

An Examination of the Influence of Smoking Behavior on Individual Job Performance

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ABSTRACT The purpose of this paper is to investigate the relationship between smoking behavior and individual job performance at work. The hypotheses were generated upon the rationale of the study, and an empirical research was conducted. The survey was conducted on employees working in various sectors and organizations in Istanbul, Turkey. The interpretation of the statistical data revealed that there is a significant, negative and a weak relationship between smoking behavior and job performance. According to the findings of the regression analyses, there are significant and negative influences on job performance in three dimensions of smoking behaviors apart from the dimensions of smoking related injuries and occupational accidents. As a result, the total smoking behavior domain with four dimensions influenced job performance significantly and negatively. With this study's evidences, organizations are encouraged to take precautions and actions to decrease smoking in workplaces and in individual lives, in order to achieve better individual and organizational results of well-being.

INTRODUCTION

Smoking behavior is one of the most serious issues posing a threat against organizational and public health as it creates individual, organizational and social problems. Tobacco use is one of the most injurious and preventable public health issues globally, owing to the negative impact of various substances in tobacco and of tobacco smoke on human health. Therefore, as smoking is a major threat to the health of society, this study has focused on such a major problem and its possible effects on individual and organizational outcomes in workplace environments. In fact, over the world, ninety percent of adult smokers reported initiating smoking prior to age 21 (American Lung Association (ALA) 2005 as cited in Franks et al. 2007) and each day 4400 – 6000 youths aged 12-17 try their first cigarette (Mee 2009). The world population prospects are presented (Table 1). Of the adolescents who have smoked at least 100 cigarettes in their lifetime, most report that they would like to quit but cannot (American Lung Association (ALA) 2005). It is therefore critical to investigate the influences of smoking behavior in organizations in order to prevent tobacco dependence, its attendant health complications, and its undesired low productivity outcomes.

Table 1: World population prospects 1995-2050

	Population (millions)			
	1995	2000	2025	2050
All Adults,	41.654	46.647	67.091	79.531
ages 15+				
Female Adults	20.682	23.166	33.642	40.404
All Youth,	19.840	20.021	19.521	19.287
ages 0-14				
Female Youth	9.699	9.826	9.568	9.410

Source: United Nations Population Division, World Population Prospects 1950-2050 (2000 Revision)

When the smoking rates and smoking profile of Turkey was examined, it was seen that Turkey has one of the highest smoking rates in the world, and it ranks 10th in the world in tobacco consumption. It was estimated that up to forty-eight percent of Turkish men smoke, more than double the rate in the U.S. (<http://liberalmedianot.blogspot.com>). The smoking prevalence results showed that females (% of adults) in Turkey was 14.54 in 2009, according to a World Bank report, published in 2010. Prevalence of smoking, female is the percentage of women ages 15 and over who smoke any form of tobacco, including cigarettes, cigars, and pipes, and exclud-

ing smokeless tobacco. Data include daily and non-daily smoking (<http://www.tradingeconomics.com>). Table 2 shows the tobacco use among adults in Turkish case (Table 2).

Table 2: Tobacco use among adults (aged 18+ years)

<i>Years</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
1993	57.8	13.5	33.6
2003	52.9	19.5	33.8
2006	50.6	16.6	33.4

Sources: (Toros and Öztekin, 1996; Ünüvar 2006; Family Structure Survey 2006)

Moreover, according to the World Health Organization, smoking is the leading cause of health problem in the world. The statistics suggested that an individual dies from smoking every 8 seconds, and a total of 4.9 million people die from smoking every year around the world. Studies also showed that seventy percent of these deaths take place in developing countries (Ogel 2005). In Turkey, nearly 110,000 people die of smoking-related diseases annually, a figure that is expected to rise to 240,000 per year by 2030. In contrast to the situation in developed countries, the smoking prevalence rate in Turkey is increasing, particularly among females (Bilir et al. 2009).

According to the results of Global Adult Tobacco Survey, which was conducted by the Centers for Disease Control and Prevention (CDC) in a total of 14 countries including Turkey, 31.3 percent of the people aged 15 and over use tobacco and tobacco products occasionally or every day (Cavusoglu et al. 2012). Additionally, although there are several studies relating to tobacco use and the related health hazards in the Turkish population, the available literature indicates that smoking is the most injurious public health problem and preventable cause of mortality in Turkey, responsible for twenty-five percent of deaths annually. Epidemiological research conducted in recent years suggests that the tobacco epidemic is continuing on its natural course (Bilir et al. 2009).

The most effective fight against smoking is therefore to prevent it, thereby; Ministry of Health in Turkey introduced many legal regulations in order to control the production of tobacco and to protect smokers and secondhand smokers. In 2004, the Turkish ministry took various measures in light of the Tobacco Control Framework Convention adopted by the WHO.

Following this convention, smoking in closed areas except cafes, bars, and restaurants was banned in 2008. In 2009, this ban was expanded so as to cover all closed spaces (Cavusoglu et al. 2012).

Furthermore, particular to the business and organizational life, the costs attributable to smoking are particularly important to employers. Beyond increased medical care costs attributable to smoking, employers incur additional indirect costs for smoking employees. These include impacts on workplace absenteeism and productivity (<http://tobaccocontrol.bmj.com/content/10/3/233.full#ref-4>). The American Office of Technology Assessment indicated that in 1990 the workplace spent \$47 billion on disability and premature mortality caused by smoking, and related studies indicated that smoking employees have substantially greater absenteeism, injuries, and accidents than non-smoking employees do (Halpern et al. 2001).

However, absenteeism represents only a part of the total indirect negative consequence of smoking to employers. It is also possible that in addition to lost time as a result of illness, smokers are also less productive on the job. It is mentioned that among individuals with acute or chronic conditions (including smoking related conditions), productivity may decrease because of the employee working while suffering from illness symptoms (Halpern et al. 2001; Morrow and Leedle 2002). However, smoking employees may have additional productivity decrements from taking more breaks to adhere to the smoking ritual. Further, smoking employees and workers with other types of addictions may deny that their addictions have any negative influence on productivity.

In respect to that, it is very important to examine the impact of smoking behavior of an employee on the level of job performance at work, whose behaviors may constitute a model for the rest of the society. To evaluate objectively the impact of smoking status on job performance, the researchers conducted a prospective study in a work environment where quantitative measures of these workplace behaviors are available. As such, this study aims to examine the smoking behavior among employees and its impact on job performance in light of previous studies derived from the related literature and throughout a quantitative research study conducted in Turkey.

Literature Review and Theoretical Framework

This study focused on a main proposition which expects that having smoking behavior may have a relationship with, and may have an influence on employee job performance. In order to address the relationships, to provide a rationale and to generate the hypotheses, a preliminary literature survey was performed upon the concepts of the study. In this part, initially, the conceptual definitions of the variables of the study were presented and the suggested relationships were examined with a review of the previous literature evidences.

Understanding the Theory of Smoking Behavior

The relevant background theory and the literature confirm that smoking behavior is a complex and multidimensional domain which could be examined with its various antecedents and consequences. Except in cultures where smoking is ritualistic, smoking behavior is a recent historical phenomenon conditioned variously by local cultures across continents (Ma et al. 2004: 615). Unlike many products, tobacco has become an integral component of the economies of both developed and developing countries (Inaba and Cohen 2000 as cited in Ma et al. 2004: 615).

Tomkins (1966: 17) indicated the smoking behavior theory with four smoking types: "positive affect smokers, negative affect smokers, addictive smokers, and "pure habit" smokers". Green (as cited in Murray 1977: 3) addressed six smoking types while explaining smoking behavior theory and described some of the findings which were obtained in the unique surveys of smoking carried out by the National Clearinghouse for Smoking and Health in USA in 1964, 1966, 1970 and 1975. Additionally, these surveys revealed four factors to be dominant as motivations for quitting: health, example, aesthetics and mastery (Murray 1977: 3).

Hochbaum's (1960: 15) model of smoking behavior had five factors and the factors were: Knowledge of the threat, importance of the threat, personal relevance, capability of doing something about it, and value of doing something about it. Besides, Ternes (as cited in Murray 1977: 3) applied Richard Solomon's "opponent process theory" to smoking. Solomon demonstrated that in dogs conditioned to punish-

ing electric shock, they not only developed tolerance to the situation, but they developed a strong positive reaction to cessation of the negative stimulus which persisted for a long time. This was a type of non-pharmacological abstinence syndrome. The opponent process theory assumed that each form of reinforcement (a) is accompanied by an opposing reinforcement (b) which outlasts the termination of the initial reinforcement. The (b) process contributes to the abstinence syndrome seen upon abrupt termination of many forms of drug addiction. The success and usefulness of this attractive theory depended a great deal upon individual's ability to identify and characterize the (a) and (b) processes for each habit (Murray 1977: 3).

Perry et al. (1987: 41) have suggested that smoking involves a number of purposes which are each specific to different developmental tasks. They defined smoking behavior as a: "(a) coping mechanism for dealing with stress, boredom and frustration, (b) a transition marker or claim to more adult status, (c) a form of social entrée, (d) recreational behavior, and (e) strategy to increase or maintain personal energy" (Perry et al. 1987: 41).

Others explained smoking behavior in a developmental framework (Mee 2009). Gulick et al. (1991) developed and tested a model of smoking behavior among women that is specific to life cycle developmental periods. Gulick et al. (1991) encouraged nurses to evaluate each individual's unique set of circumstances and developmental needs in an effort to prevent smoking and assist cessation efforts. Gulick et al. (1991) included childhood and adolescence as distinct periods within the model. This sophisticated model incorporated beliefs and attitudes that were formed in early childhood and are influenced by (a) parents and peers, (b) sociability and social competence, (c) stress, (d) coping, (e) self-efficacy, (f) motivation, (g) nicotine dependence and (h) support. The theory further defined support as encompassing parental influence and modeling, social support and societal sanctions.

Flay and Petraitis (1994) proposed that attitudes, social influences and perceptions of self-efficacy influence behavior. Their model provides for a comprehensive analysis of the social situation, cultural environment, and personal biologic factors. Bio-behavioral theory suggests that smoking behavior is influenced by biochem-

ical dependence. Goodman and Capitman (2000) suggested that the effect of nicotine on noradrenergic receptors receptor systems bears further investigation. The author cites the recent success of the efficacy of anti-depressants in smoking cessation programs and recommends that future studies incorporate this biologic component of nicotine addiction.

The Relationship between Smoking Behavior and Employee Job Performance

When examined both in social life and organizational life, smoking behavior is a complex behavior motivated by biologic, psychosocial, intrapersonal and environmental factors. Therefore, smoking behavior among working individuals in organizations can be explained by examining a variety of biologic, sociocultural and intrapersonal factors that influence work behaviors. In this study, it was investigated the relationship between smoking behavior and employee job performance throughout a quantitative research study.

A number of studies have indicated that employees with smoking behavior incur higher health care costs (typically subsidized by the employer) and higher rates of absenteeism than non-smokers, which are attributed to their status as smokers (Kristein 1983; Bertera 1991; Ryan et al. 1992; Gilbert et al. 1998; Morrow and Leedle 2002; Mee 2009). Although smokers may exhibit some undesirable work behaviors, such as higher absenteeism rates, the notion that they may provide employers with some offsetting advantages has rarely been considered (Morrow and Leedle 2002: 339). According to the results of a research study conducted in Turkey, smoking behavior influenced job performance and work efficiency of employees, and employees who smoke had lower job performance outcomes than the non-smoking employees (Kosku 2004: 341).

Besides, employers and non-smoking employees perceive smokers as less productive because of the time they spend on smoking related activities such as breaks (Grensing-Pophal 1999). Ashcraft (1992 as cited in Morrow and Leedle 2002: 339) reported that productivity losses are as high as 1 minute per hour for each smoking employee. Researchers also have found that postal workers who smoke incur injuries and disciplinary action earlier in their employ-

ment tenure than non-smokers do (Ryan et al. 1992).

Furthermore, some studies showed that employees with smoking behavior were more depressed and had high work stress level compared to non-smokers (Borrelli et al. 2000; Fucito 2008). In particular, smoking employees had more depression, more severe mood-related withdrawal symptoms and were at greater risk for experiencing work stress and poor work performance (Hall et al. 1994; Hitsman et al. 2003). Additionally, employees who smoke reported higher negative mood, and that negative mood increased their motivation to smoke more, so that situation impacted on their job performance negatively (Kassel et al. 2003).

Jarvelaid (2004) also studied the relationship of smoking behavior and psychosocial health risk factors and depression. According to the results of that study, while smoking was certainly a health compromising behavior, it was also an indicator for probable depressed mood. Mee (2009) conducted a research and examined the relationships among smoking behavior, self-efficacy, depression, and social support. Mee also demonstrated that smoking behavior increased the level of depression. Moreover, Choi (2012) who investigated the impact of smoking behavior on sleep quality and work life quality among operating engineers revealed that smoking had negative impact on sleep quality, work quality and efficiency at the workplace.

Besides, public health concerns (example, the addictive nature of nicotine, environmental or passive smoke risks) and organizational costs associated with sanctioning a smoking environment (example, safety risks, tire insurance, effects of smoking on equipment, loss of customers who find smoking distasteful) have formed the basis (typically subsidized by the employer) and higher rates of absenteeism and lower rates of productivity (Ryan et al. 1992; Morrow and Leedle 2002).

Further, previous research studies revealed that workers who smoke were linked to higher employee turnover, absenteeism, lower productivity, higher medical costs, and early retirement as a result of the harmful effects of smoking on health (Rothenbacher et al. 1998; Lee et al. 2004; Smith-Simone et al. 2008; Alavinia et al. 2007). Wais (1981) implied that the employers who hired smoking employees had more problems with affording the medical, absenteeism and low pro-

ductivity. Dermer and Jacobsen (1986) demonstrated some potential negative consequences of cigarette smoking in the workplace and negative impacts on organizational effectiveness. Boles et al. (1995) advised that employers could reduce the employee turnover through the use of pre-employment application demographics and reducing the employment of smoking individuals. Bertera's (1991) study also revealed the negative effects of smoking behavior and risks related to smoking on absenteeism and health-care costs in the workplace. In another research study (Halperna et al. 2001), the impact of smoking status on objective and subjective productivity and absenteeism measures in workplace environment were evaluated and the results showed that current smokers had significantly greater absenteeism than did never smokers, with former smokers having intermediate values; among former smokers, absenteeism showed a significant decline with years following cessation. Former smokers showed an increase in seven of ten objective productivity measures as compared to current smokers. While objective productivity measures for former smokers decreased compared to measures for current smokers during the first year following cessation, values for former smokers were greater than those for current smokers by 1-4 years following cessation. Subjective assessments of "productivity evaluation by others" and "personal life satisfaction" showed significant trends with highest values for never smokers, lowest for current smokers, and intermediate for former smokers. Thus, the study concluded that work place productivity increased and absenteeism decreased among former smokers as compared to current smokers (Halperna et al. 2001).

Moreover, Gilbert et al. (1998) compared the job performance ratings of smoking and non-smoking military and civilian non-supervisory employees. They found that smokers received lower ratings than did non-smokers in four of nine performance areas and on an overall measure of job performance. Conway et al. (2007) performed a research study to examine whether individuals' smoking behavior was predictive of subsequent career performance at work. According to the results of the study, daily smokers had subsequent career outcomes compared with never smokers, consistently indicating poorer job performance (example, early attrition prior to serving a full-term enlistment, more likely to have

a less-than-honorable discharge, more demotions and desertions, lower achieved paygrade and less likely to re-enlist) Thus, being a daily smoker was a prospective predictor of poorer performance and lower career outcomes (Conway et al. 2007).

In that respect, these literature evidences suggest that smokers are less desirable employees than the non-smoking ones. In summary, there is a substantial empirical study related to the nature of smoking behavior as reported by several investigators. These suggested that smoking behavior could have a negative impact on the job performance outcomes of employees who smoke in the workplace.

Variables, Theoretical Research Model and Hypotheses

Although the main variables of this study - smoking behavior and job performance have extensive literature of their own, developed with different dimensions and concepts such as psychosocial, situational, and contextual factors, there are only very few studies in which both of them are considered together. Especially in the Turkish context, there are no recognizable evidences about the significant relationship between smoking behavior and employee job performance.

As such, the overall proposed research model of the present study is presented. In this model, the expected relationship between smoking behavior of employees and job performance (H1) is provided.

Research Variables

Dependent Variable: Employee Job Performance (self-report of employees)

Independent Variable: Smoking Behavior

The Research Question and the Hypothesis

The research question of the current study can be presented as follows:

RQ1. What is the overall relationship between employees' smoking behavior and their job performance?

The hypothetical proposition can be presented as follows:

Hypothesis 1. There is a negative relationship between smoking behavior and employees' job performance.

Hypothesis 2. Smoking behavior has negative influence on employees' job performance.

METHODOLOGY

This study focused on examining the impact of smoking behavior on their behavioral outcomes at work. Specifically, this study is designed to determine if the smoking behavior of individuals have a relationship with and have an influence on their job performance level at work. To evaluate objectively the influence of smoking status on job performance, a prospective study among working people was conducted in order to obtain quantitative measures of the smoking status and self-evaluated job performance. As such, the study examined these aspects by conducting a questionnaire survey. This section provides the method of the research study with the brief information related to the research sample, research instruments, and procedure.

Participants

The study was conducted among employees working in various sectors and organizations (private companies, government institutions, academic staff, etc.) in Istanbul, Turkey. For the selection of respondents, there was no sector or position limitation for the sample. There was no researcher interference. Study setting was not contrived, unit of analysis was individuals and time horizon of the study was cross-sectional.

Survey Instruments and Procedure

The questionnaire used in this study was developed by adapting scales for each of the variables of the research model with some adaptations to match the context of this study. The questionnaire consisted of three sections. The first section was designed for measuring "smoking behavior and smoking-related perceptions" and requested the respondents to complete the 37 items which were adapted from the studies of Sisman (2007), Alsan et al. (2004), Türkoglu (2007), Morrow and Leedle (2002), and Fucito (2008). The items of "smoking behavior" were evaluated by using a 5-point scale from 1 (strongly disagree) to 5 (strongly agree), their opinions on smoking behavior, smoking habit,

and their concerns of negative consequences of smoking. For each respondent, the responses to items were averaged and an average response was calculated as a score to represent the respondent's assessment of smoking behavior.

The second section was designed to measure the "job performance" level of respondents with their self-assessments. Thus, this variable was measured with respondents' self-reports concerning their evaluations of job performance related to their job and workplace context. To measure "job performance", "Job Performance Scale" with a total of 10 items was used. The items 1 to 4 were developed by Mowday (1999) and adapted by Karadal and Arasli (2009), the items 5 to 8 were developed by Kirkman and Rosen (1999) and adapted by Güner Çöl (2008), and the items 8 to 10 were developed by Freddie Choo (1986) and translated by the researchers of this study. In this study, to evaluate the level of "job performance", the respondents were asked to rate the degree of self-reported job performance using a 5-point scale of 1 (strongly disagree) to 5 (strongly agree). The mean scores of the 10 items related to job performance were assessed.

The third and last section asked the respondents' demographic characteristics such as gender, age, marital status, and tenure in the current work. Questions in the last section were asked in categorical and interval forms.

Approximately three hundred questionnaires were distributed to individuals working in different sectors in different regions of Istanbul. The questionnaires were hand-collected and collected via the internet by the researchers. Two hundred and four participants participated in the study and filled the questionnaire. This led to a total sample of 244 participants.

RESULTS

This section provides the results of the research study and interpretation of the statistical data.

Descriptive Statistics and Reliabilities

The study sample consisted of 244 individuals living in Istanbul. Respondents work in different sectors such as universities, banking, insurance, medicine, teaching, service. A total of 275 questionnaires were distributed, 244 were

returned for a response rate of eighty-five percent. Data were collected by convenience sampling. About 123 of the respondents were male and 121 were female, 81 of them had university degree, 89 of them work 9 hours in a day, 83 of them had monthly salary between 2000-3000 Turkish Lira and over 3000 Turkish Lira. The sample included a wide age range. About 200 of the respondents were between 18-25, 44 of them were between 26-30, 62 were between 31-35, 77 of the respondents were between the ages of 36-40, 34 of them were between 41-50 and 5 of the respondents were over 51 years. The work experience of the respondents varied between 1 and 32 years. The mean of work experience of the respondents was 11 years. About eighty-six percent of the respondents had been working for 1-11 years in their current organization.

Moreover, descriptive analyses were used to determine the means and standard deviations of the scales used in the survey. The results are shown in Table 3. The results show that the mean score for "smoking behavior" is 3.9779 (Table 3). The results indicate that most respondents have high levels of smoking behavior and high perceptions of smoking related aspects. Additionally, when the items of the scale were examined, it revealed that the highest mean score belonged to the item which asked the respondents "I know that smoking has damage on my health, but I cannot take myself from smoking." This item had the highest mean score of 3, 3106. Table 3 also shows that the mean score for "self-rated job performance" was 3.2214. The results indicate that most respondents evaluated themselves with high performance in their job and organization. It is also seen that the respondents provided the higher mean score for "contextual performance" (3.3075) followed by "task performance" (3.1528).

Table 3: Descriptive statistics of smoking behavior, in-role performance and intention to leave

Variable	Mean score
Job performance	3.2214
Contextual performance	3.3075
Task performance	3.1528
Smoking behavior and attitudes	3.9779
Be aware of the damage of smoking but can't quit	3.3106

Series of factors and reliability tests were also conducted before testing the hypotheses and

applying regression analysis. The results show that the reliability for contextual performance was 0.864, and task performance was 0.825 as being the dimensions of self-rated job performance. In addition, the results show that the reliability for smoking behaviors and attitudes based on 37 items was 0.914. The results indicate that the variables in the research model were adequately reliable.

The Relationship between Smoking Behavior and Job Performance

This section presents the results of testing hypothesis 1 (There is a negative relationship between smoking behavior and employees' job performance) using Pearson's correlation (Table 4). Table 4 presents the results of testing hypothesis 1.

Table 4: Smoking behavior and job performance

		Smoking behavior	Job performance
Smoking Behavior	<i>r</i>	1	-.271
	<i>p</i>		0.000
	N	300	300
Job Performance	<i>r</i>	0.535	1
	<i>p</i>	0.000	
	N	300	300

The results show that there is a significant, negative and weak relationship between smoking behavior and job performance ($p=0.000$; $r=-0.271$). Therefore, hypothesis 1 is accepted.

The Influence of Smoking Behavior on Job Performance

Hypothesis 2 states that "Smoking behavior has negative influence on employees' job performance". In order to test this hypothesis and to provide further understanding on the influence of the four dimensions of smoking behavior on individuals' total job performance, a multiple regression analysis was conducted. Table 5 presents the results.

Table 5 shows that dimensions of smoking behavior domain explain 32.5 percent of the variance in job performance and "Smoking Related Injuries-Accidents at Work" dimension had no statistically significant influence on job performance with the p value of $0.184 > 0.05$ ($\beta=0.098$). Other three dimensions of the smoking behav-

ior domain revealed significant negative influence on job performance. According to the results, it can be concluded that the four dimensions of smoking behavior domain contribute 32.5 percent in influencing job performance of the respondents. Among the four dimensions of smoking behavior, having long term smoking habit has the most important negative influence on job performance ($p=0.000$; $\beta=-0.335$). According to this result, Hypothesis 2 is partially supported (Table 5).

Table 5: Multiple regression analysis for dimensions of smoking behavior and job performance

Dependent variable	Job performance		
	Beta	t value	p value
Smoking habit	-0.335	-4.095	0.000
Negative perceptions about smoking	-0.282	-5.627	0.000
Awareness of work-related damages of smoking	-0.294	-5.447	0.000
Smoking related injuries-accidents at work	0.098	1.880	0.184

$R = 0.488$; $R^2 = 0.325$; $F = 90.201$; $p = 0.000$

DISCUSSION

This study examined the influence of smoking behavior on a specific individual behavioral outcome at work which was specified as job performance and measured with a self-evaluation method. This study focused on evaluating the perceptions of individuals about their smoking behavior and attitudes and their job performance at their current work. The initial intention for selecting the subject of this study was the observations and basic assumptions of the researchers about the possible negative influence of smoking on the level of productivity and job performance in the workplaces. Subsequently, a preliminary literature survey from the secondary resources was performed in accordance with the basic assumptions in order to set the rationale and justification of the study.

For testing the hypothetical relationship between smoking behavior and job performance and for examining the influence of smoking on job performance level, a questionnaire survey was conducted on a convenient sample group that was composed of participants who were currently smoking and working in an organiza-

tion. For testing the hypothetical relationship between smoking behavior and job performance and for examining the influence of smoking on job performance level, a questionnaire survey was conducted on a convenient sample group that was composed of participants who were currently smoking and working in an organization. The results show that smoking behavior domain was significantly, negatively and weakly related to job performance when evaluated with a self-report ($p=0.000$; $r=-0.271$). Therefore, this result supported that smoking is related with individuals' job performance and as the individuals smoke more, the perceived job performance level would decrease. Accordingly, Hypothesis 1 was supported.

It can be said that although the revealed relationship is weak in this study, such a result is consistent with Gilbert et al. (1998) and Conway et al. (2007). The result shows that smoking behavior and smoking related attitudes are related with individuals' job performance and as the smoking behavior increases the perceived job performance level decreases. This finding is also consistent with Halperna et al. (2001), Bilir et al. (2009), and Çavusoglu et al. (2012) who have demonstrated a negative association between smoking and productivity at work.

Moreover, the findings of regression analyses revealed that only one dimension of smoking behavior which was labeled as "smoking related injuries-accidents at work" did not have a significant influence on job performance ($p=.184$; $\beta=0.098$) and the remaining three dimensions of smoking behavior domain had significant and negative influences on job performance. As a result, the total smoking behavior domain with four dimensions contributed 32.5 percent in influencing job performance ($R^2=0.325$). Therefore, Hypothesis 2 was partially supported.

The finding of this study are consistent to the results of previous foreign studies such as Kristein (1983), Bertera (1991), Ryan et al. (1992), Gilbert et al. (1998), Halperna et al. (2001), Morrow and Leedle (2002), Conway et al. (2007), Mee (2009) as well as the studies conducted in Turkish context (Kosku 2004; Bilir et al. 2009; Cavusoglu et al. 2012). Besides, the findings may support the implications of Grensing-Pophal (1999) and Morrow and Leedle (2002) who have indicated that smoking caused the employees to be less productive and the implication of Ashcraft (1992 as cited in Morrow and Leedle 2002) who

have reported about the productivity losses for each smoking employee in the organizations. Moreover, it is suggested that the results of this study may confirm the reports of several national and international institutions such as American Lung Association, World Bank, World Health Organization, Centers for Disease Control and Prevention, Turkish Ministry of Health, and American Office of Technology Assessment which have demonstrated the relevant negative effects of smoking for occupational life involving smoking-related diseases and health problems, illnesses, early deaths, stress and depression, absenteeism, injuries, job accidents, productivity loss, etc.

However, there are some limitations to be considered. First, the data in the study was obtained throughout a cross-sectional research and convenient sampling method, thereby causality is limited. Performing a longitudinal research study may provide a better understanding of the direction of the relationship between smoking and job performance, and enable a further validation of this relationship. A second limitation of this study is that the research survey has been done in a narrow sample of 244 individuals in Istanbul, Turkey. It is suggested that a larger sample may increase the validity of the survey. The third limitation of this study is the measurement of job performance since this variable was measured with a self-evaluation method and it is recommended that job performance could be measured with a supervisor-report method or a multiple source method. At last, the findings of this study are limited with the variables included in this research model. Considering the relatively low explanatory power of smoking behavior in explaining job performance, it should be noted that there can be other independent and contextual variables that might contribute to explain job performance.

CONCLUSION

Consequently, the key finding of this study that was performed in Turkish context is that the individuals who smoke are already aware of the health related and job related negative consequences of smoking but they admit that they cannot quit it. Another important finding of this study is the negative relationship between smoking and the job performance evaluations of the individuals and the negative influence of smoking

on job performance as these findings show that the individuals declare about the negative impact of smoking on their job performance. The result of this study brings up the suggestion that smoking behavior would lead to lower level of job performance; this in turn would impact the organization's performance and costs. Therefore, the organizations are encouraged to take precautions and actions in order to prevent or minimize the tobacco use in workplaces and in individual lives for yielding better individual and organizational results.

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