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Smoking -Knowledge and Attitude Among Doctors and Medical Students

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ABSTRACT

This study delves into the distinct dimensions of knowledge, attitude and practice concerning smoking behaviour within the medical community. As healthcare providers, doctors play a pivotal role in promoting healthy lifestyles and preventing adverse health outcomes, making their perspectives on smoking of particular interest. This research aims to unravel the complexities of how doctor's knowledge, attitudes and practices toward smoking intersect and how they might influence patient care. A comprehensive cross-sectional survey was conducted among a diverse group of doctors across various medical specialties. The survey included questions designed to gauge their knowledge about the health risks associated with smoking, their attitudes towards patients who smoke and their personal smoking practices, if applicable. Additionally, qualitative interviews were conducted with a subset of doctors to gain deeper insights into the underlying factors shaping their attitudes and behaviours. A total of 69 faculty members and 87 P. G. students from the Medical colleges and 34 private practitioners were included in study. We found that 115 doctors were non-smokers whereas 75 were smokers. Out of these 75 smokers, 42 doctors had quit smoking while 33 doctors were current smokers. The prevalence of smoking in them is 17.5% and 22.4% were ex-smoker. Most of them smoke to relieve their anxiety. The prevalence of smoking is more in P.G. students and in surgeons. The finding in the present study focuses on the need for carrying out more surveys and education regarding the ill effects of smoking on UG. medical students as well as the young population and to carry out anti-smoking programs at the national level.

INTRODUCTION

Smoking has garnered recognition as the foremost preventable catalyst for mortality and ailment on a global scale in contemporary times. The act of tobacco smoking is purportedly intertwined with the burgeoning process of industrialization and the escalating prosperity within societies^[1]. Tobacco addiction manifests multifarious attributes akin to chronic maladies, a considerable proportion of individuals do not attain abstinence subsequent to their initial cessation endeavour, experiencing episodic relapses and frequently necessitating iterative cessation interventions^[2]. The elevated prevalence of smoking within the medical community encompassing physicians and other healthcare practitioners, coupled with the paucity of comprehensive training pertaining to cessation methodologies could potentially impede the aptitude of physicians to efficaciously manage patients engaged in smoking behaviour. Indeed, the provision of guidance for tobacco addiction within medical educational institutions is scant, corroborated by recent surveys^[3,4].

Scholars have advocated for the augmentation of knowledge and competencies pertaining to smoking cessation among medical undergraduate students to equip them for fostering improved smoking cessation behaviours among their prospective patients^[5-7]. An investigation undertaken in Australia revealed that despite advancements in incorporating tobacco-related education into medical curricula on a global scale, substantial additional endeavors are imperative to establish tobacco education as a continual component of medical instructional frameworks^[8].

Physicians are commonly perceived as authoritative figures from whom counsel regarding smoking is likely to be readily embraced by both tobacco users and non-users. A pressing necessity exists to mitigate this deleterious behaviour through heightened public health endeavours encompassing comprehensive strategies. This entails affording robust assistance for cessation endeavours among healthcare practitioners who engage in smoking, coupled with furnishing them with structured education to empower their capacity to effectively facilitate their patient's cessation pursuits^[9].

Hence, one of the approaches aimed at diminishing the morbidity and mortality linked to smoking entails the advocacy for heightened engagement of healthcare professionals in initiatives aimed at both the prevention of tobacco use and the facilitation of smoking cessation interventions^[10]. Notably, medical personnel who themselves partake in smoking behaviors often exhibit dispositions that diverge from furnishing their patients with anti-smoking guidance^[11].

This study aimed to explore the knowledge, attitude and practice concerning smoking behaviour within the medical community.

MATERIALS AND METHODS

A cohort comprising 190 medical doctors, selected through random procedures from both faculty members and postgraduate students, constituted the focal point of this investigation. Each participating doctor underwent an interview facilitated by a solitary observer where in a meticulously structured questionnaire was administered. This self-administered questionnaire was crafted in English subsequent to an extensive review of extant literature and was fashioned upon the tenets and standardized protocols established by the world health organization (WHO)^[12]. The questionnaire encompassed a comprehensive spectrum of inquiries spanning matters of cognition and disposition regarding smoking and substance consumption, along with data concerning present and anticipated smoking habits and substance abuse tendencies. Additionally, the survey probed into the cognizance and stances regarding the obligations of health sector practitioners concerning these issues. The amassed data was subjected to synthesis and subsequent analyses encompassed the computation of frequency distributions and percentages.

Data underwent a systematic coding process before being entered into the statistical package for social sciences (SPSS), version 17 for subsequent analysis. Descriptive methodologies were employed to succinctly encapsulate information with categorical variables being summarized through numerical counts and percentages while continuous variables were encapsulated via the calculation of means and standard deviations (SD).

RESULTS

The doctors interviewed included 69 faculty members and 87 P.G. students from the medical colleges and 34 private practitioners. Their age ranged from 21-70 years. During our study, we found that 115 doctors were non-smokers whereas 75 were smokers. Out of these 75 smokers, 42 doctors had quit smoking while 33 doctors were current smokers.

All smokers were male, mainly in the age of 20-29 years and the prevalence of smoking is more in P.G. students and in surgeons. Table 1 most of the smoker doctors developed this habit at the age of 25 years and they used to smoke <3 cigarettes day⁻¹. The influence of friends was the most common initiating factor, while company with friends is a prominent factor for the urge of smoking Table 2. Most doctors used to smoke to relieve anxiety Table 3. Protection of health and self-discipline were the most common reason for not getting this habit among non-smoker doctors Table 4.

Among the 75 smokers, 42 doctors had quit smoking and serious attempts were made by 5 of the current 30 smokers. Smoking cessation for more than one year was significantly common in doctors aged over 40 years.

Table 1: The socio-demographic pattern of a sampled group of doctors

Parameters	Non-smoker (n = 115)	Smokers (n = 75)		Total (n = 190)
		Current (n = 33)	Ex (n = 42)	
Gender				
Male	93 (81%)	33 (100%)	42 (100%)	168 (89%)
Female	22 (19%)	00 (00%)	00 (00%)	22 (11%)
Age (years)				
20-29	48 (42%)	15 (47%)	04 (10%)	72 (38%)
30-39	29 (25%)	08 (23%)	10 (23%)	44 (23%)
40-49	21 (18%)	05 (13%)	11 (26%)	34 (18%)
50-59	09 (08%)	03 (10%)	15 (36%)	29 (15%)
60 and above	08 (07%)	02 (07%)	02 (05%)	11 (06%)
Marital status				
Married	80 (70%)	18 (54%)	39 (93%)	137 (72%)
Unmarried	35 (30%)	15 (46%)	03 (07%)	53 (28%)
Profession				
Faculty member	36 (31%)	13 (40%)	20 (49%)	70 (37%)
Private practitioner	17 (15%)	02 (07%)	14 (33%)	34 (18%)
PG student	62 (54%)	18 (53%)	08 (18%)	86 (45%)
Speciality				
Qualified physician	39 (34%)	04 (13%)	14 (34%)	57 (30%)
Qualified surgeon	22 (19%)	12 (37%)	24 (56%)	57 (30%)
M.B.B.S.	54 (47%)	17 (50%)	04 (10%)	76 (40%)

Table 2: Urge for smoking

Urge for smoking	No. of smokers	Percentage
Company with friends	50	67
During work	12	16
When contented	15	20
When alone	21	29
Timely	07	09
Others e.g., after meals	04	06

Table 3: Reasons behind smoking

Reasons	No. of Smokers	Percentage
To relieve workload	04	05
To relieve anxiety	58	78
To relax	13	17

Table 4: The reason behind quitting tobacco.

Reasons	No. of persons	Percentage
Protect health	104	91
Self-discipline	82	72
Social taboo	22	19
Produces symptoms	46	40
A good example to patients	33	29
To save money	00	00
For religious reasons	10	09
Pressure by friends	00	00

The reasons for quitting smoking were bad for health (70%), sets a bad example (62%) and smoking produces symptoms (40%). All the doctors are aware of the ill effects of tobacco smoking particularly in relation to lung cancer, chronic bronchitis and coronary artery disease and 95% of them are aware of the relationship between tobacco smoking and oral cancer, laryngeal cancer, peripheral vascular disease and carcinoma bladder. Most doctors (smokers and non-smokers) believe that doctors should feel responsible to get rid of this habit from their patients by telling them the side effects of smoking in detail. Most doctors feel that a ban on advertisements is an effective method of prevention of smoking in the young generation and nationwide education programmes should be organized for effective prevention of this habit.

DISCUSSIONS

Tobacco smoking represents a pervasive societal phenomenon, with its prevalence showing an upward trajectory. This habit exerts its influence ubiquitously within society, sparing none. Even among the cohort of medical doctors, who are envisaged to assume a pivotal role in eradicating this conduct from the societal fabric, active engagement in this behavior is evident. In the context of our study the documented prevalence of smoking stands at 17.5%, exceeding the rates observed in preceding investigations^[13]. Comparable levels of smoking prevalence among medical students were observed in our study, akin to the prevalence recorded among students in Saudi Arabian medical institutions, which registered at 14.3%^[14]. Our documented prevalence, however, falls below that recorded among medical students in other Arab nations, including Bahrain (27.5%), Jordan (26.3%) and Yemen (27.0%)^[15-17].

Noteworthy findings from our investigation revealed a high level of awareness among all surveyed medical doctors regarding the manifold perils associated with smoking. A substantial majority of participants expressed a conviction that medical practitioners bear a responsibility to facilitate the cessation of this habit among their patients. Impressively the entirety of the medical doctors evinces d willingness to partake in an anti-smoking initiative. These positive indicators suggest that medical professionals within our nation possess the potential to exert a meaningful influence in curtailing the prevalence of this deleterious behaviour. The commonly held perspective posits physicians as exemplary figures for patients, a perception reinforced by their attitudes and actions concerning smoking. This facet wields considerable sway over patient's psychological dispositions toward this issue. Among medical students, health-oriented behaviours and

adherence to hygiene practices markedly impact their academic achievements and prospective professional trajectories^[18].

Healthcare workers (HCWs), with a specific emphasis on physicians, should be actively encouraged to partake in supporting smoking cessation efforts. This is particularly salient given that a substantial portion of former smokers, nearly half, attribute health considerations as their primary motivation for discontinuing smoking^[19]. Within this context, medical doctors hold various avenues to contribute to smoking cessation endeavours, spanning both the communal sphere and individual patient interactions. Importantly, the counsel provided by physicians to individuals regarding smoking cessation can yield an additional 5-10% enhancement in annual smoking cessation rates.

Healthcare professionals occupy a distinct position to influence tobacco-linked morbidity and mortality trajectories. Thus, comprehensive training for medical doctors is imperative, not only to foster cessation among tobacco users but also to deliver robust public health services through adept counselling and judicious employment of pharmaceutical interventions. The assimilation of epidemiological insights into smoking behaviours among young individuals, particularly medical students, holds profound significance for the broader community. The smoking proclivities exhibited by medical students are subject to analogous forces as those that shape the habits of the general populace, encompassing socio-cultural influences and the expanding range of initiation ages, among other akin determinants.

To summarize the finding in the present study focuses on the need for carrying out more surveys and education regarding the ill effects of smoking on UG. medical students as well as the young population and to carry out anti-smoking programs at the national level.

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