

SEPAR's voice

## Prevalence, Knowledge and Attitudes Toward Smoking Among SEPAR Members<sup>☆</sup>



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### ARTICLE INFO

#### Article history:

Received 2 November 2015

Accepted 11 January 2016

Available online 1 November 2016

#### Keywords:

Smoking

Prevalence

Attitudes

Healthcare professionals

SEPAR members

#### Palabras clave:

Tabaquismo

Prevalencia

Actitudes

Profesionales sanitarios

Socios de SEPAR

### ABSTRACT

The aims of this study were to estimate the prevalence of smoking among SEPAR members, and their approach to smoking cessation in their patients.

An online survey was completed by 640 members (496 pulmonologists, 45 nurses, 34 thoracic surgeons, 37 physiotherapists, and 28 other specialists). Of the members interviewed, 5% confessed that they were smokers: 3.5% pulmonologists; 8.9% nurses; 8.8% thoracic surgeons, and 13.5% physiotherapists.

A total of 96% of members assign a lot or quite a lot of importance to setting an example; 98% of members always or often ask their patients about their smoking habit. The most effective anti-smoking intervention, according to 77% of members, is a combination of drugs and psychological support.

These results are an indicator of the awareness and commitment of SEPAR members to smoking and its cessation.

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### Prevalencia, conocimiento y actitudes acerca del consumo de tabaco en los miembros de SEPAR

#### RESUMEN

Los objetivos del estudio son estimar la prevalencia del hábito tabáquico entre los socios y las actitudes e intervenciones sobre tabaquismo que realizan los miembros SEPAR ante sus pacientes.

Se realizó una encuesta on line, a la que respondieron 640 socios (496 neumólogos, 45 enfermeras, 34 cirujanos torácicos, 37 fisioterapeutas y 28 profesionales de otras especialidades). El 5% de los socios encuestados confiesan ser fumadores: neumólogos 3,4%; enfermería 8,9%; cirujanos torácicos 8,8%; fisioterapeutas 13,5%.

El 96% de los socios dan mucha o bastante importancia a la función modélica. El 98% de los socios preguntan siempre o a menudo a sus pacientes sobre el consumo de tabaco. La intervención más eficaz para tratar el tabaquismo para un 77% de los socios es el uso de fármacos, combinado con soporte psicológico.

Estos resultados son un exponente de la firme sensibilización e implicación que los miembros SEPAR tienen frente al tabaquismo.

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<sup>☆</sup> Please cite this article as: Solano Reina S, Jiménez Ruiz CA, de Higes Martínez E, García Rueda M, Callejas González FJ, de Granda Orive JI, et al. Prevalencia, conocimiento y actitudes acerca del consumo de tabaco en los miembros de SEPAR. Arch Bronconeumol. 2016;52:605–610.

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## Introduction

Worldwide, there are currently more than 1 billion tobacco smokers, and more than 6 million die every year because of their habit. Tobacco use continues to rise in developing countries, due to the steady growth of the population and aggressive marketing campaigns by the tobacco industry (TI).<sup>1</sup> In Spain, according to data from the National Health Survey,<sup>2</sup> 24% of the population aged 15 years and over stated that they smoked on a daily basis (28% males, 20% females). Smoking, then, is the main public health issue for which prevention is a reasonable strategy.

Scientific evidence suggests that healthcare professionals (HP) can help smokers to give up their tobacco habit, thus helping to reduce the incidence of smoking-related diseases.<sup>3</sup>

Health-related behavior of HPs impacts significantly, both negatively and positively, on the adoption of healthy habits by the general population. It seems logical then that all HPs in general should appreciate the importance of their role as examples or models in the promotion of health and healthy habits, and should commit personally to adopting and demonstrating their commitment to an anti-smoking stance.<sup>4</sup>

In general, the involvement of HPs in the control and prevention of smoking has increased as prevalence of the habit in the medical profession has decreased, although there was a time in which prevalence of smoking among HPs was higher than the mean of the Spanish population (49% vs. 39%).<sup>5</sup>

In 2000, a study was conducted to determine the prevalence of smoking among members of the Spanish Society of Pulmonology and Thoracic Surgery (SEPAR) and to evaluate their characteristics and attitudes toward smoking.<sup>6</sup> The authors found that 39.5% were former smokers, 15.1% habitual smokers, and 8.1% occasional smokers. These percentages were much lower than reported in previous studies, which found a prevalence of 47% in this group.<sup>7</sup> Sixteen years later, the Smoking Area of our society felt that it was time to update data on the prevalence of smoking and attitudes toward this habit among SEPAR members, and accordingly designed this study. The main aims were to estimate the prevalence of smoking among our members and to characterize attitudes toward smoking and healthcare interventions for stopping smoking provided by SEPAR members to their patients.

## Materials and Methods

This study was performed on the basis of a structured online survey addressed to all 3825 SEPAR members, of whom 16.7% responded: 640 members (496 pulmonologists, 45 nurses, 34 thoracic surgeons, 37 physiotherapists, and 28 professionals from other specialties). The sample size was estimated from overall SEPAR membership data, and a total of 350 responses were needed to ensure that it was representative of the study population and achieve a precision of 4.86. However, the number of responses actually received (640) superseded this estimate, which brought the sample error down to 3.53%. Participation in the study, consisting of an online structured questionnaire based on closed questions, was voluntary. Online methodology is the most appropriate in these cases: all members are easily reached; participation is more flexible, insofar as subjects can respond to the survey at a time that best suits them; time can be taken for completion and reflection; and the report can be collected in real time so that the sample size can be monitored. Electronic mails were sent to all members, inviting them to participate in the study, and populational proportionality in terms of respiratory medicine, nursing and physiotherapy respondents was achieved. The maximum overall sample error was estimated at 3.53%; 3.95% for pulmonologists, and 7.66% for the other members in case of maximum uncertainty ( $p=q$ ). The

fieldwork was conducted between November 20, 2013 and January 30, 2014. Statistical analysis of the data obtained was performed using the SPSS program. For the descriptive analysis, categorical variables were analyzed using contingency tables (frequencies and percentages) and continuous variables were analyzed using summary statistics (mean and standard deviation). Comparative analyses were conducted using the chi-squared test for categorical variables and the Student *t*-test or ANOVA for continuous variables. In all analyses, statistical significance was considered when the *P*-value was  $<.05$ .

## Results

The total sample size was 640 SEPAR members. The breakdown by professions and the profile of professionals polled is shown in Fig. 5.

### Prevalence of Smoking

A total of 5% of the members successfully polled are current smokers; of these, 61% admit to being habitual smokers, while the others (39%) report that they are occasional smokers. In total, 3.4% of the pulmonologists smoke, 8.9% of nurses, and 8.8% of thoracic surgeons. The greatest percentage of smokers was found among the physiotherapists: 13.5% ( $P<.05$ ). Most of the pulmonologists surveyed aged 25–34 years had never smoked: 89% ( $P<.05$ ). Of the overall group of pulmonologists, 66% were never smokers.

With regard to history of smoking and sex, most female members (72%) had never smoked, while among the males, results showed that 48% had never smoked ( $P<.05$ ).

With regard to age of starting smoking, 74% of respondents began to smoke at the age of between 16 and 20 years, and 7% began when they were over 25. The only professionals who began smoking after the age of 25 years were the pulmonologists (12%).

With regard to intensity of consumption, the members who were smokers reported smoking a mean of 6 cigarettes a day. Older smokers among the members interviewed were those who smoked more: around 10 cigarettes a day.

### Tobacco Dependence

A total of 41% of smokers lit their first cigarette within 1 h of getting up. Another 59% lit up after more than 1 h. Most (69%) pulmonologists interviewed waited for more than 1 h before lighting their first cigarette of the day. Eleven percent of women smokers lit their first cigarette within 5 min of getting up. Male pulmonologists showed less tobacco dependence than women: 83% lit their first cigarette after more than 1 h of rising, compared to 60% of women.

A total of 31% of smokers successfully polled believed that the first cigarette of the day was the one they most needed and desired.

With regard to dependence associated with age, members aged 54 years and older lit their first cigarette within 5 min of getting up. Respondents younger than 34 years were those that waited longest: 83% of this age group could wait for more than 1 h. Smokers aged 45–54 years showed most physical dependence: 75% stated that the first cigarette of the morning was the one they needed most, much higher than the mean ( $P<.05$ ). Fourteen percent of the respondents smoke more often during the initial hours after getting up.

Respondents, in general, showed mild dependency, according to the Fagerström test (Fig. 1).

Most of members polled (81%) never smoked at work. Three percent smoked anywhere, including inside their place of work.

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