



JUNIOR RESIDENTS' PERCEPTIONS AND PRACTICES REGARDING TOBACCO CESSATION: A CROSS SECTIONAL STUDY

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ABSTRACT

Introduction: Tobacco consumption is one of the leading causes of mortality in the world. Prevention and control of tobacco consumption has assumed global significance. Junior residents are an important pool of healthcare professional which can be utilized to impart tobacco cessation counseling. **Objective:** To assess the attitude of junior residents regarding tobacco cessation and study tobacco cessation/control practice followed by them. **Methodology:** A cross sectional study, using a structured self administered questionnaire, was conducted among the junior residents working in clinical departments of a medical college. Data was analyzed and presented in forms of percentages and figures. **Results:** The overall response rate was 79%. More than half of the residents i.e 73% expected their patients to ask for help. Although 95% routinely asked about tobacco consumption, only 76% offered assistance with quitting. Only 6% thought their prior training in tobacco cessation was adequate. **Conclusion:** The study shows that although there is positive approach towards tobacco cessation counseling, some serious issues like waiting to provide assistance and doubtful role of health care professionals should be dealt with. There is a need to provide training programs regularly since few have adequate training for tobacco cessation counseling and interventions.

KEYWORDS : Tobacco cessation, perception, practice, counseling, junior residents

INTRODUCTION

Tobacco consumption is one of the leading causes of mortality in the world. According to the World Health Organization (WHO) estimates, globally, there were 100 million premature deaths due to tobacco in the 20th century, and if the current trends of tobacco use continue, this number is expected to rise to 1 billion in the 21st century.¹ Jha et al have estimated that in India around 1 million deaths a year will be attributable to smoking by the early 2010s.² Prevention and control of tobacco consumption have assumed global significance. Previous studies have shown that availability of tobacco cessation services; methods of cessation support, health care provider involvement, and pharmacotherapy all play a crucial role in successful attempts to quit smoking.³ Simple advice by health professional, taking as little as 30 seconds, can produce quit rates of 5–10% per year. Health professionals are a critical resource for advancing the agenda of tobacco control, by actions which empower the community, catalyze policy and promote technical assistance to other stakeholder groups. They can provide direct services for tobacco cessation, through counseling and other forms of therapy. Junior residents are an important pool of healthcare professionals who can be utilized to impart tobacco cessation counseling.

OBJECTIVES

1. To assess the attitude of junior residents regarding tobacco cessation
2. To study tobacco cessation/control practices (use of 5A's) followed by them.

MATERIALS AND METHOD:

This was a cross sectional study conducted from July to October 2015 at a medical college in Bangalore. Junior residents working in the clinical department were included in the study. The questionnaire was distributed personally. Participants were explained the purpose of the study and written consent was taken. Questionnaire was collected after 30mins. A pretested semi structured was designed to understand the attitude and practices. It consisted of 3 parts. First part enquiring about the sociodemographic details, second part relating to attitude of the residents regarding tobacco cessation among their patients. All the attitude responses were based on a Likert scale where the respondents were asked to indicate their agreement with the statement on a scale of 1–5 (strongly agree strongly disagree). Third part consisted of questions relating to application of 5A guidelines of tobacco cessation. the 5A's to be used include and include: (1) asking all patients if they use tobacco, (2) advising all patients to quit tobacco use, (3) assessing their willingness to quit, (4) assisting the patient with quitting, and (5) arranging a follow-up visit to see how the patient is doing with quitting.⁴ The overall cronbach's alpha coefficient was computed at 0.7 which was considered adequate. Data analysis was performed using

SPSS 19.0 for Windows. Descriptive statistics such as frequencies and percentages were used to describe general findings. Bivariate analysis like chi square tests and multiple linear regression was used to assess the variance explained by groups of independent variables. Significance was taken at $p < 0.05$

RESULTS

A total of 219 junior residents were contacted, Out of which 173 participated in the study. The overall response rate was 79%. The study population comprised of 55% males and 45% females. Out of 173 participants, 34.1% were using tobacco.

Results of the perception of junior residents on tobacco cessation counseling are shown in table 1. Around 35% of residents' held negative attitude and 19% held neutral attitude regarding physician's role in tobacco cessation activities. 34% of the residents believed that regardless of what interventions are used patients won't be able to quit tobacco once they have started using it. Majority i.e, 73% expected their patients to ask for assistance regarding tobacco cessation.

Table 1: Attitude of Junior residents regarding tobacco cessation among their patients

Parameters	SA/A	Neutral	SD/D
There is no role of doctors in control of tobacco use	35	19	46
Tobacco use is a personal choice in which doctors should not have any say	13	17	70
Medical problems should be sorted first and then patient should be advised for tobacco use cessation	14	14	72
Most tobacco users can't quit even if they try	13	21	66
Patient should ask for assistance to quit tobacco use	51	21	27

(Values expressed in percentages. SA-Strongly Agree, A-Agree, SD-Strongly Disagree, D-Disagree)

Figure 1 depicts the junior residents' current practice regarding use of 5A's for tobacco cessation. Majority of the junior residents routinely asked about tobacco consumption, only 79% offered assistance with quitting.

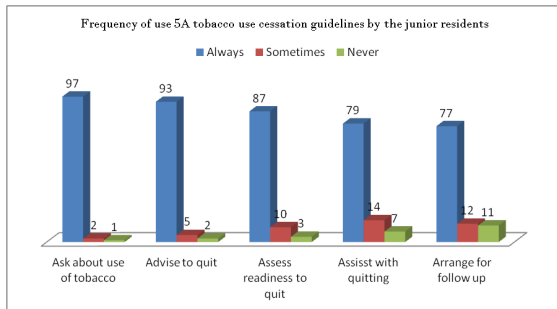
Only 6% think their prior training in tobacco cessation is adequate. More than half (53%) are interested in further training in tobacco cessation.

DISCUSSION

In our study, majority of junior residents have a positive attitude

towards tobacco cessation and quitting in their patients. However they feel that they should provide assistance only when patients themselves ask for it. This is similar to study done by Mony PK et al where 63% of postgraduates preferred to wait to be asked for assistance.⁵ Patients may not seek assistance unless they are suffering from tobacco related illness. This is a serious issue as there may be delay to prevent the harmful consequences of prolonged tobacco use.

FIGURE 1



In our study, junior residents showed varied adherence to 5As of tobacco cessation. Almost all residents reported asking patients for tobacco use which is higher than those reported in other studies. However, only 79% were assisting the patients to quit tobacco. This is consistent with findings of the other studies.⁶

Only 6% feel that their prior training in tobacco cessation is adequate suggesting that there should be a compulsory training program regarding tobacco cessation during the undergraduate/internship period. More than half of the junior residents (56%) would like to receive training in behavioral and pharmacological interventions known to promote tobacco cessation. This is in accordance with another study conducted by Kathleen et al where 77% of healthcare providers expressed desire to gain more knowledge on skills required in tobacco cessation.⁷

CONCLUSION

The study shows that although Junior residents showed a positive attitude towards tobacco cessation counseling, they are not proactive in providing these services. Majority of junior residents waiting to be asked for assistance by their patients suggest that there is a need to change the attitude from curative one to preventive one.

Training programs should be regularly provided since few have adequate training for tobacco cessation.

LIMITATIONS

The study captured self-reported information of participants, which could be subject to bias because of the respondents' social desirability to cast positive facets of their clinical practice.

Representativeness of the sample is not known as study is based on Junior residents of a single institution.

Cause and effect relationship cannot be drawn from this study.

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