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Smoking Habits Among Oncology Health Care Professionals in the Middle East: A potential Impact on Patient Care

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Abstract

Background: Smoking among healthcare professionals represents a challenging healthcare problem. Our study aims at identifying the prevalence of smoking among oncology Health Care Professionals (HCP) in the Middle East and associated perception and attitude.
Methods: A questionnaire about smoking habit, perception, views and behaviors was obtained from oncology health care professionals participating in a regional meeting.
Results: 103 participants completed the survey with 85% being physicians and 65% males. Smoking prevalence was 28% (29 participants), and males were likely to be smokers compared to females (37.31% vs 11.11%, p = 0.0048).
Smoker professionals were less likely to council their patients about smoking cessation compared to non-smokers (90.5% vs. 72.4%, p = 0.02).
Conclusion: Smoking prevalence among oncology health care professional is high and may present a barrier to provide proper counseling to patients about smoking cessation. Implementing special programs and interventions to eliminate smoking among health care professionals are needed.

Introduction

The use of tobacco product especially cigarette causes multiple health problems as smoking causes or contributes to many chronic and fatal diseases such as cardiac and pulmonary diseases and multiple cancers.

Many cancers are associated with exposure to smoking and tobacco use including lung cancer, head and neck cancers, bladder cancer and others.

Smoking among health care professionals is a serious concern because of the implication on the public perception, knowledge and experience of physicians of the tobacco products harm.[1] Furthermore, smoking health care professionals may not provide adequate counseling for their patients who smoke.[2, 3]

This habit is more concerning when it is practiced by oncology professionals due to their daily encounter with cancers related to smoking and seeing first-hand the devastating impact of these cancers on their patients and their families.

Smoking among health care professionals have been reported in different societies and countries, however, the prevalence of smoking habits among oncology health care professionals in the Middle East is not known. Our study aims at determining the prevalence of tobacco products use by Oncology Healthcare Professionals in the Middle East.

Methodology and Participants

Study Objectives

Our study objectives were to determine the prevalence of smoking among oncology health care providers in the Middle East, to explore their smoking-related habits, attitudes and behavior, and to determine factors leading to smoking habit.

Study Design

A questionnaire was distributed to all attendees of Pan Arab Oncology Conference held in Amman, Jordan in May 2013.
Selection Criteria: The study included all oncology health care providers attended that meeting

Survey Design: A 17-item self-administered questionnaire that assessed smoking-related habits, attitudes, behavior and cessation plans.

Statistical Analysis

Descriptive statistics was used to determine participants' characteristics and prevalence of smoking and perception. All analyses were conducted and reported using SAS v9.1, SAS institute, NC, USA. A 2-tailed P-value ≤ 0.05 was accepted as significant.

Results

One hundred and three participants completed the questionnaire out of 119 participants (86.5% response rate). Table 1 depicts participants' characteristics. Majority were males, physicians and from North African countries.

Twenty nine participants were smokers (28%), 10 participants smoked cigarettes and shisa (Table 2). Smokers started smoking around age 20 years.

For exposure to second hand smoking, 41.75% got exposure to smoke at home and 46% at work.

Table 1: Participants Characteristics (N)

Characteristics	N (%)
Median age (years)	40 (31 – 46)
Gender	
Males	67 (65.05)
Females	36 (34.95)
Specialty	
Physician	88 (85.44)
Non-physician	15 (14.56)
Geographic Location	
Africa	50
Sham and Iraq	28
Gulf & Yemen	20
Other	5

Table 2: Type of tobacco product used

Tobacco products type	N (29)
Cigarette alone	16
With Shisha	10
With Cigar	2
With Pipe	1
Median age when starting smoking (Range) years	20 (19 – 25)

There was no difference between physicians and non-physicians in smoking prevalence; however, males were more likely than females to be smokers (37.31% vs 11.11%) (p=0.0048). More than half of the smokers stated that the reason for smoking were stress relief (54%) followed by to improve concentration at work (25%) and for pleasure (24%). Although, smoker HCP did counsel smokers among their family members and co-workers in 88% and 80% of the times respectively, however, they were less likely to counsel their patients about smoking compared to non-smoker participants (90.5% vs 72.4% p = 0.02) and the majority (86%) did not feel comfortable that their patient know that they are smoking.

All participants (100%) believed that smoking increases health risk hazard in general and especially cancer risk.

When asked about their plan to quit smoking, 23 participants (79%) stated their intention to give up this habit.

Discussion

Our study revealed that more than quarter of the oncology health care professionals smokes in spite of their knowledge and believe of smoking hazard on health and risk of cancer. This percentage is higher than prevalence reported among healthcare professionals in United States and western countries especially for physicians and maybe similar to other countries.[2-7]

Apparently, participants realize that smoking is not an acceptable habits, that is why they do not like their patients to know about it and the majority were planning to quit smoking.

Interestingly, when it comes to health care professionals, the risk of smoking is not just due to the smokers' exposure to tobacco products, but for not providing the proper counseling for their patients to quit smoking. This negative impact was reported before. [8,9]

This may be explained by the physicians feeling the lack of a moral ground (negative attitude) to give advice as they (themselves) are smokers. [3,10]

In a national survey of US healthcare professionals, being a current smoker had a negative association with providing smoking cessation counseling. [2]

This is very important issue to keep in mind and stress on when educating health care professionals about smoking cessation. This will help overcome the barriers of smoker health care professionals providing counseling to their patients.

Finally, it is critical to implement smoking cessation and tobacco control programs for health care professionals to help them quit this deadly habit but also help them provide better service to their patients, in addition to other universal interventions such as bans especially in the premises of health care facilities. [6,11]

Smoking prevention and education should start earlier for students of health care professions to minimize the risk as early as possible.[12, 13]

Of concern, the increase use of shisha among Middle Eastern population and apparently Oncology HCP are no exception. The inclusion of this phenomenon in the tobacco control efforts and program should be a priority.

These preventive measures are even more important for oncologists who should be the role models for their colleagues and patients and strong advocate for tobacco control.[9]

Conclusion

Smoking is prevalent among oncology health care professionals in our region and may negatively impact providing proper counseling to smoker patients. Special interventions and programs may be required to address this deadly habit among oncology professionals.

References:

1. Smith DR, Leggat PA. An international review of tobacco smoking in the medical profession: 1974-2004. *BMC Public Health.* 2007;7:115.
2. Tong EK, Strouse R, Hall J, Kovac M, Schroeder SA. National survey of U.S. health professionals' smoking prevalence, cessation practices, and beliefs. *Nicotine Tob Res.* Jul 2010;12(7):724-733.
3. Behbehani NN, Hamadeh RR, Macklai NS. Knowledge of and attitudes towards tobacco control among smoking and non-smoking physicians in 2 Gulf Arab states. *Saudi Med J.* May 2004;25(5):585-591.
4. Yan J, Xiao S, Ouyang D, Jiang D, He C, Yi S. Smoking behavior, knowledge, attitudes and practice among health care providers in Changsha city, China. *Nicotine Tob Res.* Apr 2008;10(4):737-744.
5. Sarna L, Bialous SA, Sinha K, Yang Q, Wewers ME. Are health care providers still smoking? Data from the 2003 and 2006/2007 Tobacco Use Supplement-Current Population Surveys. *Nicotine Tob Res.* Nov 2010;12 (11):1167-1171.
6. Lewis KE, Shin D, Davies G. Smoking habits and attitudes toward tobacco bans among United Kingdom hospital staff and students. *Int J Tuberc Lung Dis.* Aug 2011;15(8):1122-1126.
7. Habadi MI, Alsharief E, Ahmed AA, Jahdali EA. Smoking Prevalence, Knowledge, Behavior, and Attitude among physicians working in primary health care centers, in Jeddah, Saudi Arabia. *Middle East Journal of Internal Medicine.* 2012;5(2):3-10.
8. Pipe A, Sorensen M, Reid R. Physician smoking status, attitudes toward smoking, and cessation advice to patients: an international survey. *Patient Educ Couns.* Jan 2009;74(1):118-123.
9. Pentz RD, Berg CJ. Smoking and ethics: what are the duties of oncologists? *Oncologist.* 2010;15(9):987-993.
10. Gunes G, Karaoglu L, Genc MF, Pehlivan E, Egri M. University hospital physicians' attitudes and practices for smoking cessation counseling in Malatya, Turkey. *Patient Educ Couns.* Feb 2005;56(2):147-153.
11. John U, Hanke M. Tobacco-smoking prevalence among physicians and nurses in countries with different tobacco-control activities. *Eur J Cancer Prev.* Jun 2003;12 (3):235-237.
12. Al-Haqwi AI, Tamim H, Asery A. Knowledge, attitude and practice of tobacco smoking by medical students in Riyadh, Saudi Arabia. *Ann Thorac Med.* Jul 2010;5(3):145 -148.
13. Cauchi D, Mamo J. Smoking health professional student: an attitudinal challenge for health promotion? *Int J Environ Res Public Health.* Jul 2012;9(7):2550-2561.