Smoking profile among male resident doctors at Assiut University Hospitals

Atef F. Al Karn[a], Wafaa Gadallah[a], Alaa A. Kasem[b]

[a]Chest Department, Faculty of Medicine, Assiut University, [b]Chest Department, Police Hospital, Assiut, Egypt

Correspondence to Atef F. Al Karn, MD, Chest Department, Faculty of Medicine, Assiut University, Assiut, Egypt
Tel: +20882413646; Fax: +20882333327;
e-mail: afaroukeg@yahoo.com

Received 08 May 2017
Accepted 01 July 2017

Journal of Current Medical Research and Practice
September-December 2017, 2:153–156

Introduction

Doctors act as role models, information providers, and risk behavior modifiers. Therefore, studying their smoking habits and attitudes is important. The aim of this study was to explore smoking habits among young doctors, and to study their knowledge, attitude, and action toward smoking.

Materials and methods

This is a field study with a total of 229 male residents (24–28 years). Women were not included as they rarely smoke. A questionnaire was filled including details of smoking profile and attitudes toward smoking.

Results

Regular smokers constituted 11.3%, occasional smokers 3.1%, ex-smokers 0.9%, and never-smokers 84.7%. Smoking was 29.7% among married men compared with 9.7% in single men ($P < 0.01$). In all, 74.3% were cigarette smokers, and 20% used a water-pipe. In all, 77.1% started smoking while studying at the Faculty of Medicine. To pass stress was the cause for starting in 77.1%, and 75.8% continued smoking because they believed it is anxiolytic. Hospital resident house was the place where they mostly smoked (81.8%). In all, 21.2% of the smokers smoke also at work, and 12.1% smoke even in front of patients. Knowing or hearing about smoking cessation methods was as follows: 59.8% behavioral therapy, 76.9% nicotine replacement therapy, 17.9% varenicline, and 0.9% bupropion. A total of 99.6% of smokers had heard about the electronic cigarette; 94.3% strongly agreed that giving advice to stop smoking is one of the doctors' jobs. However, 27.5% always, 7.4% mostly, 21.4% occasionally ask about smoking history. In addition, among the doctors who ask about smoking history, only 14.7% always ask and 45% mostly give advice for discovered smokers to quit.

Conclusion

These results highlight the need to protect young physicians from taking the habit of smoking, and to motivate and educate them to help their smoking patients to quit.

Keywords:
doctors, practice, Public health, smoking

J Curr Med Res Pract 2:153–156
© 2018 Faculty of Medicine, Assiut University
2357-0121

Introduction

Healthcare providers, especially general practitioners (GPs), should be considered as role models in the community; their behavior and attitudes toward smoking can have a positive or negative effect on smoking cessation. It has been shown that GPs have the ability to motivate their patients to quit smoking by using effective techniques [1].

The attitude of healthcare professionals, particularly physicians, is an important factor to control tobacco dependence [2]. A multicenter survey with GPs and family physicians from 16 countries showed that physicians who smoked had a lower likelihood of addressing tobacco use during consultation of patients [3]. Healthcare providers, especially GPs, should be considered as role models in the community; their behavior and attitudes toward smoking can have a positive or negative effect on smoking cessation [1].

Aim

The aim of this research was to study the smoking profile and attitude toward smoking among male resident doctors in Assiut University Hospitals and its correlations.

Materials and methods

A cross-sectional survey study using a self-administrated questionnaire form was conducted. Anonymous standardized questionnaires were distributed to male resident doctors in Assiut University Hospitals. None of the female resident doctors were included in this study because it is very rare to find female doctors who smoke. They were visited at their residence,

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

clinic, and departments during a 5-month period (November 2014 to March 2015). All male resident doctors in Assiut University hospitals in that time were included in the survey. This study included a total of the 229 male resident doctors working in all departments of Assiut University Hospitals; they graduated from Assiut Faculty of Medicine in the years 2010, 2011, and 2012. Doctors were given a questionnaire, were briefed on how to fill it in properly, and were asked to return it on the same visit. All doctors of the study sample were given an English questionnaire.

Ethical approval

Ethical approval was obtained from Research Ethics Committee of University of Faculty of Medicine Assiut University. The questionnaire was anonymous, did not contain any critical questions, and confidentiality of the data was maintained.

Results

Table 1 shows smoking status among male resident doctors in Assiut University hospitals. The majority of the doctors in this study were never-smokers, 194 doctors (84.7%), only 26 (11.3%) doctors were regular smokers, seven (3.1%) doctors were occasional smokers, and two (0.9%) doctors was ex-smokers.

Table 2 shows that there was no statistically significant difference between smoking status and different specialties of medicine: only 10.4% of doctors were smokers in the nonsurgical departments and 17.8% of doctors were smokers in the surgical departments.

Table 3 shows the relation between smoking status and marital status. The percentage of smokers was significantly higher in married doctors compared with single doctors: only 9.7% of single doctors were smokers but 29.7% of married doctors were smokers.

Table 4 shows the type of smoke in regular, occasional, and ex-smokers: 26 doctors were cigarette smokers, seven of them were goza smokers, and two of them smoked both cigarette and goza.

Table 5 shows the educational stage of starting smoking: 27 (77.1%) doctors who were regular smokers started smoking in the Faculty of Medicine.

Table 6 shows the different causes of starting smoking: 27 (77.1%) doctors who were total smokers started smoking to pass a stress situation.

Table 7 shows that male doctors who smoke at work represent 21.2% of current smokers.

Table 1 Smoking status among male resident doctors

	n (%)
Are you a smoker	
Regular smoker	26 (11.3)
Occasional smoker	7 (3.1)
Ex-smoker >6 ms	2 (0.9)
Never-smoker	194 (84.7)
Total	229 (100.0)

Table 2 Relation between smoking status and specialty

	Specialty (*n* (%))	
	Nonsurgical departments	Surgical departments
Smoker	8 (10.4)	27 (17.8)
Never-smoker	69 (89.6)	125 (82.2)
Total	77 (100.0)	152 (100.0)

Table 3 Relation between smoking status and marital status

	Marital status (*n* (%))	
	Single	Married
Smoker	16 (9.7)	19 (29.7)
Never-smoker	149 (90.3)	45 (70.3)
Total	165 (100.0)	64 (100.0)

Table 4 Type of smoke in regular, occasional, and ex-smokers (*N*=35)

	n (%)
Cigarette	26 (74.3)
Water-pipe 'Goza'	7 (20.0)
Cigarette + goza	2 (5.7)
Total	35 (100)

Table 5 Educational stage of starting smoking

	Smoker (*n* (%)) (*N*=35)
Primary stage	0 (0)
Prep stage	1 (2.9)
Secondary stage	0 (0)
Faculty of Medicine	27 (77.1)
House officer	7 (20.0)
Total	35 (100.0)

Table 6 Causes of starting smoking

	Smoker (*n* (%)) (*N*=35)
Imitation	2 (5.7)
Trial to discover	2 (5.7)
To pass a stress situation	27 (77.1)
To be sociable	4 (11.4)

Table 7 Smoking at work

	Current smoker (*n* (%)) (*N*=33)
Do you smoke at work?	
Yes	7 (21.2)
No	26 (78.8)

Table 8 shows that 12.1% of current smokers smoke in front of patients.

Table 9 shows the knowledge of male resident doctors about smoking cessation methods (behavioral therapy, varenicline and nicotine replacements, and Bupropion).

Tables 10–12 show that thinking about ‘giving advice to stop smoking’ is one of the doctor jobs: 94.3% of total smokers strongly agree that giving advice to stop smoking is one of the doctors’ jobs.

Only 27.5% always, 7.4% mostly, and 21.4% occasionally ask about smoking history.

Among those who ask about smoking history, only 14.7% always ask and 45% mostly give advice for discovered smokers to quit.

Table 13 shows the number and percentage of smoker and never-smoker doctors who give advice to patients to quit. We found that 86.6% of never-smoker doctors compared with only 39.4% of smoker doctors ever gave advice to patients to quit.

Discussion

In this study, regarding the prevalence of smoking among male resident doctors in Assiut University hospitals, regular smokers constituted 11.4% among young doctors. This is less than the rates in the society in the general population, which is around 40% in men; this refutes the allegation that most doctors are smokers and that doctors are not models of nonsmokers.

However, we do not exempt smoking doctors from blame; doctors must be the ideal model of nonsmokers: 3.1% were occasional smokers, 0.9% were ex-smokers for more than 6 ms, 0% stopped smoking less 6 ms, and 84.7% were never-smokers. The percentage of smokers in this study (11.4% regular and 3.1% occasional) is lower than other studies carried out in Alexandria (27.2%) [4], and in developed countries such as Denmark (15%). However, it was higher than the New Zealand (5%) [5] and the UK (4%) [6].

When stratified by sex, none of the female resident doctors was included in this study because it is very rare to find female doctors who smoke. Therefore, all results in this study concern only male resident doctors in Assiut University hospitals, which is similar to a previous study carried out among physicians in one hospital in Laos Mahosot Hospital [7] in 2003, which revealed that the prevalence of smoking among male doctors was 35% (16% daily and 19% occasionally), whereas none of the female doctors ever smoked.

Compared with the previous studies carried out, the smoking prevalence among male health professionals in this study (11.4%) is lower than in Malaysia (25%) [8], but it is higher than in the USA (10%) [9].

Table 8 Smoking in front of a patient

Current smokers	*n* (%)
Yes	4 (12.1)
No	29 (87.9)
Total	33 (100.0)

Table 9 Knowledge about smoking cessation methods

	n (%) (*N*=229)
Do you know about	
Behavioral therapy (counseling)	
Yes	137 (59.8)
No	92 (40.2)
Varenicline	
Yes	41 (17.9)
No	188 (82.1)
Nicotine replacements	
Yes	176 (76.9)
No	53 (23.1)
Bupropion	
Yes	2 (0.9)
No	227 (99.1)

Table 10 Thinking about ‘Is giving advice to stop smoking one of the doctors’ jobs

	n (%)
Strongly agree	216 (94.3)
Moderately agree	11 (4.8)
Disagree	2 (0.9)
Total	229 (100.0)

Table 11 Asking patients about smoking history

	n (%) (*N*=229)
Always	63 (27.5)
Mostly	17 (7.4)
Occasionally	49 (21.4)
Rarely	72 (31.4)
Never	28 (12.2)
Total	229 (100.0)

Table 12 Doctors who always, mostly, and occasionally ask patients about smoking habit, do you advise them to quit?

	n (%) (*N*=129)
Always	19 (14.7)
Mostly	58 (45)
Occasionally	18 (14)
Rarely	22 (17)
Never	12 (9.3)
Total	129 (100.0)

Table 13 Number and percentage of smoker and never-smoker doctors who give advice to patients to quit

	Smoker doctors (*n* (%)) (*N*=33)	Never-smokers (*n* (%)) (*N*=194)
Giving advice	13 (39.4)	168 (86.6)

Doctors working at surgical departments smoked more than those at nonsurgical departments. This might be explained by the more stressful work environment in the surgical departments. In addition, surgical

departments contain more gathering of male doctors with fewer female doctors with them. Orthopedic surgery, urology, anesthesiology, general surgery, obstetrics and gynecology, and cardiothoracic surgery departments represent 65.4% of total regular smokers.

In our study, we showed a significant increase in the prevalence of smoking habit among married compared with single male doctors. This is against what was expected from the role of the female spouse in the life of her husband; this may be explained by more problems, such as social, financial, and marital, facing married doctors in addition to work stress. Few studies searched for marital status as a factor for smoking [10]. A study conducted on smoking attitudes, behaviors, and risk perceptions among primary healthcare personnel in urban family medicine centers in Alexandria showed that among single primary healthcare physicians 40% were smokers, whereas 60% were nonsmokers; for married ones 46.7% were smokers, whereas 53.3% were nonsmokers; and for widowed ones 25% were smokers, whereas 75% were nonsmokers.

Most of the smokers started smoking in the mid and end study years; this may be because of more heavy load of studying in these years. More social work must be directed toward these years. Almost everyone who smokes as an adult started smoking by the age of 18 years, and the earlier age a person begins, the more likely he or she is to continue [11].

To pass a stress situation was the main cause (77.1%) why they started smoking. This is expected from a population studying in a demanding faculty needing putting stress on students and graduates. This is accordance with Tyas and Pederson [10].

The present study showed an alarming figure that 21.2% of smokers smoke at work. This destroys the model role of the doctor and has a bad impact on patients, nurses, and visitors.

Anxiolytic effect was the main cause of continuing smoking (75.8%) of the current and occasional smokers, but Farouk and Zarzour [12], found that imitation and routine habit were the main causes of continuing smoking. Most smokers take the first cigarette less than 60 min after waking up [12]. This means that they are not addictive to nicotine as those addicted to nicotine take the first cigarette within 30 min after waking up. Those smokers who have their first cigarette of the day soon after waking up are considered to be more nicotine dependent than those who wait longer [13].

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

References

1 Frank E, Elon L, Spencer E. Personal and clinical tobacco-relatedpracticesand attitudes of US medical students. Prev Med 2009; 49:233–239.

2 Viegas CA, Valentim AG, Amoras JA, Nascimento EJ. Attitudes of Brazilian pulmonologists in the face of nicotine dependence: National survey. J Bras Pneumol 2010; 36:239–242.

3 Pipe A, Sorensen M, Reid R. Physician smoking status, attitudes toward smoking, and cessation advice to patients: an international survey. Patient Educ Couns 2009; 74:118–123.

4 Youssef RM, Abou-Khatwa SA, Fouad HM. Prevalence of smoking and age of initiation in Alexandria, Egypt. East Mediterr Health J 2002; 8:626–637.

5 Hay DR. Cigarette smoking by New Zealand doctors and nurses: results from the 1996 population census. N Z Med J 1998; 111:102–104.

6 McEwan A, West R. Smoking cessation activities by general practitioners and general nurses. Tob Control 2001; 10:27–32.

7 Tomson T, Boupha K, Gilljam H, Helgason AR. Knowledge, attitudes and smoking behavior among Lao doctors. Southeast Asian Journal Tropical Medicine Public Health2003; 34:213–219.

8 YaacobI, AbdullahZA.Smoking Habits and Attitudes among Doctors in Malaysian Hospital. Southeast Asian J Trop Med Public Health 1993; 24:28–31.

9 Corroa MA, Guindon GE, Sharma N, Shokoohi DF. (editors). *Tobaccocontrol country profiles*. Atlanta, GA: American Cancer Society; 2000.

10 Tyas SL, Pederson LL. Psychosocial factors related to adolescent smoking: a critical review of the literature. Tob Control 1998; 7:409–420.

11 Sabra AA. Smoking attitudes, behaviours and risk perceptions among primary health care personnel in urban family medicine centers in Alexandria. J Egypt Public Health Assoc 2007; 82:1–2.

12 Farouk A, Zarzour A. Smoking profile in avillage in Assiut Governrate, Egypt. Assiut Med J 1997; 21:1.

13 Baker TB, Piper ME, McCarthy DE, Bolt DM, Smith SS, Kim SY, *et al*. Time to first cigarette in the morning as an index of ability to quit smoking: implications for nicotine dependence. Nicotine Tob Res 2007; 4:S555–S570.