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An observational study to assess health care workers tobacco cessation practises, views, resources, constraints, and education, as well as their perceived need for such training

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Abstract

Aim: To assess the health care workers practice perspectives barriers and need for the training related to tobacco cessation.

Methods: A cross-sectional descriptive study was conducted among all the health care workers of Birsamunda Tribal University, Renton Village, Rajpipala, Gujarat, India, from May 2018 to April 2019. A pre-tested, pre-structured self-administered questionnaire was delivered in person to all health care workers. The study included all health care workers that had contact with smokers, as well as patients who were interviewed to assess their smoking status, willingness to quit, and counselling by health care workers using a pre-structured oral questionnaire.

Results: Almost 86 percent of health care workers stated they inquire about patients' smoking habits, but just 50 percent claimed they assess their patients' readiness to quit smoking. 32 percent assisted patients in quitting smoking, and 28 percent scheduled follow-up appointments. All agreed that it is their responsibility to assist, inspire, discuss, communicate with, refer, and monitor patients who smoke in order for them to quit smoking.

Conclusions: The majority of health care workers thought that they play a critical role in cigarette cessation efforts. The study revealed a need for smoke cessation recommendations to be followed and reinforced.

Keywords: 5 A's, Hassan, clinician, KAP, Quitting tobacco

Introduction

Tobacco is the most serious public health threat on the planet. It kills more people than any other risk factor in the lifestyle, in fact, it kills more people than all other risk factors together. It has been discovered that quitting smoking has an immediate favourable influence on the health of the smoker. Many interventions have been tried to reduce tobacco use, such as raising the cost on tobacco products, enacting legislation prohibiting tobacco use in public areas, and providing health education in the form of printed material. All of this has not resulted in a significant reduction in cigarette usage. The most important step would be the health education provided by health care workers during a patient appointment. During his sickness, the patient will be open to receiving health advice. Are we willing, as health care workers, to educate, inspire, and reinforce individuals to quit smoking? Are we aware of the risks associated with smoking? Is our training sufficient to carry out this critical health intervention task? These concerns will be researched. Tobacco is one legally accessible medication that causes early death. Over 1.1 billion people used tobacco in 2015. According to WHO, tobacco use (smoking and smokeless) kills around six million people worldwide each year, with many of these deaths happening early ^[1]. In India, there are now around 240 million tobacco smokers aged 15 and up (195 million male users and 45 million female users) ^[2].

Cigarette smoking has long been recognised as one of the main avoidable causes of mortality, disability, and healthcare burden ^[3]. The agreed worldwide tobacco objective under a UN mandate to treat four non-communicable diseases (NCDs) is a 30 percent relative decrease in the prevalence of current tobacco use in people aged 15 and above. ¹ 46.6% current smokers planned to quit or at least thought of quitting.

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Global Adult Tobacco Survey showed 46.3% of smokers were advised to quit by health care provider. As most of the smokers visit a doctor for various health related ailments and thus these clinic visits provide many opportunities for interventions and professional cessation advice [4, 5]. Health care professionals who advise a patient to quit can increase patient's success rate by more than 30% [6, 7]. Thus health care providers can play a key role in helping patients quit the smoking habit. A better understanding of the factors that facilitate or impede health care workers participation in cessation activities will help to design policies and programs to further reduce smoking [5].

There is a need to study the current knowledge, attitude and practice of patient smoking cessation activities by health care workers of our hospital. Thus the study was designed to assess the health care workers practices, perspectives, resources, barriers and education relating to tobacco cessation and their perceived need for training for the same.

Material and Methods

A cross-sectional descriptive study was conducted among all the health care workers of Birsa Munda Tribal University, Renton Village, Rajpippala, Gujarat, India, from May 2018 to April 2019.

Ethical approval and Informed consent

The study protocol was reviewed by the Ethical Committee of the Institution and granted ethical clearance. After explaining the purpose and details of the study, a written informed consent was obtained.

Methodology

Self-administered surveys were provided to all health care workers. The American Medical Colleges Association questionnaire was adapted for the study based on the local circumstances [6]. After 5 days of distribution, the completed questionnaire was collected. If the questionnaire was not returned within a week, participants were approached and reminded in person up to two times. Non-responders were those who did not respond even after three warnings. Utilizing a modified version of the questionnaire, information was sought on health care workers primary details, practises using the 5 A's (Ask, Assess, Advise, Assist, Arrange follow-up), attitudes, resources, impediments, education, and training addressing tobacco cessation. Inpatients from various specialties were chosen at random. Aside from general information, specifics such as socio-demographic profile, chronic illnesses, smoking status, readiness to quit, and so on were gathered. Questions on health care workers counselling practises were also asked.

Statistical Analysis

The collected data was collated and input into a spreadsheet application (Microsoft Excel 2010), which was then exported to the data editor page of SPSS version 19. (SPSS Inc., Chicago, Illinois, USA). Percentages were computed as part of descriptive statistics.

Results

Table 1: Smoking cessation practices as reported by health care workers and patients

Percentage of health care workers who "usually"	Health care workers N=50 n (%)	Patients N = 150 n (%)	
		N*	N (%)
Ask about smoking status	43(86)	150	98 (65.33)
Advice patients to stop smoking	46 (92)	90	72 (80)
Asses patient willingness to quit	25(50)	90	28 (31.11)
Assist patient to quit smoking	16 (32)	90	26 (28.89)
Refer patients who smoke to others for appropriate cessation treatment	16 (32)	90	15 (16.67)
Monitor patient progress in attempting to quit	8 (16)	90	9 (10)
Arrange follow up visits with patient to address smoking	14 (28)	90	9 (10)

N = 150 inpatients were asked if they were asked about their smoking status; *Nonsmokers were excluded from further questions

Table 2: Treatment strategies, training and education

	N (%)	N (%)	N (%)
How often do you discuss treatment strategies with patients	Never	Sometimes	Usually
Pharmacotherapy's	17 (34)	28 (56)	5 (10)
Counselling	11 (22)	15(30)	24 (48)
Enlist support	14 (28)	20 (40)	16 (34.7)
Training and education	Not at all	Inadequate	Very well
Under graduate medical education	8 (16)	29 (58)	13 (26)
Continued medical education	7 (14)	20 (40)	23(46)
Knowledge of tobacco de addiction centre	Yes	No	Don't know
De addiction centre at work place	3(6)	36 (72)	13(26)
Other de addiction centre in city	20 (40)	28 (56)	2(4)

Table 3: Health care workers perspectives, barriers and pharmacotherapy's prescribed

Yes n (%)	
Health care workers perspective on health care workers's role in addressing smoking cessation	
Help patients who are motivated to stop smoking	49 (98)
Motivate patients to stop smoking	50 (100)
Discuss smoking behaviour with patients	45 (90)
Speak with family about supporting the patients in trying to quit smoking	46 (92)
Refer smokers to others for treatment	40 (80)
Monitor patient progress in attempting to quit	42 (84)

Discuss relapse with the patients	45 (90)
Establish smoking cessation practices for staff	46 (92)
Significant barriers reported	
Time with patients is limited	13 (26)
Coverage for cessation interventions is limited	7 (15.9)
Patients have more immediate problems to address	22(44)
Patients are not motivated to quit	15 (30)
My experience with intervening with smokers is limited	20 (40)
Other practice priorities reduce my ability to address smoking with patients	24 (48)
Cessation heightens patients with other symptoms	36 (72)
Patients usually fail to quit	19 (38)
No financial incentive	35 (70)
Pharmacotherapy's prescribed	
Nicotine gum	10 (20)
Bupropion	Nil
Nicotine patch	4 (8)
Nicotine lozenge	1 (2)
Nicotine nasal spray	Nil
None	33 (66)

Discussion

Unless tobacco users are encouraged to stop, the proportion of all fatalities in India that can be linked to tobacco use is projected to grow significantly in the coming years^[8, 10].

In this sense, health care workers have a particular role in tobacco control due to their position in society^[11]. Randomised controlled studies have shown that brief additional guidance from a health professional boosts abstinence rates by 30% when compared to no advice.¹² Therefore, every opportunity available must be utilized to offer tobacco cessation interventions actively in routine clinical practice^[13]. In the current study, 92 percent of health care workers advised patients to quit smoking; however, 86 percent of them inquired about the patient's smoking status, but only 32 percent assisted the patient in quitting and 28 percent scheduled follow-up appointments. According to the findings of the study, such help is not being offered. The findings were consistent with previous research. According to a study conducted by the Association of American Medical Colleges, approximately 86 percent of health care workers advised patients to quit smoking, 84 percent inquired about the patients' smoking status, 63 percent assessed the patient's willingness to quit, and 17 percent scheduled follow-up appointments^[6, 14]. In another study, Sujatha S *et al.* interviewed 100% of the patients about their tobacco use, however only 27% of the health care workers advised the patients to quit smoking and only 9% organised follow-up. According to several Indian research, the majority of health care workers did not inquire for or recommend ways to quit smoking^[15, 16]. However, in all of the trials, health care workers engagement in giving quit-help and arranging frequent follow-up was quite low. As a result, health care workers must be urged to help and organise follow-up with patients on a frequent basis. The current educational system is failing to provide health care workers with the essential abilities to assist patients in quitting smoking. Only 26% of health care workers feel that the skills they gained as students are enough to deal with the situation. According to another survey, nearly all health care workers think that the skills they gained as undergraduates were insufficient^[14]. Saud *et al.* conducted a study in Mysore and discovered that just 18% were pleased with their undergraduate and postgraduate education^[5]. The report also underlined the need of educational changes in preparing health care workers to properly handle the problem. Understanding variables that might enhance

education and training in the field of tobacco cessation is critical, since health care workers engagement in smoking cessation efforts in their patient care will improve. To address this issue, it is also necessary to provide continuing medical education programmes in this area^[5].

In the current survey, 48 percent of health care workers think their understanding of smoking cessation activities is insufficient. Other impediments were a lack of time and other practise commitments. The findings were comparable to those of previous studies in Odisha and Kerala.^{17,18} Many health care workers are unfamiliar with the 5A's or 5R's cigarette cessation guidelines, and almost half of the health care workers do not know how to implement the guidelines even if they have the knowledge^[17]. It has been proved that pharmacotherapies almost double quit rates yet it is clear from the study that only one third of health care workers regularly use pharmacotherapies. The results were similar to the study done in Odissa^[19]. In the present study only 46% of the health care workers had knowledge of de-addiction centre. Hence awareness regarding tobacco de-addiction centers is to be made both among health care workers and patients and hence that the patients are referred for appropriate cessation treatment. Average time spent by most health care workers with patients discussing to quit smoking at each visit was around 3 min. The results were similar to the other study done in Bangaluru^[4, 15]. This is one of the very few studies in India to document doctor's reported practices to promote tobacco cessation among their patients.

Conclusion

The majority of health care workers believe they play an important role in smoke cessation attempts. To assist patients in quitting smoking, there is a need for undergraduate and postgraduate skill-based training. The study demonstrated the importance of following and reinforcing smoking cessation advice.

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