigned the respondents' remarks to one or more of the study's objectives. Illustrative quotes were documented. After reviewing a few transcripts, the investigators stopped and reached consensus on coding and categorizing the data. This process was repeated every few transcripts until all transcripts had been reviewed by the investigators. Through this process of sharing drafts, the investigators reached agreement with regard to conclusions that emerged from the data.

RESULTS

Telephone interviews were attempted with all of the 80 owners/managers of smoke-free restaurants in Alamance County, North Carolina. A total of 70, or 87.5%, of these restaurant owners/managers completed the interview. The types of restaurants represented were roughly split between chain restaurants (44.3%) and nonchain restaurants (55.7%). During the interviews, which were approximately 15 minutes in duration, the respondents were requested to provide responses to the following three questions: (a) What motivated you to have your restaurant become smoke-free? (b) What are the benefits of being a smoke-free restaurant? and (c) What are the disadvantages of being a smoke-free restaurant? The investigators concluded that the data isolated economic factors, customer demands and considerations, and environmental issues as the three principal measures describing smoke-free restaurant owners' and managers' motivations for operating smoke-free restaurants.

Economic Factors

By far, the majority of respondents indicated no economic loss by being smoke free; indeed, a number of respondents indicated that their business had increased:

> I feel like our business has prospered and we have not had any losses. . . . We've learned that being smoke-free is good. . . . You gain a lot of customers. . . . There are more people non-smoking than there are smoking and, therefore, if you do want to reach the masses, then you're going to be smoke-free.

Others did experience a slight loss of customers as a consequence of being smoke free: "You lose a few customers. . . . For the first six months we saw a dip in volume, and eventually it came back." These few negative outcomes were far outweighed by positive outcomes. The following respondent comment expressed the opinion of many: "I'm going to say, personally, I don't see any disadvantages, maybe because it's been this way for a few years so, just every once in a while someone may get upset, but otherwise, no other disadvantages."

Complementary to not losing business, an increase in customer flow was an important outcome of being smoke free for many respondents. Customer turnaround time increased, thus increasing the number served: "We have a quicker turn time as in we get customers in and out fast and they don't tend to linger. Instead of people staying for 30 to 45 minutes, it became 25 to 35 minutes on average."

Customer Demands and Considerations

Respondents spoke of their customers' appreciation of a smoke-free environment and of receiving fewer complaints about smoking from their customers: "We've been getting customer feedback thanking us for going smoke-free. . . . People aren't always complaining about people smoking. . . . The customers themselves just tell us thanks very much for having a smoke-free restaurant." A general refrain from many respondents was noted by one respondent who commented, "Most people don't, you know, like smoking. . . . It smells bad and, you know, most people don't like it." In this same vein, respondents expressed the belief that their customers value a nonsmoking environment and smoke-free restaurants are viewed as being popular to customers. One respondent commented, "A lot of people like to have an area where they don't have to breathe in smoke. . . . [It's] a more appealing atmosphere for our customers."

In addition to commenting on their opinions of customer concerns and wishes, respondents spoke of their employees and of their own values. A few owners/managers of chain restaurants indicated that corporate policy directed or encouraged smoke-free environments. A typical response from these individuals was, "It was a corporate decision, . . . that was a choice made by upper management," or, "It was a national smoke-free campaign. . . . Each individual owner/operator had a choice whether to go smoke free. . . . Each owner/operator could choose whether they were going to participate in that campaign." A few other respondents noted, "Well, it was always smoke-free." However, most respondents reflected on their own situations and circumstances. The following comment summed it up for many of these respondents: "My personal preference is not to be around cigarette smoke when I eat, so I just did that with the restaurant." Respondents also expressed concern for their employees' and their customers' health:

> It's a healthier environment for everybody involved, the employees on to the customers. . . . I think it

> appeals to more people. You walk in; you're not going into a cloud of smoke. It doesn't smell. There's no cigarette butts everywhere. . . . It's a really more inviting atmosphere for everybody. A smoke-free place goes with healthy food.

Environmental Considerations

A number of respondent comments touched on issues of cleanliness, odor, and damage to the restaurant. One respondent commented, "It is much easier to keep a restaurant clean when smoke free. . . . I mean, anywhere from the dining room to the air filters . . . it smells clean." Another respondent commented,

> [Before,] we had to repaint the smoking side, a lot of white, that had to be repainted because it would turn brown. . . . We had to reupholster the seats about once a year. The tables had to be redone every couple of years.

The following comment summed it up for most respondents:

> Well, I'd say definitely keeping the place clean is a lot easier because you don't have the nasty smoker chemicals that tend to accumulate on your walls or on your floors or on your ceiling tiles and stuff like that. Also, it encourages families to bring their children in. . . . It makes it, the restaurant, feel more [like] a family place to eat. . . . It's a better family environment. . . . [I] don't want, you know, children having secondhand smoke or anything.

The majority of comments concerning environmental conditions spoke of conditions inside the restaurant; however, a few respondents did comment on cleanliness issues outside their restaurant as a consequence of being smoke free, for example, ". . . a lot more litter outside. . . . We have to clean a lot of cigarette butts because most of the people that do come in here that do smoke will finish their cigarette outside and then they'll throw it down."

For a few respondents, environmental limitations associated with their restaurant provide motivation to be smoke free, for example, "It's too small. . . . There's no place to have a smoking area and a nonsmoking area. I just prefer to have the nonsmoking area."

CONCLUSION

This qualitative study captured the opinions of the owners and managers of smoke-free restaurants. The purpose of this study was to identify the motivation and experiences of restaurant owners and managers who had committed to smoke-free indoor environments.

Data collected in this study suggest that although several respondents did express concern about the loss of customers, most felt that, over time, they gained customers and were prospering. Very few respondents received complaints from customers about being smoke free; indeed, most respondents commented on customer compliments and encouragement. A major theme emerging from the data was the respondents' feeling of having benefited in terms of environmental issues, such as increased cleanliness, lack of smoke smell, and decreased maintenance to buildings and furniture. An underlying theme was that smoke-free policies were good for business. Not only did they improve customer turnaround and appreciation, they also were able to lower costs by creating a cleaner, healthier smoke-free environment. Owners proclaimed that they no longer had to repaint, reupholster, or refinish as often after going smoke free. This study supports research that contrasts big tobacco's claim that going smoke free would hurt business profits (Alamar & Glantz, 2004).

The results of this qualitative study tell us that there are several factors that motivate change in smoking status: economic factors, customer demands and considerations, and environmental considerations. It is interesting that health benefits were rarely mentioned as a motivator for a change in status. Even though some cited a few disadvantages, respondents found that keeping their restaurant smoke free was advantageous.

RELEVANCE TO PRACTICE

The body of knowledge developed through this study identifies for others the arguments that are most effective for change. Going smoke free has economic benefits from not losing business, environmental advantages from lower cleaning and replacement costs, and customer advantages from increase in turnaround time and appreciation. These results support and add to quantitative studies that refute big tobacco's claim that going smoke free will hurt business revenue. The results from this study can be used to assist communities working toward the development of a smoke-free restaurant campaign.

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