

RE: Health Workers' Practice Towards Smoking Cessation Intervention Based on 5A's Model and Associated Factors in Public Hospitals, Hadiya Zone, Southern Ethiopia [Letter]

Navandeep Kaur Thumber
Prerana Bhandari

St George's, University of London,
Cranmer Terrace, London, SW17
0RE, UK

Dear editor

We read with great interest this paper by Tamirat T, which highlighted the astoundingly low engagement of healthcare workers in smoking cessation interventions, within the Hadiya Zone.¹ The World Health Organization (WHO) has declared tobacco use “the epidemic that spreads fastest and lasts longest”, underlining the importance of early and effective cessation intervention. However, whilst this relies heavily upon good practice by healthcare workers, this paper has shown that there is significant capacity for improvement, with only 3% of staff providing satisfactory smoking cessation intervention.

This paper sheds light on specific groups of healthcare staff with lower rates of good practice with regard to smoking cessation. We found particularly striking the difference in male and female participants, with men being 2.25 times more likely to engage in smoking cessation interventions. The author postulates that this is due to a difference in training, guidelines and obligations between the genders.¹ However, it may be argued this is more correlated to job distribution across genders, rather than gender itself. 80.5% of doctors in south Ethiopia are male and only 19.5% are female.² In contrast, 67% of nurses are women and 33% male.³ A study by Hasan et al, showed nurses had less knowledge and lower self-efficacy with respect to smoking cessation than doctors, which may serve as a barrier preventing them from discussing it with patients. The same study demonstrated that nurses showed the most improvement after receiving adequate training.⁴ Therefore, the disparity between male and female healthcare workers may have greater correspondence to the quality of training received by a particular role, rather than linked directly to gender itself. These different roles could have been accounted for in the study design, allowing for better analysis of the results. Especially pertinent as over 50% of the participants were nurses and 56.4% were female.

The article outlined the smoking status of healthcare workers as a factor contributing to their engagement and included this as a polar question within the questionnaire. However, this was not further explored and discussed in regard to its effect on their cessation practice. Gaining specific insights like this in the form of a

Correspondence: Prerana Bhandari
Email m1602128@sgul.ac.uk

free text question would allow healthcare providers to detail distinct personal barriers or past experiences (such as cultural attitudes towards smoking) and give a comprehensive view on overall attitudes towards smoking cessation.

In conclusion, this paper brought forward an unquestionable, pressing issue in the Hadiya Zone. However, the study would have benefited from considering how multifaceted a variable such as gender is and worked this into the analysis. Inclusion of a free text question would have also allowed for in-depth analysis of specific rationales behind the healthcare worker's low engagement with smoking cessation interventions.

Disclosure

The authors report no conflicts of interest in this communication.

References

1. Tamirat T. Health Workers' Practice Towards Smoking Cessation Intervention Based on 5A's Model and Associated Factors in Public Hospitals, Hadiya Zone, Southern Ethiopia. *Patient Relat Outcome Meas.* 2021;12:291–298. doi:10.2147/PROM.S322049
2. Assefa T, Haile Mariam D, Mekonnen W, Derbew M, Enbale W. Physician distribution and attrition in the public health sector of Ethiopia. *Risk Manag Healthc Policy.* 2016;9:285–295. doi:10.2147/RMHP.S117943
3. Fute M, Mengesha ZB, Wakgari N, Tessema GA. High prevalence of workplace violence among nurses working at public health facilities in Southern Ethiopia. *BMC Nurs.* 2015;14:9. doi:10.1186/s12912-015-0062-1
4. Hasan SI, Mohd Hair F, Ahmad Tajuddin NA, et al. Empowering healthcare providers through smoking cessation training in Malaysia: a preintervention and postintervention evaluation on the improvement of knowledge, attitude and self-efficacy. *BMJ Open.* 2019;9(9):e030670. doi:10.1136/bmjopen-2019-030670

Dove Medical Press encourages responsible, free and frank academic debate. The content of the Patient Related Outcome Measures 'letters to the editor' section does not necessarily represent the views of Dove Medical Press, its officers, agents, employees, related entities or the Patient Related Outcome Measures editors. While all reasonable steps have been taken to confirm the content of each letter, Dove Medical Press accepts no liability in respect of the content of any letter, nor is it responsible for the content and accuracy of any letter to the editor.

Patient Related Outcome Measures

Dovepress

Publish your work in this journal

Patient Related Outcome Measures is an international, peer-reviewed, open access journal focusing on treatment outcomes specifically relevant to patients. All aspects of patient care are addressed within the journal and practitioners from all disciplines are invited to submit their work as well as healthcare researchers and patient support groups.

The manuscript management system is completely online and includes a very quick and fair peer-review system. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <http://www.dovepress.com/patient-related-outcome-measures-journal>

<https://doi.org/10.2147/PROM.S341524>