

SMOKING CESSATION: BARRIERS, MOTIVATORS AND THE ROLE OF PHYSICIANS- A SURVEY OF PHYSICIANS AND PATIENTS

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I Introduction

- Smoking as a health hazard is well documented.
- Approximately 70% of smokers see a physician each year and therefore physicians have frequent opportunities to intervene with their smoking patients¹.
- Few studies have tried to examine counseling behaviors, such as smoking cessation, in a physician's clinic where they have relied primarily on physician's self report² and patient surveys³.
- We conducted a survey with patients at clinics in primary care who were current or ex-smokers. Specifically, we wanted to learn whether there were important contextual issues such as who initiated the topics of quitting and if discussions of assistance and follow-up occurred. Essentially we wanted to find if there was a gap between physicians' and smokers' perceptions towards smoking cessation.

II Objective

To identify the motivators of and barriers to smoking cessation and to evaluate the dynamics of patient and provider-physician visits in Singapore.

III Methods and subjects

Cross sectional

Sampling: Convenient sampling.

Physicians completed the self administered questionnaires in a classroom setting in 15 minutes.

Patients from SingHealth polyclinics and GP clinics in the east were screened for smoking status (current or ex-smoker [who was not smoking at time of interview]) and interviewed for 15 minutes by trained nurses.

Data was collected from May to July 2007.

Study population: 347 patient-smokers (response rate was 60%).

- 175 provider-physicians (response rate was 58%),
 - 22 (13%) Respiratory,
 - 36 (21%) Cardiologists,
 - 21 (12%) Endocrinologists and
 - 96 (54%) General Physicians

All physicians were additionally queried on their level of involvement in the smoking cessation efforts of their patients.

Physician's questionnaire was designed to elicit the following information.

- Overall practice patterns.
- Who initiates the discussion on smoking?
- What are the effective ways used by physicians to get their patients to quit smoking?
- Perceived patient motivation and barriers to smoking cessation.
- When does a physician feel confident that his smoker-patient will quit?
- Reasons for not quitting as perceived by the physician.
- Physician's perceptions of a typical patient who smokes.
- Physician's barriers in helping his patients who smoke.

Smoker's questionnaire was designed to elicit the following information.

- Demographics of patients.
- Type of disease the patient has.
- Current smoking and quitting status.
- How many of his friends or family members smoke?
- Smoker's attitude towards smoking and smoking cessation.
- Patient - doctor interaction.
- Patient's attitude towards smoking.
- Sources of information on smoking cessation used by the patient.

Patients-smokers who were current or ex-smokers in this study may not have consulted the provider-physician from the same clinic for treatment.

IV Results

Table 1 Demographic characteristics of patient-smokers

Characteristics	N = 347 (69% current, 31% ex-smokers)
Gender (%)	
Male	95
Female	05
Race (%)	
Chinese	41
Malay	46
Indian	08
Others	05
Close relatives who smoked (%)	
Parents	80
Spouse/Partner	10
Siblings/ children	10
How many friends smoke(%)	
More than 10 friends smoked	65
Self reported co-morbidities (%)	
None	34
High BP	15
Cholesterol	09
Diabetes	07
Asthma & Obesity each	05
Others (Breathing difficulties, insomnia etc)	30
Averages	
No. of cigarettes smoked/day	17 ± 12
Age (Years)	42 (Male) 30 (Female)

Figure 1 Number of years patient-smokers smoked cigarettes

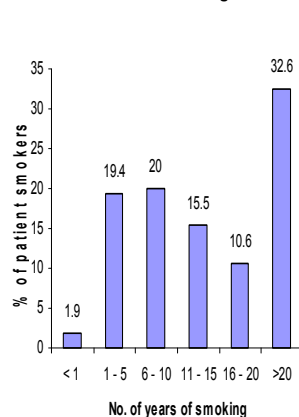


Figure 2a, b, c Quit attempts

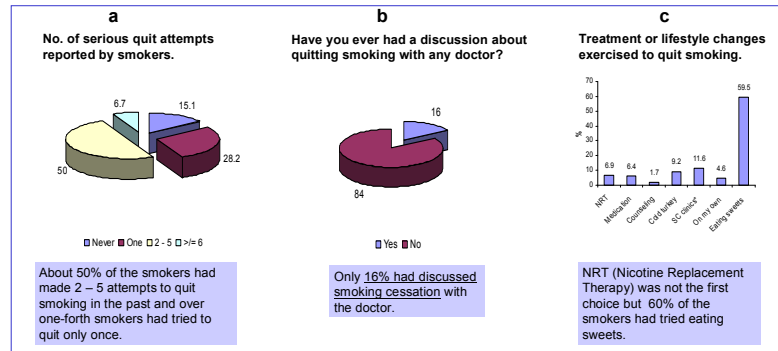


Table 2 Physicians' and smokers' reported motivation to quit smoking (%)

List of motivators	Physicians	Patient-smokers
✓Concern about health problems	33.3	33.5
✓Concern about family and friends' health problems	27.2	18.1
✓Doctors advised me to quit	21.9	5.2
✓Smoking costs too much	12.6	27.0
✓To improve my appearance	0.8	6.8
✓Rules and regulations from work/environment	3.7	6.4
✓Others	1.4	3.1

Figure 3 Reasons for smokers reluctance to talk to physician about quitting smoking (%)

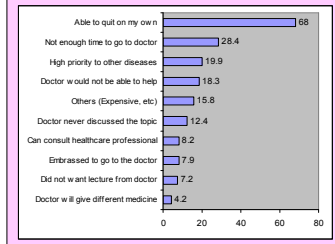
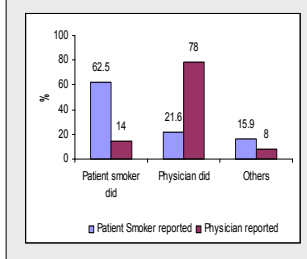


Table 3 Physicians' and smokers' reported barriers to quitting smoking (%)

List of barriers	Physicians	Patient-smokers
✗Craving/Physical addiction	31.4	28.6
✗Tried quitting before and it was too hard	26.4	21.8
✗Concerned that I will feel worse not smoking	18.4	11.1
✗Concern that they will gain weight	8.0	5.4
✗Friends & family members would not support my effort to quit	6.8	10.8
✗Quit smoking products were too expensive	3.4	12.9
✗There are no effective treatments available to quit smoking	3.4	5.1
✗Others	2.2	4.3

Figure 4 Who initiated the discussion as reported by smokers and physicians



Summary of findings:

- Both provider-physicians and patient-smokers agreed that key barriers to smoking cessation were
- craving /physical addiction
 - smokers' concern of feeling worse if they quit
 - too hard to quit

Two main motivators to quitting smoking cited by both smokers and provider-physicians were concern about their own health and concern about family and friends' health. The third reason given by patient-smokers was the cost of cigarettes, whereas provider-physicians felt it was their advice that had persuaded / convinced patient-smokers to quit (Table 2 & 3).

While both provider-physicians and smoker-patients identified similar barriers to smoking cessation, there was a difference in perception about the role physicians play: 68% of smokers who were reluctant to talk to their physician about smoking cessation felt that they can quit smoking on their own (Figure 3). 78% provider-physicians said they started the initial discussion while 63% of patient-smokers said they started the initial discussion (Figure 4).

Conclusion:

Patient-smokers and provider-physicians identified similar barriers to and motivators for smoking cessation. However, there were differences in perception over the role provider-physicians play.

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