PREPAREDNESS OF GENERAL HEALTHCARE PRACTITIONERS IN 'TOBACCO CESSATION COUNSELING/TREATMENT' IN TWIN CITIES -A CROSS-SECTIONAL STUDY

Ifrah Saeed, Haleema Masud*, Farrah Pervaiz, Naila Azam***, Zubair Khan Niazi, Zill-e-Huma****, Farah Khan*****, Attiya Hammed*****

Quaid-e-Azam International Hospital Islamabad Pakistan, *Warrick School of Medicine, United Kingdom, **Armed Forces Institute of Cardiology/National University of Medical Sciences (NUMS) Rawalpindi Pakistan, ***Armed Forces Post Graduate Medical Institute/National University of Medical Sciences (NUMS) Rawalpindi Pakistan, ****Human Development Research Foundation, Rawalpindi Pakistan, *****Bashir Medical Institute, Islamabad Pakistan

ABSTRACT

Objective: To determine the knowledge, practices, and preparedness of GHPs for providing tobacco cessation services in public and private hospitals, and to find the factors which impede the provision of tobacco cessation services.

Study Design: Cross sectional study.

Place and Duration of Study: GHPs in Rawalpindi and Islamabad, from Mar to Aug 2018.

Methodology: Semi-structured questionnaire was administered to GHPs worked in public and private hospitals through non probability convenience sampling. Responses were collected on ordinal scale against three main items were knowledge, skills and practice regarding tobacco cessation counseling. Collected data was analyzed through SPSS. Responses were computed in frequency and percentages.

Results: The proportions of general healthcare practitioners who got enough training on Tobacco cessation activities during their formal education were (26%). Almost half of the general healthcare practitioners (51.2%) feel confident about their tobacco cessation skills. The proportions of general healthcare practitioners who practice tobacco/smoking cessation activities were (53.2%) who score 21 above and was labeled as they were practicing the tobacco cessation activities on patients who visit them.

Conclusion: GHPs have moderate levels of knowledge, and training for tobacco cessation services. However their practices regarding provision of tobacco cessation services is poor. Lack of perceived expertise is the key factor which hinders general healthcare practitioners in providing the tobacco cessation counseling. It is important to invest in training and preparing health care providers for providing effective tobacco cessation services in Pakistan

Keywords: General Healthcare Practitioners, NRT, Smoking cessation interventions, Tobacco, 5As, 5Rs.

INTRODUCTION

Tobacco is one of the leading causes of morbidity and preventable death worldwide[1]. According to World Health Organization tobacco kills more than 7 million people each year. More than 6 million of those deaths are the result of direct tobacco use while around 890 000 are the result of non-smokers being exposed to second-hand smoke[2]. In Pakistan, 19.1% (23.9 million) of adults (31.8% of males and 5.8% of females) currently use tobacco products.

Correspondence: Dr Ifrah Saeed, Pharmacology Department, Quaid-e-Azam International Hospital Islamabad Pakistan
Email: ifrahsaeedrana@gmail.com

The WHO Framework Convention on Tobacco Control (WHO FCTC) is a milestone in the promotion of public health. WHO has identified a set of six evidence-based tobacco control strategies that are most effective in reducing tobacco use, known as MPOWER. The six proven strategies are to Monitor tobacco use and preventive policies, Protect people from tobacco smoke, and Offer help to quit, Warn about tobacco dangers, Enforce bans on ads and promotion, Raise taxes on tobacco[2]. According to Global Adult Tobacco Survey GATS 2014 current smokers who planned to or were thinking about quitting is 22.3% (22% male 15% female)[3]. About 1 in 4 smokers made a quit attempt in 2013-2014. In

order to discourage young people from smoking, the Ministry of Capital Administration and Development Division (CADD) started a project titled 'Tobacco Smoke Free Islamabad' (TSFI) in April 2014 which applies to the Islamabad Capital Territory (ICT). HEC has issued instructions to 172 universities in Pakistan to make their campuses smoke free. Of these universities, 27 are located in the federal capital[4].

Health care providers including both traditional and allopathic can play a pivotal role in this regard. Numerous studies have demonstrated a strong relationship, especially when the physicians are following guideline methods, like the 5 A's (Ask, Assess, Advise, Assist, Arrange), the quit rate amongst smokers has been shown to increase[5].

Outcome And Utilization

This study aims to assess the knowledge, attitudes and practices of general healthcare practitioners who worked in various public and private hospitals in Rawalpindi and Islamabad. This study will help for research purpose and will fill the training gaps among the level of knowledge and level of practice being practiced. It will not only help to the tobacco consumers but also will be beneficial to the secondhand smokers.

MATERIAL AND METHODS

This study was a cross- sectional, anonymous questionnaire-based Survey. It was carried out at 3 public and 4 private hospitals of Rawalpindi and Islamabad for a period of Six months (i.e. from July, 2018 to December, 2018). The sample size for the study was 246, using non probability convenient sampling technique. Data was collected through semi structured questionnaire

Trainings

To assess the proportions of GPs who are prepared in terms of training, some items were asked in the form of questions. Responses were recorded on ordinal scale from 'strongly agree=1, 'agree'=2, 'Disagree'=3 and 'strongly disagree'=4 in the form of Frequency and percentages.

Knowledge And Skills

Similar responses against knowledge were recorded on ordinal scale from 'very confident=1, 'confident'=2, 'Not confident'=3 and 'not at all confident'=4 in the form of Frequency and percentages.

Practice

To assess the proportions of GPs who are prepared in terms of practice and utilization of service and, some items were asked in the form of questions. Responses were recorded on ordinal scale (that how often they practice the questions from every patients) from 'Every visit'=1, 'Sometimes'=2, 'Rare'=3 and 'Never'=4. Responses against each item were computed in the form of Frequency and percentages.

RESULTS

A total of 280 general healthcare practitioners were approached for this study, 250 consented and completed the questionnaire, and response rate was 89.2%. Mean age of the respondents was 35.74 (SD = 12.47) ranging from 24 to 67 years while the mean of duration of experience was 8.47 (SD=9.23) ranging from 1-38 years. Table-I shows socio-demographic characteristics of respondents including their job settings, smoking status, and qualifications (table-I).

Formal Training For Tobacco Cessation During Education

Majority of the study respondents (93%) agreed that a formal training on tobacco cessation is necessary for health care providers. However, (75%) were of the opinion that they were adequately trained during their formal education for carrying out tobacco cessation activities. However, the number reduced for such trainings during job and house job trainings (table-II).

Knowledge, Skills And Attitude Regarding Tobacco Cessation

Almost all GHPs (96.8%) feel confident in discussing tobacco cessations when talking to such patients who use tobacco. However, the proportion slightly decreased for GHPs who feel confident in developing tobacco cessation plans

(90.8%) and proportion of GHPs further decreased who feel confident in counseling patients who are unwilling to quit (60.4%). Table-III shows the frequency and percentage of GHPs who categorize themselves on likert scale from 'very confident' to 'not at all confident' about subjective knowledge of tobacco cessation treatment. Proportion of GHPs who felt confident as knowledgeable counseling provider is quite high (73%). More than half of the total respondents (71%) feel confident to convince a tobacco user to quit while the proportion decreases slightly (61%) when ask about that 'do the patient remain compliant to that quit habit'

Table-I: Demographic data.

Characteristics		Total	
		(N)	Percentage
Gender	Male	176	70.4
	Female	74	29.6
Job Settings	Public	68	27.2
	Private	134	53.6
	Both	30	12.0
	Army Set up	18	7.2
Qualification	MBBS	174	69.6
	BDS	55	22.0
	Higher	21	8.4
Smoking status	Current smoker	63	25.2
	Non smoker	174	69.6
	Ever smoker	13	5.2

Table-II: Proportion of GPs who scored above and below 5 on training domain, above and below 16 on Skills domain and above and below 21 on practice domain (n=250).

Cutoff	Median	f (%)
GPs who did not get enough training (scored 1-4)	5 (Training)	65 (26)
GPs who got training (scored 5 and above)		185 (74)
Proportion of GPs who are less confident on their skills regarding smoking/tobacco cessation (scored 1-15)	16 (skills)	122(48.8)
Proportion of GPs who are more confident on their skills regarding smoking/tobacco cessation (scored 16 and above)		128(51.2)
Proportion of GPs who less practice smoking/tobacco cessation activities (scored 1-20)	21 (Practice)	117(46.8)
Proportion of GPs who practice smoking/tobacco cessation activities (scored 21 and above)		133(53.2)

GHPs Tobacco Cessation Treatment Practices

GHPs reported various ways to assess and record patient's tobacco use status, the most frequent being to verbally ask patients (n=191, 76.4%) followed by record it at each visit (n=38, 15.2%) then 'I have no routine method' (n=14, 5.6%) and at last 'I generally don't assess (n=7, 2.8%). Table 4 shows the details of the tobacco cessation treatment practices as reported by GHPs. Less than half of the GHPs (n=110, 44%) advise patients to quit tobacco consumption. Willingness of patients upon quitting tobacco consumption is done by half of the GHPs. Very few (n=36, 14%) GHPs help patients to develop Tobacco cessation plan and from those GHPs less than 10% set a firm date to quit tobacco consumption.

Median Scores of The Responses From All General Healthcare Practitioners

To assess the preparedness (level of knowledge, behavior and service utilization) of general healthcare practitioners, a median value is decided to serve as a cut off limit. For those responses on domain of Training, skills and

practices mean and range were also calculated using spss. To calculate the proportion of confident and prepared GPs in tobacco cessation counseling, median of each domain score was used.

The proportions of general healthcare practitioners who got enough training (Score 1-4) on Tobacco cessation activities during their formal education was 65 (26%) However, the proportion of GHPs rose to 185 (74%) who score above 5 and was labeled as they did not get enough training during their formal education, house job and on job as well.

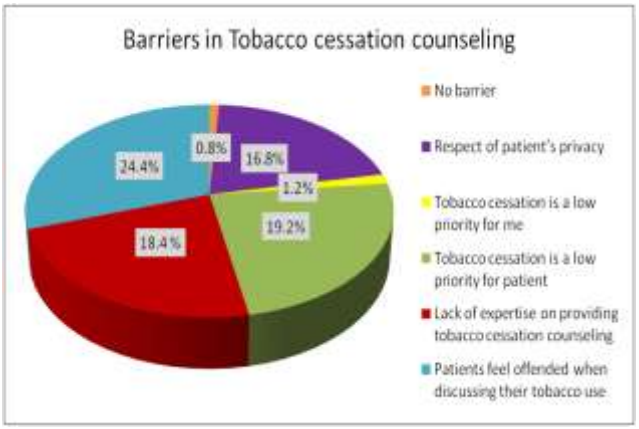

Figure: Barriers in tobacco cessation services.

The proportions of general healthcare practitioners who were less confident on their skills (score 1-15) on Tobacco cessation activities was 122 (48.8%). However, the proportion of GHPs slightly rose to 128 (51.2%) who score above 16 and was labeled as they were more confident on their skills.

The proportions of general healthcare practitioners who have less practice on tobacco/ smoking cessation activities score (1-20) was 117 (46.8%). However, the proportion of GHPs slightly rose to 133 (53.2%) who score 21 above and was labeled as they were practicing the tobacco cessation activities on patients who visit them.

DISCUSSION

This study aims to assess the knowledge, attitudes and practices of general healthcare practitioners who worked in various public and private hospitals in Rawalpindi and Islamabad. Physicians are uniquely positioned to address the issue of tobacco use in the wider society and in particularhelping in patients to quit. Data of GHPs was collected through semi-structured self administered questionnaire in which various recorded on ordinal scale from very confident to not at all confident about TC counseling including knowledge, skills and practices. In this study level of knowledge and training on tobacco cessation activity was satisfactory but that utilization of the knowledge in the form of practice was not up to the mark. Attitudes of the GHPs also matter on same scale because most hindrance factor or barrier observed through this study is lack of expertise (24%) forward by 'smoking cessation is low priority for me' (18%) The WHO sponsored Global health professional student survey (2005) done in Egyptian medical students also reported lack of knowledge about smoking cessation skills. (Pre post study). In a U.S based study, majority (67%) of the physicians reported that they Ask the tobacco consumption status of a patient, while Advise to quit tobacco consumption is conducted by (74%) physicians, and few (35%) go beyond to Assist in developing cessation plans, Arrange follow-up (8%) with patients who smoke. The criteria for "thorough" counseling were met by only 27% of physicians. More than half were not intending to increase counseling activity in the next 6 months[6]. A study titled 'Preparedness of frontline health workers for tobacco cessation' conducted in two states (Gujarat and Andhra Pradesh) of India shows only 16% of auxiliary nurse midwives reported having ever received any onjob training related to tobacco control. ANM who reported receiving training in tobacco control were about two times more likely to provide information on health effectsof tobacco as compared to those who reported not being trained in tobacco control in the state of Gujarat. So by computing our study result here, it shows 74% of the respondents got training in TC activities while, 51.2% were skilled and 53.2% of GHPs were utilizing their skills and

knowledge in form of practice. Half of the GHPs are not utilizing their knowledge and trainings[7].

Studies across the globe suggest that a patient's desire to quit smoking is correlated with a doctor's instruction to quit. A meta-analyses of 26,000 smokers also confirmed that very brief advice from aphysician would significantly increase the rate of quitting smoking among patients[8]. The current study although primarily focused on the smoking knowledge, attitudes, and behavior ofpracticing Pakistani physicians it also attempted to examine how this impacted there smoking cessationpractices. For effective and successful tobacco cessation treatment physicians require strong knowledge and belief in the long term efficacy of treatment strategies. Various studies demonstrated the importance of physicians' thorough tobacco cessation knowledge, established office systems and availability of specific resources thatsupport physicians' for implementation of effective tobacco cessation intervention[1,9].

CONCLUSION

Tobacco consumption is rising in public in various forms in which smoked tobacco and smokeless tobacco both are performing their role. Majority of local physicians recognize the seriousness of problem around tobacco use. They understand the magnitude of benefit from smoking cessation and their pivotal role in implementing it. Although, they feel that they possess the knowledge and information related to smoking cessation they are unaware of the effective methods and lack the skills to implement the tobacco cessation treatment strategies consistently. Therefore effective physicians' training skill like WHO 5As and 5Rs should be introduced and apply in practice in order to improve their capacity to intervene in the field of tobacco cessation. There was a significant difference in preparedness of public and private GHPs. GHPs belong to private sector categorize themselves as more confident and knowledgeable on ordinal scale. Anyhow Factors which impedes the practice of GHPs in TC counseling were various but highest barrier was lack of expertise to deliver the message. Every effort to increase the involvement of health care providers towards tobacco awareness and counseling among patients will be of enormous benefit in the years to come.

CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

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