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Malaysian pharmacy students' intention to provide smoking cessation counseling

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ABSTRACT

Background and purpose: Malaysian National Quit Smoking Program had proposed to integrate smoking cessation counseling skills into all relevant healthcare curricula as one of its strategies to increase the number of Malaysians giving up smoking. More effective implementation of the curricula can be facilitated by further understanding the factors influencing students' intention in terms of providing smoking cessation counseling. This study, guided by Integrated Behavior Model (IBM), aimed to explore the factors which influenced pharmacy undergraduates in providing smoking cessation counseling.

Educational activity and setting: Following the elicitation study, the IBM-guided questionnaire was developed and distributed to students from two pharmacy schools which agreed to participate, each representing public and private institutions.

Findings: A total of 387 pharmacy students participated yielding a 83% response rate. Multiple regression analysis revealed that all three, namely, attitude (23%), perceived norm (16%), and personal agency (16%) were significant predictors of students' intention. Further analysis revealed 'experiential attitude', a component of attitude as the strongest predictor. In other words, students who felt more comfortable had higher intention to provide smoking cessation counseling.

Summary: An implication of this study is that tobacco-related curricula with an emphasis to enhance students' comfort level in providing counseling would be of value for these future pharmacists in terms of their intention as well as actual provision of smoking cessation counseling through the mediation of "experiential attitude" and personal agency.

Background and purpose

Hepler and Strand[1] defined pharmaceutical care as "the responsible provision of therapy to achieving definite outcomes that improve the patient's quality of life." For this very reason, if smoking cessation counseling is provided to smokers with a goal of improving their quality of life, it is indeed a component of pharmaceutical care. Furthermore, there are multiple issues to be addressed regarding drug therapy, including drug interaction when a patient smokes. Therefore, the responsibility a pharmacist shoulders when it comes to dealing with patients who smoke should not be underemphasized. Besides, nicotine replacement therapy (NRT) products and other pharmacological agents to assist smokers to quit are available in pharmacies, which were proven to be

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more effective in combination with behavioral therapy.[2]

Smoking, though preventable, is a cause of premature death in 20,000 Malaysians annually.[3] Intensive approaches to changing smoking patterns are imperative, considering that there are approximately five million smokers in Malaysia currently.[4] Nearly 44% of adult Malaysian men are smoking, with the highest prevalence of 54.9% being in the age group 25–44. Smoking cessation services have profound effects in reducing smoking-attributed morbidity, mortality as well as the economic burden of a developing nation.[5]

In a meta-analysis of five studies involving 1426 smokers, it was reported that interventions provided by pharmacists had better abstinence rates as compared to the controls with a relative risk (RR) of 2.21 (95% CI 1.49–3.29).[6] However, smoking cessation services provided by Malaysian pharmacists is suboptimal.[7] Lack of comprehensive tobacco-related courses and training in most local universities curricula was cited as one of the major contributing factor,[8] and a need to revamp academic curricula to equip the future pharmacists with smoking cessation counseling skills had been highlighted.[9]

In an environmental scan conducted among 16 pharmacy schools in Malaysia, it was found that a median teaching duration was only 2.75 hours[10] which is comparable to the findings on United States (US) curricula reported before the implementation of “Rx for Change,” which contains an eight-hour didactic teaching portion in addition to role-play.[11]

In this study, which attempted to understand the factors influencing students' intention to provide smoking cessation counseling from their point of view, integrated behavior model (IBM) was used as an underpinning theory to develop the questionnaire. A secondary aim was to understand the differences in terms of the scores obtained by students representing the public and private institution.

Educational activity and setting

Integrated behavior model

Integrated behavior model (IBM) evolved from two main theories, theory of reasoned action (TRA) and theory of planned behavior (TPB), which had been utilized across a wide variety of behavior,[12] was selected to provide a framework for this study. This model was selected to redesign the questionnaire to examine the relationship among the factors that the main study attempts to understand with a focus on the personal factors, and behavioral performance, which is an outcome. Other qualities such as being parsimonious yet comprehensive, makes this model desirable. Besides, this model also provides a mathematical equation to understand the relative strengths of the factors in predicting intention as well as behavior, which is discussed later in this section.

IBM attempts to understand a behavior by exploring the underlying beliefs (i.e., the indirect measures) that influence their corresponding direct measures.[12] These beliefs, which may have resulted from a wide variety of background variables, capture the uniqueness of a study population and are determined by conducting an elicitation study. The direct measures are relatively “fixed” and consist of attitude, perceived norm, and personal agency. There are two components for each direct measure; instrumental and experiential for attitude and subjective (injunctive) and descriptive for perceived norm. Personal agency is made of self-efficacy and perceived control. Using multiple regression analysis, the weight of each direct measure which are the immediate predictors of intention, can be determined. The direct measures capture the “overall sum” of their corresponding indirect measures though, in general, the indirect measures are not included directly in determining the intention. Intention reflects the motivational level and seen as the most important antecedent of a recommended behavior.[12]

Elicitation study

A critical step in determining the content of integrated behavior model (IBM) guided questionnaire is an elicitation study to identify the relevant behavioral outcomes, referents, and facilitators as well as the barriers envisaged in executing the behavior. The main aim of this elicitation study was to capture the uniqueness of the target population, hence making the questionnaire more relevant. The information gathered from this study formed the basis of the IBM questionnaire content development. The targeted behavior was recommended to follow the TACT (target, action, context, and time) format for more accurate responses.[13] For this elicitation study, the target was “at least three smoking cessation counseling session,” action was “to provide,” context was “smoker,” and the time was “next three months.”

The participants for this elicitation study were the third- and final-year pharmacy students from three private institutions and two public institutions in Malaysia. The recommended sample size for an elicitation study is approximately 25 from the target population.[14] The questionnaire for elicitation study was sent by email to 100 pharmacy students in their third- and final-year from these five schools. The email addresses of these students were obtained from their respective lecturers, who were also contacted through email. Eighteen responses were returned, yielding an 18% response rate.

Respondents replied to open-ended questions on advantages, disadvantages along with other concerns pertaining to the outcomes of smoking cessation counseling, which provided the basis for behavioral beliefs, an indirect measure of attitude. They were also asked to list “individuals or groups who would approve or disapprove of them providing smoking cessation counseling” to obtain the candidates for injunctive norm. The descriptive norm was determined by asking “who ‘similar others’ are likely to provide smoking cessation counseling?” For the perceived control indirect measure, they were asked to list the factors which would enable or prevent them from providing smoking cessation counseling for the given context. The IBM-guided questionnaire was developed based on the findings of elicitation study.

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