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JOB SATISFACTION AND ATTITUDES OF RESTAURANT STAFF REGARDING THE SMOKING BAN – A CASE STUDY

Abstract

While extant research on the impacts of smoke-free legislation on hospitality employees and industries has centered on developed countries, the research on the effects of smoking bans in transition countries has received very little attention. Hoping to assist in filling this void, this research empirically explores the relationships among restaurant employees' attitudes, demographics, work-related variables (WRV), and job satisfaction after the introduction of a smoke-free legislation in one transition economy, i.e. Croatia. Results revealed that gender, education, age, restaurant seating allocation, hospitality work experience, smoking status, average weekly workload, and the restaurant area served were for the most part not significant in explaining different perceptions toward a smoking ban. However, the respondents' preferred restaurant smoking policy somewhat influenced how respondents view the smoking ban. In terms of the respondents' preferred restaurant smoking policy, results revealed no significant differences in regards to demographics and WRV. With regard to job satisfaction, staff with more positive post-implementation attitudes towards the ban exhibit somewhat higher levels of satisfaction with the current job. Overall, respondents appear willing to make concessions for both pro- and anti-smoking patrons, staff, and owners/managers. Therefore, lawmakers should consider population characteristics, seating allocation, and the combination thereof when devising restaurant smoking policies.

Keywords: second-hand smoke, smoking ban, attitude, job satisfaction, transition country, employee

1. Introduction

Healthcare and tobacco research has long established that smoking is not only hazardous to smokers, but also to those exposed to second-hand smoke (SHS; also known as the environmental tobacco smoke [ETS]) in restaurants, bars, offices, and other enclosed spaces where smoking is allowed (National Cancer Institute, 1999; World Health Organization, 2008, 2013). Moreover, ETS levels have been found to be 1.6-2.0 times higher in restaurants, as compared to office workplaces (Siegel, 1993). Armed with evidence that SHS harms the health of customers and employees, many countries and jurisdictions (e.g. U.S., Canada, New Zealand, Australia, Ireland, Italy, Croatia, etc.) have in the past two decades adopted legislation restricting or prohibiting smoking in workplaces and public places, such as restaurants and bars. Needless to say, in both past and present attempts to ban smoking in restaurants and bars, many hospitality owners, managers, and associations have put up resistance to a smoking ban, citing rights (as owners) to make their own decisions regarding smoking policies and fears from a decrease in patronage and the associated loss in sales and profits (Hirasuna, 2006; Roseman, 2005).

In response to the often heated debates between public health advocates and smoking ban opponents regarding the economic effects of smoking bans in restaurants and bars, over 150 studies in the English language have been conducted on the subject thus far (Pranic and Pivac, 2013; Pranic et al., 2013a, 2013b; Scollo and Lal, 2008). Despite voluminous research, a closer inspection of the 150+ smoke-ban-related research articles reveals the following three gaps in the available research. First, only 39 of the smoke-ban-related studies were peer reviewed, with many non-peer reviewed studies sponsored by the tobacco industry (Scollo and Lal, 2008).

Second, of the 39 peer reviewed studies, 22 (56%) were conducted in the U.S., followed by Australia (4), Canada (3), New Zealand (3), South Africa (2), UK (1), and Italy (1). Meanwhile, research in transition countries remains scarce, with only two studies conducted in Bosnia-Herzegovina and one in Croatia. The term 'countries in transition' exclusively applies to the former communist countries of Central and Eastern Europe, including the former Soviet Union (United Nations, 2013).

Thus, from the developed country perspective, all transition countries either went or are still going through similar processes and face or have faced analogous developmental issues, and thus may be considered as relatively homogenous (Goić and Bilić, 2008). For instance, in 2003 adult smoking stood at 31.5% (47% men and 15% women) among transition nations, compared to 29% (38% men and 16% women) in the rest of the world (Budak et al., 2006).

Furthermore, Croatia and Bosnia-Herzegovina have long enacted legislation against tobacco sale to minors (i.e., <18 year-olds); however, as in other transition nations (Balabanova et al., 1998), the laws are poorly enforced. For example, 66.9% of Croatia's (Centers for Disease Control and Prevention [CDCP], 2011) and 89% of Bosnia-Herzegovina's (CDCP, 2008) elementary (i.e., primary) and high (i.e., secondary) school students ages 13-15 who bought cigarettes in a store were not refused purchase because of their age. Moreover, the Eastern Europe and Eurasia region is the only region worldwide to have witnessed a population decrease in 1991-2002 (Heinegg et al., 2005). Taken together, these examples suggest that the process of introducing modern market mechanisms into Central and Eastern European transition countries continues with a specific task of significantly altering the host population's social, economic, political, and environmental attitudes and behaviors.

Third, very few research articles about employees' attitudes and job satisfaction toward smoking bans have been published in tourism / hospitality journals thus far (Hetland et al., 2008; Pizam, 2012; Pranic et al., 2013a). Indeed, updating the literature on smoking ban issues is important to the hospitality industry and hospitality owners and managers are seeking relevant data that identifies the potential impact smoking bans will have on employees' health, attitudes, and job satisfaction.

The lack of peer reviewed research regarding (1) the effects of smoke-free legislation on the hospitality industry, (2) the impacts on hospitality sectors in transition countries, and (3) employees' job satisfaction and attitudes toward smoke-free legislation in general, form the basis for this study.

The additional rationale for this study stems from the relevance and timeliness of employee opinion regarding smoking in hospitality establishments in Croatia and other transition countries. On October 22, 2008, the Croatian Parliament passed legislation prohibiting smoking in public institutions such as hospitals, clinics, schools, nurseries, and universities, with violations punishable by fine (Croatian National Gazette, 2008). For bars, restaurants, and cafes, the ban went into effect in May 2009 following a six month grace period. However, in September 2009 the ban on smoking in bars and cafes was partially repealed for yet another grace period until April 2010 (Croatian National Gazette, 2009). Moreover, proprietors with small establishments (i.e., those up to 50 square meters in size) that meet very strict conditions were given the option to choose whether to allow smoking.

The main objectives of this exploratory study are to:

1. Assess the profile of Croatia's restaurant staff
2. Examine employees' post-implementation job satisfaction and attitudes towards restaurant smoking ordinances in Croatia
3. Empirically explore whether the reported attitudes are associated with demographics (i.e., gender, education, and age) and work-related variables ([WRV] i.e., hospitality work experience, average weekly workload, smoking status, preferred restaurant smoking policy, restaurant area served, restaurant seating allocation)
4. Assess the influence of demographics and WRV on restaurant smoking policy
5. Investigate the effects of demographics, WRV, and attitudes towards a restaurant smoking ban on employee's job satisfaction

The rest of the paper is organized as follows: we first review the impacts of smoke-free legislation on the restaurant sector. We then describe the methodology employed, followed by a discussion of the results and the study's conclusions and implications.

2. Impacts of smoke-free legislation on the restaurant industry

2.1. Impacts on customers and owners/managers

In terms of impacts of smoke-free legislation on restaurant customers, Kang et al. (2007) detected no significant differences on perceptions or dining out behaviors among Colorado college students based on their smoking status. In a study comparing adult smokers in the Republic of Ireland (ROI) and the UK (no smoking ban) before and 8-9 months after the ROI's ban, Fong et al. (2006) found that in ROI 18% of smokers and 8% of quitters reported avoiding going to restaurants. In a comparison of future dining behaviors among non-smokers, former smokers, and smokers in Kentucky, Roseman (2005) found that non-smokers and former smokers were likely to eat out more, while smokers were more likely to eat out less. Similar findings were revealed in studies of Hong Kong (Lam et al., 2002) and South Australian (Wakefield et al., 1999) restaurant consumers.

In terms of smoking ban impacts on restaurant owners and managers, in the longitudinal analysis of the impact of a 2004 smoking ban on restaurant revenues in Norway, Melberg and Lund (2010) did not find any statistically significant effects on Norway's restaurant revenues. Luk et al. (2006) found no significant adverse impact of smoke-free legislation on restaurant sales in a bilingual city of Ottawa. Alamar and Glantz (2004) showed that U.S. restaurants in smoke-free locations sold for higher prices than comparable restaurants in locations where smoking was allowed.

2.2. Impacts on staff

Klein et al. (2009) examined over a 45-month period whether the type of smoking ban (i.e., comprehensive, partial, and no ban) significantly affects employment levels in full-service restaurants in ten Minnesota cities. Theirs being the first published, peer-reviewed evaluation on the differential effects of the type of smoking policy on restaurant employment, they found no significant short- or long-term effect on restaurant total employment. In a Norwegian panel study of restaurant employee job satisfaction before and after the smoking ban implementation, there was a slight improvement in satisfaction among employees who are non-smokers and a moderate decrease in satisfaction among employees who smoke (Hetland et al., 2008). In addition, while post-implementation job satisfaction was higher among employees with positive pre-implementation attitudes towards the ban, employees with negative pre-implementation attitudes experienced a decrease in post-implementation satisfaction.

Using employment data from across the various U.S. counties, Adams and Cotti (2007) found that restaurant employment remained the same, and in areas with fewer smokers, it had even slightly increased. They also argued that the prevalence of restaurant outdoor seating might influence the policy's effect, because they found evidence of increased employment in warmer regions of the country during the cooler winter months, and in the summer in colder regions. In another study in Norway, Hetland and Aarö (2005a) found that after the ban enactment, restaurant staff benefited from the easier cleaning of premises, a better state of health, better air quality, and work clothes that did not reek of smoke. Research elsewhere further supports the link between the introduction of a total smoke-ban to improvement of respiratory symptoms among restaurant staff (Eisner et al., 1998; Eagan et al., 2006; Skogstad et al., 2006), as well as the indoor air quality (Mulcahy et al., 2005; Ellingsen et al., 2006). Employees in Norway also reported fewer unpleasant incidents and better compliance in enforcing a total smoking ban compared with a previous partial ban (Hetland and Aarö, 2005b).

In the state of New York, Hyland et al. (2000) found no statistically significant change in restaurant employment levels following a ban relative to other places in their study. Interestingly, unemployment was slightly higher in restaurants during the winter months, suggesting that climate may play an important role in a law's impact. In Adelaide, Australia, restaurant staff reported concerns about possible bankruptcies and loss of jobs if a smoking ban was to be implemented (Jones et al., 1999). However, among restaurateurs who voluntarily banned smoking, most reported no change or an increase in business.

2.3. Summary

The preceding short summary of peer-reviewed studies generally supports the view that when a smoking ban is uniform throughout a geographic area (city, state, province, etc.), the industry-level effects of regulation seem non-existent or even favorable in the area (Alamar and Glantz, 2004; Luk et al., 2006; Melberg and Lund, 2010; Scollo and Lal, 2008). However, on a firm-level, limited research suggests that the moderating effect of community population characteristics (i.e., high vs. low smoking prevalence) might influence the impact of smoking bans (Adams and Cotti, 2007; Hyland et al., 2000). When it comes to employees and patrons, their attitudes and behaviors appear to be largely driven by their smoking status. Hence, employees who are smokers tend to be less satisfied and supportive of smoking prohibitions than their non-smoking colleagues. Similarly, non-smoking patrons are likely to frequent restaurants more often after the ban's enactment, and thus offset the decreased volumes of smoking guests. Ultimately, all three groups unanimously recognize the negative effects of smoking and SHS exposure. Admittedly, some employees and patrons credit smoke-free laws for quitting smoking.

Overall, in the assessment of impacts of smoke-free legislation in the hospitality industry, researchers have employed objective (e.g., data derived from official employment statistics, staff urinary nicotine levels, etc.) and/or subjective (e.g., data obtained via surveys of owners, employees, and patrons of restaurants) data that were collected before and/or after the implementation of a smoking ban (Luk and Ferrence, 2005).

Objective data cover all establishments in jurisdictions under consideration and are collected routinely by official or neutral agencies over an extensive period using consistent methods. These data are verifiable and therefore thought to be superior to the subjective perceptions of owners, employees, and consumers (Luk and Ferrence, 2005).

However, studies using objective data have been criticized for relying on community averages (as opposed to firm-level indicators) and revenues (instead of profits; Dunham and Marlow, 2000), and for failing to account for the effect of confounding factors, such as trend, seasonal variation, the general economic conditions and other events that are unrelated to the legislation (Jones et al. 1999; Kang et al., 2007). However, subjective data, provided they come from the properly designed owner, employee or consumer surveys, can reveal data at the micro level and thus be useful in supplementing studies that use objective data (Luk and Ferrence, 2005). As expected, studies using subjective data have been criticized for relying on unverifiable perceptions that may be biased by personal attitudes toward the smoking ban.

This being said, extant research on the impacts of smoke-free legislation has centered on hospitality employees and industries in developed countries (e.g., Scollo and Lal, 2008), with the most commonly examined localities being those located in the U.S. (Kenkel and Wang, 2008). Meanwhile, much less is known about the impact on hospitality staff in transition and developing countries.

3. Methodology

This study featured a primary data collection, whereby a two-page anonymous self-administered questionnaire written in Croatian was administered to restaurant employees in Croatia's second largest city (Split) in Fall 2011. The sampling frame for this study comprised all staff employed in the population of Split's 52 restaurants, where the latter was obtained from the yellow pages of HT-Hrvatske telekomunikacije (Croatian Telecom; 2008). A group of trained students assisted in survey dissemination by personally delivering the first (baseline) paper survey and recruiting restaurant employees (owners, managers, and assistant managers excluded) to partake in survey completion.

The questionnaires were either completed on the spot or picked-up at a pre-agreed later time. For those restaurants where employees either failed or initially refused to complete the questionnaire, two additional attempts were made in hopes of reminding or recruiting another employee to complete the task.

The majority of survey questions were borrowed from Biener and Siegel (1997), Brayfield and Rothe, (1951), Cameron et al. (2003), Fong et al. (2006), Hetland and Aaro (2005a), Judge et al. (2001), Kang et al. (2007), Miller and Hickling (2006), Roseman (2005), Tang et al. (2003), and Wan and Pilkington (2009), and adapted to this study's context. Since a smoking ban can potentially influence drinking habits of both smoking and non-smoking patrons (Room, 2005), two Likert scale items were developed in order to examine employees' anticipated changes in patron alcohol and coffee consumption after the law's enactment.

The questionnaire was composed of three sections. The first section measured respondents' demographics (i.e., gender, education, and age), hospitality work experience, average weekly workload, smoking status, preferred restaurant smoking policy, restaurant area served, and restaurant seating allocation. The second section measured respondents' post-implementation perceptions of a restaurant smoking ban, using a 24-item five-point Likert scale anchored by 1 (strongly disagree) and 5 (strongly agree). Therein, several items were reverse-worded to reduce the danger of response bias (Churchill, 1979; Nunnally, 1978). Section three measured respondents' job satisfaction using a 5-item, five-point Likert-type job satisfaction index (Brayfield & Rothe, 1951; Hetland & Aaro, 2005a; Judge et al., 2001). Questionnaire design followed the established survey guidelines (Fanning, 2005; Dillman, 2000) and was evaluated by two social science research experts. The subsequent pre-test of the instrument on 10 café employees revealed only a few typos that were easily corrected.

Descriptive statistics included frequency analysis of all variables. The differences in expressed pre-implementation attitudes towards a restaurant smoking ban regarding the demographics and WRV were tested by the non-parametric Kruskal-Wallis (K-W) and Mann-Whitney U (M-W U) tests. The influence of demographics and WRV on preferred restaurant smoking policy was examined via a series of Chi-square ($\chi 2$) tests.

Table 1. Respondent profile

Variable	#	Valid %
Gender (n=36)		
Male	28	77.7
Female	8	22.2
Age (n=35)		
16-24	10	28.6
25-34	17	48.6
35-44	7	20.0
≥45	1	2.8
Education attained (n=37)		
High school	32	86.5
Bachelor's degree or higher	5	13.5
Hospitality work experience in years (n=37)		
0-5	16	43.2
6-10	10	27.0
11-15	4	10.8
≥16	7	18.9
Average weekly workload in h/week (n=37)		
≤40	12	32.4
41-48	16	43.2
≥49	9	24.3
Smoking status (n=36)		
Full-time smoker	18	48.6
Occasional smoker	3	8.1
Former smoker	9	24.3
Never smoked	6	16.2
Preferred restaurant smoking policy (n=37)		
Ban smoking everywhere	2	5.4
Allow smoking everywhere	11	29.7
Allow smoking in outdoor area only (e.g. on the patio)	7	18.9
Allow smoking in designated indoor area only	7	18.9
Allow smoking in outdoor and designated indoor areas only	10	27.0
Where do you spend the majority of your time (i.e., restaurant area served; n=36)		
Indoors	32	88.9
Outdoors	4	11.1
Restaurant seating allocation (n=36)		
Majority outdoors	6	16.7
Majority indoors	15	41.7
About the same both outdoors and indoors	15	41.7

Source: Author

The effects of demographics, WRV, and attitudes towards a restaurant smoking ban on employee's job satisfaction were also examined through a series of Chi-square tests. P-value less than .05 was considered as the evidence of statistical significance.

Measure of internal consistency (reliability) of both job satisfaction and attitudinal scales was calculated using Cronbach's alpha coefficient (Carmines and Zeller, 1979; Cook and Campbell, 1979). Agglomerative hierarchical cluster analysis of the 24-item attitudinal scale was performed to explore the scale's underlying dimensions.

4. Findings and discussion

4.1. Respondent profile

From a sampling frame of 52 restaurants, six restaurants declined survey participation, two ceased operation, and one was undergoing renovation at the time of survey administration. The remaining 43 restaurants yielded 37 usable questionnaires. A typical respondent in this study (Table 1) can be described as a male (78%), under the age of 35 (77%), a high-school graduate (86%), having over five years of hospitality work experience (57%), working 40+ hours per week on average (67%), and a full-time or occasional smoker (57%). In comparison to our sample, 27 percent of Croatia's adult population (i.e., 18+) are smokers, of which 32 percent men and 22 percent women (WHO, 2011).

When asked about their preferred type of restaurant smoking policy, 30% of the respondents indicated that smoking should be allowed in all guest areas, followed by both outdoor and designated indoor areas (27%), designated indoor area only (19%), outdoor area only (19%), and a full smoking ban (5%). While at work, an overwhelming majority (89%) of the respondents spend most of their time indoors, as opposed to an outdoor patio (11%). In terms of seating allocation, 42% of restaurants have an equal share of indoor and outdoor seating, followed by restaurants with majority indoor (42%) and majority outdoor (17%) seating.

4.2. Job satisfaction and attitudes towards a smoke ban

Because of our dataset's high dispersion (coefficient of variation V>.30), respondents' answers are indicated by the median level of agreement with the five job satisfaction and 24 attitude items (Table 2). Accordingly, restaurant employees generally are satisfied with their jobs. In terms of staff attitudes towards the ban, subjects reported the highest agreement with the following three statements: "It is more pleasant to visit restaurants with a full or partial smoke ban", "the current law negatively impacts restaurant business", "smokers frequent partially or fully smoke-friendly hospitality establishments more often since the ban's implementation".

Participants indicated the lowest degree of agreement with the statements "the current ban increased my restaurant's patronage", "I will seek a smoke-free workplace in the future", "I consider it important to find a job with a non-smoking employer", and "I'm bothered by others who smoke near me". The disagreement with the middle two statements can perhaps be explained by Croatia's both high 19% unemployment rate (Central Intelligence Agency [CIA], 2013) and a staggering 57% of full-time and occasional smokers in our sample.

4.3. The effects of demographics and WRV on smoke ban attitudes

For the 24-item attitudinal scale, the average linkage between groups clustering produced a two cluster solution (Friedman test $\chi 2$, $p<0.001$) with an 11-item and 8-item clusters (Table 3). The two scales achieved an acceptable .87 and .74 Cronbach's Alpha (Nunnally, 1978), respectively. Based on reliability analysis, items 1, 10, 24, and 26-27 are listed separately.

Table 2. The relationship among smoke ban attitudes, demographics, WRV, and job satisfaction

V[i]	M[ii]	G[iii]	A[iv]	E[iii]	H[iv]	W[iv]	S[iv]	P[iv]	R[iii]	SA[iv]	J[iii]
1v	3	.785	.826	.767	.492	.420	.281	.026*B	.598	.035*I	.023*S
2	4	.767	.219	.116	.416	.146	.417	.021*B	.190	.098	.420
3	3	.724	.119	.054	.545	.535	.487	.123	.858	.111	.544
4	4	.403	.304	.610	.039*15	.815	.289	.399	.351	.198	.858
5	2	.265	.769	.694	.031*5	.583	.110	.133	.680	.888	.801
6	3	.019*F	.946	.925	.145	.400	.899	.274	.893	.842	.868
7	4	.894	.861	.719	.668	.578	.098	.007**D	.603	.762	.670
8	3	.969	.612	.057	.766	.170	.783	.556	.897	.609	.307
9	3	.275	.492	.865	.201	.473	.019*F	.027*A	.912	.619	.444
10	4	.387	.455	.175	.267	.365	.296	.520	.297	.436	.170
11	3	.187	.853	.832	.115	.778	.676	.092	.351	.325	.541
12	3	.636	.051	.048*H	.669	.247	.209	.030*B	.715	.218	.470
13	2	.883	.424	.640	.439	.511	.184	.836	.678	.632	.090
14	2	.949	.182	.980	.902	.358	.301	.624	.692	.896	.124
15	4	.765	.003**20	.780	.241	.231	.815	.227	.065	.424	.528
16	2	.966	.495	.657	.489	.711	.104	.020*B	.889	.940	.730
17	3	.450	.503	.512	.305	.078	.517	.007**B	.744	.265	.512
18	4	.798	.703	.142	.741	.977	.782	.062	.697	.395	.357
19	3	.906	.598	.369	.387	.678	.884	.063	.999	.272	.040*S
20	3	.199	.378	.961	.967	.375	.156	.118	.279	.361	.552
21	3	.455	.187	.623	.127	.213	.028*F	.040*A	.769	.869	.551
22	3	.849	.079	.269	.301	.706	.160	.066	.557	.896	.104
23	5	.096	.849	.643	.575	.638	.363	.340	.753	.087	.903
24	3	.904	.391	.305	.245	.393	.367	.023	.168	.331	.760
25	3	.924	.176	.806	.982	.635	.734	.399	.860	.663	

i Variables (groups with the highest average ranks are in parentheses): G=gender (F=female); A=age (20=16-24 years); E=education (H=high school); H=hospitality work experience (5=0-5 years; 15=6-15 years); W=average weekly workload; S=smoking status (F=full-time smoker); P=preferred restaurant smoking policy (A=allow; B=full ban or allow in outdoor area only; D=allow in designated indoor area only); R= restaurant area served; SA=seating allocation (I=majority indoors); J=job satisfaction (S=satisfied [answers 4 & 5 on a 5-point Likert-type index anchored by '1=strongly disagree' and '5=strongly agree']; D=dissatisfied [answers 1-3 on the same scale]).

ii Because of dataset's high dispersion (coefficient of variation V>.30), mean is not a valid measure of central tendency, and median is used instead.

iii Mann-Whitney U (M-W U) test.

iv Kruskal- Wallis (K-W) test. *p<.05; **p<.01.

v 1. It is more pleasant to visit restaurants with a full or partial smoke ban; 2. Current law [CL] is necessary to protect staff health; 3. CL encourages smokers to quit; 4. CL negatively affects restaurant business; 5. CL resulted in increased restaurant patronage; 6. CL negatively affected staff; 7. Smokers visit restaurants with full or partial smoking allowed more often since the CL's enactment; 8. Non-smokers visit restaurants with a full or partial smoking ban more often since the CL's enactment; 9. CL is unfair to smokers; 10. Smokers smoke at home more often since the CL's enactment; 11. CL caused job loss; 12. I support the CL banning smoking in restaurants; 13. I will seek a smoke-free workplace in the future; 14. I consider it important to find a job with a smoke-free employer; 15. I'm frequently exposed to workplace SHS; 16. I'm bothered by others who smoke near me; 17. I'm concerned about the consequences of SHS on my health; 18. SHS is hazardous; 19. CL improves the quality of life; 20. The current restaurant smoking ban should be lifted; 21. Patrons drink less alcohol in restaurants since the CL's enactment; 22. Patrons drink less coffee in restaurants since the CL's enactment; 23. It was very difficult to implement the CL; 24. Restaurant patrons reacted very favorably to the CL; 25. Mean job satisfaction comprised of the following five items (I. I feel fairly satisfied with my present job; II. Most days I am enthusiastic about my work; III. Each day at work seems like it will never end; IV. I find real enjoyment in my work; V. I consider my job to be rather unpleasant).

Source: Author

Table 3. Clustering output for the 24 attitudinal items

Clusters[i]	Mean rank
Cluster 1: (Items 2[ii], 3, 5, 8, 12, 18, 19, 21, 22, 23, 29)	1.68
Cluster 2: (Items 4, 6, 7, 9, 11, 20, 25, 28)	1.32
Item 1	5.28
Item 10	3.96
Item 24	4.34
Item 26	3.94
Item 27	3.79

i Friedman test $\chi 2$, $p<0.001$

ii For detailed description, please refer to the footnote v in Table 2.

Source: Author

Specifically, restaurant staff showed a statistically higher degree of agreement with the following statements (cluster 2): "The current ban negatively impacts restaurant business", "the current ban negatively impacted restaurant staff", "smokers visit hospitality establishments with full or partial smoking allowed more often after the law's enactment", "the current ban is unfair to smokers", "the current ban caused job loss", "I'm frequently exposed to restaurant SHS", "the current restaurant smoking ban should be lifted", and "it was very difficult to implement the current ban". A statistically lower degree of restaurant staff agreement is with the remaining statements (cluster 1). Generally, the attitudes of restaurant employees towards the current restaurant smoking ban are neither overly positive nor overly negative.

The application of K-W and M-W U tests in order to detect the effects of respondent demographics and WRV on smoke ban attitudes indicates no significant differences in regards to the average weekly workload and the restaurant area served (Table 2). Similarly, very few significant differences appeared in regards to gender, education, age, restaurant seating allocation, hospitality work experience, and smoking status. However, the greatest number of significant differences was noted due to preferred restaurant smoking policy.

For instance, employees favoring either a full smoke ban or outdoor smoking only – as compared to their counterparts – find it significantly more pleasant to visit restaurants with a full or partial smoke ban, hold significantly stronger beliefs that the current smoke-free legislation is necessary to protect staff's health, are significantly more supportive of the current restaurant smoke-free law, are significantly more bothered by SHS, and are significantly more concerned about the possible health consequences from SHS.

Additionally, full-time smokers who favor allowing smoking in all areas – as compared to their counterparts – hold significantly stronger beliefs that guests drink less alcohol in restaurants following the current smoke ban. For brevity, other significant results in Table 2 are not further elaborated here; however, they should be interpreted in a similar fashion.

4.4. The effects of demographics and WRV on restaurant smoking preferences

In terms of respondents' preferred restaurant smoking policy, Chi-square tests revealed no significant differences in regards to demographics, hospitality work experience, average weekly workload, restaurant area served, smoking status, and restaurant seating allocation.

4.5. The effects of demographics, WRV, and attitudes on job satisfaction

The 5-item job satisfaction scale achieved an acceptable .70 Alpha Coefficient (Nunnally, 1978). K-W and M-W U p values in the bottom-most row of Table 2 reveal no significant variation in employee job satisfaction from demographics and WRV. M-W U p values in the rightmost column of Table 2 unveil that satisfied employees show a statistically higher degree of agreement with the following two statements: "It is more pleasant to visit restaurants with full or partial smoke ban" and "the current ban improves the quality of life".

5. Conclusion

This study empirically profiled Croatia's restaurant employees and examined their post-implementation attitudes towards a restaurant smoking ban. It also investigated the relationships among demographic characteristics, WRV, attitudes, and job satisfaction. Since for restaurant owners and managers in some countries (i.e., Croatia) the attitudes and satisfaction of current/prospective employees are important, and very little is known about staff attitudes and job satisfaction in Croatia and other transition countries, it is believed that results of the current study have theoretical and managerial implications.

While gender, education, age, restaurant seating allocation, hospitality work experience, smoking status, average weekly workload, and the restaurant area served were for the most part not significant in explaining different perceptions toward a smoking ban, respondents' preferred restaurant smoking policy somewhat did influence how respondents viewed the smoking ban. Results also revealed that most respondents are generally aware of the dangers of restaurant SHS; however, majority favors a 'compromise' outcome instead of either of the two extremes, i.e. banning smoking completely or allowing smoking everywhere. That is, a majority of respondents advocate designating outdoor and/or indoor restaurant smoking areas; therefore, they appear willing to make concessions to both pro- and anti-smoking patrons, staff, and owners/managers. This finding suggests that lawmakers should consider population characteristics (i.e., high smoking prevalence), seating allocation (i.e., high proportion of restaurant outdoor seating), and the combination thereof when devising restaurant smoking policies.

The current study was limited to restaurant employees in Croatia after the smoke ban. Thus, future research should involve café staff and comparisons should be made between restaurant and café personnel. More research is also necessary to determine the perceptions of the smoke-free ordinances among restaurant patrons and owners/managers, both in Croatia and other transition economies. After the enactment of a smoke-free legislation in other transition countries, future studies should revisit the issue of the effects of smoke-free laws in the hospitality industry. Similarly, hospitality owners and managers in these countries should be queried to see what kind of challenges they are encountering or have encountered during the changes or to identify how they comply with the smoking regulations.

Another potential limitation of this study lies in the number of response categories used to capture the respondent hospitality work experience and average weekly workload. While this study's question regarding the hospitality work experience includes a '0-5 years' response category, future studies should consider breaking this down further. Namely, the difference between working one month and five years in the industry and forming attitudes on smoking may be substantial. Similarly, in terms of the average weekly workload, attitudes towards smoking may differ significantly between a part-time and full-time employee. In addition, future studies should consider defining what is meant by full-time and occasional smoking status. Since validity is an incremental build-up of information from various studies dealing with the concept of scientific inquiry (Anastasi, 1976), future research on smoke-free legislation in restaurants and other hospitality contexts will serve to enhance and empirically validate or invalidate the research instrument used in this study.

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Zadovoljstvo poslom i stavovi ugostiteljskog osoblja o zabrani pušenja – studija slučaja

Sažetak

Dosadašnja istraživanja o utjecaju zakonodavstva kojim se zabranjuje pušenje zaposlenicima u ugostiteljstvu i samoj djelatnosti, uglavnom su bila usmjerena na razvijene zemlje, dok je utjecaj zabrane pušenja u tranzicijskim zemljama bio uglavnom zanemaren. Nastojeći ispuniti ovu prazninu, ovo istraživanje empirijski ispituje odnose između stavova osoblja u restoranima, demografskih karakteristika, čimbenika povezanih s radnim mjestom i zadovoljstva poslom nakon stupanja na snagu zakona o zabrani pušenja u jednom tranzicijskom gospodarstvu, odnosno u Hrvatskoj. Rezultati su pokazali da spol, razina obrazovanja, dob, raspored mjesta u restoranu, radno iskustvo u ugostiteljstvu, je li netko pušač ili nepušač, prosječan tjedni broj radnih sati i lokacija restorana u najvećoj mjeri nisu značajni pri objašnjavanju različitih stavova prema zabrani pušenja. Međutim, odgovor ispitanika što se tiče preferirane politike prema pušenju u restoranu donekle utječe na stav ispitanika o zabrani pušenja. Kad je riječ o preferiranoj politici prema pušenju u restoranu, rezultati ne pokazuju značajne razlike povezane s demografskim karakteristikama i čimbenicima povezanim s radnim mjestom. Kad je riječ o zadovoljstvu poslom, zaposlenici s pozitivnijim stavovima prema zabrani pušenja pokazuju nešto veće razine zadovoljstva trenutnim zaposlenjem. Općenito, čini se da su ispitanici voljni izaći u susret kako pušačima tako i nepušačima, bilo da se radi o gostima, osoblju ili vlasnicima/voditeljima restorana. Stoga bi zakonodavac trebao uzeti u obzir karakteristike populacije, raspored mjesta i ostale čimbenike pri određivanju politike prema pušenju u restoranima.

Ključne riječi: pasivno pušenje, zabrana pušenja, stav, zadovoljstvo poslom, zemlja u tranziciji, zaposlenik