

SMOKING HABITS AND ATTITUDES AMONG DOCTORS IN A MALAYSIAN HOSPITAL

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Abstract. A study of the smoking habits and attitudes toward smoking among 120 doctors at the Hospital Universiti Sains Malaysia was conducted between May to August 1991. Eighteen percent of the doctors were smokers, 13% ex-smokers and 69% had never smoked. All the smokers were male and all except one smoked only cigarettes. Three of the 32 female doctors were ex-smokers. Nineteen of the 21 smokers only smoked in areas where they could not be seen by the public. Most doctors (equally among smokers and non-smokers) had first-degree relatives (mostly males) who were smokers and 28% had relative with smoking-related disease. 81% non-smoking and 43% smoking doctors had advised healthy people to stop smoking. 92% non-smoking and 52% smoking doctors support the smoking-ban in the hospital. Seven of the 21 smokers had never attempted to quit smoking.

INTRODUCTION

Smoking is the world's single most important preventable cause of sickness and death (WHO, 1985). The public often use doctors as role-models for matters pertaining to health and patients are also more likely to quit smoking if they were advised by their doctors (Folsom and Grimm, 1987; Russell *et al.*, 1979). Whether doctors are able or willing to advise patients to quit smoking is likely to depend on their own smoking habits as well as their attitudes toward smoking. Smoking nurses were more likely than non-smokers to hold attitudes which potentially reduce their efficacy in helping patients to stop smoking (Becker *et al.*, 1986).

In developed countries, smoking among doctors is decreasing (Walkens *et al.*, 1990; Adriaanse *et al.*, 1990; Magnus, 1989; Masironi, 1991). The prevalence of smoking was found to be low (10%) among medical students in the University of Malaya in 1987 (Wong and Chen, 1989). To our knowledge, no study of smoking habits among doctors in Malaysia has been reported. The aim of this study was to determine the smoking habits and attitudes among doctors at a teaching hospital.

MATERIAL AND METHODS

A simple questionnaire was sent to 150 doctors listed in the directory of Hospital Universiti Sains

Malaysia, Kelantan from January to August 1991. The first few questions established the smoking status. A smoker was defined as a person who smoked more than one cigarette a day for a year. An ex-smoker was a smoker who had stopped for more than a year. Other sections of the questionnaire enquired regarding family influence, knowledge of the effects of smoking on health and attitudes towards smoking control.

Each questionnaire was accompanied by a letter explaining the purpose of the survey. A code was allocated to each form for the purpose of repeat mailing to non-responders. If there was no reply to the second letter which was sent two weeks later, the investigators approached the individual doctors but the responders still answered the questionnaires in confidence.

Comparisons between groups were done using chi-square analysis with Fisher's correction if the value in a column was less than five.

RESULTS

Thirty doctors listed in the register were not able to be contacted because they either had left the hospital or were on long vacation during the period of study. One hundred and twenty doctors (35 females, 85 males; 84 house/medical officers, 36 consultants) answered the questionnaires. Sixty replied to the first mailing of the questionnaire, 20 replied to the second questionnaire and the other

SMOKING HABITS OF MALAYSIAN DOCTORS

Table 1
Smoking habits among 120 doctors in Malaysia.

	Smokers	Ex-smokers	Non-smokers	Total
Medical officers				
Males	15	8	29	52
Females	0	2	30	32
Consultants				
Males	6	5	22	33
Females	0	1	2	3

40 doctors were approached by the investigators. None of the doctors who were personally approached refused to answer the questionnaire. The response rate was therefore 100% of available doctors (67% by mailing alone). There was no difference in smoking habit between those who answered by mail (12/80) and those who were personally approached (9/40).

Twenty-one (18%) of the doctors were smokers, 16 (13%) were ex-smokers and 83 (69%) had never smoked (Table 1). Three of the ex-smokers were female but all the smokers were males (smoking rate in male doctors was 25%). There was no difference in smoking habit between house/medical officers (15/84) and consultants (6/36) $\chi^2 = 2.15$, $p = 0.1425$. All smokers except one (who smoked cigarettes, cigar and pipe) smoked cigarettes only. Ex-smokers had smoked less cigarettes per day than current smokers. Fourteen of the 16 ex-smokers had smoked less than 10 cigarettes/day and 2 smoked between 11-20 cigarettes/day, compared to 7 and 13 of the 21 smokers respectively. Only one current smoker consumed more than 20 cigarettes per day.

There was no difference with regard to the age of starting smoking between smokers and ex-smokers; about half started smoking before they enter the medical school and the other half started during medical training. Two current smokers started after they had become doctors. The main factors that induced the doctors to smoke were influence of colleagues (43%) and advertisements (26%).

Ten of 21 smokers smoked only at home and outside the hospital. Nine smoked in the hospital but only in places where they are not seen by the

public (for example, in their own offices). Only 2 doctors smoked openly in all parts of the hospital.

Seven of the 21 smokers had never attempted to stop smoking but the others had tried. The reasons given for failure to stop included (a) smoking helped them do work better (33%), (b) smoking gives them more ideas (14%), or (c) smoking relieved boredom or tension (14%).

Four of the 16 ex-smokers stopped smoking before they entered medical schools, two stopped while in training whilst the other 10 (63%) stopped after they had become doctors. In response to the question regarding the main reasons for never smoking or for giving up smoking, 54% gave health reasons, 22% replied that smoking gave no benefit and 48% wanted to give good examples to children, patients and staff.

All doctors admitted that they had advised patients, friends or relatives to stop smoking if they had developed smoking-related diseases. However, only 43% of smoking doctors would advise healthy subjects to stop smoking compared to 81% of ex-smokers and 89% of non-smokers. Fewer smokers (52%) are agreeable to the suggestion that smoking should be banned in hospital, compared to 94% of ex-smokers and 92% of non-smokers.

DISCUSSION

The response to mailed questionnaires was not satisfactory even after repeat mailing. Thirty-three percent of doctors ignored our questionnaires. However, they were willing to cooperate if they were personally approached. Aasen and

Gulsvik (1986) found that there were more smokers among those not answering a questionnaire on smoking than among those answering it. We found that there were equal proportions of smokers in those who replied by mail and those who answered the questionnaire when personally approached.

The smoking habit in Malaysian general population has not been established. Although doctors are uniformly aware of the detrimental effects of smoking, smoking among doctors remains common. The prevalence of smoking of 25% among male doctors in Malaysia is similar to that in developed countries, which varied from 11% in Australia (Magnus, 1989), 13-15% in the United Kingdom (Masironi, 1991), 17% in Norway (Aasen and Gulsvik, 1986), 23% in Denmark (Madsen *et al*, 1990), 29% in the Netherlands (Adriaanse *et al*, 1990), 31% in India (Sarkar *et al*, 1990), to as high as 35-54% in Spain (Sanchez, 1991; Martinez *et al*, 1990). In Spain, 39% of cardiologists were daily smokers and 15% occasional smokers (Martinez *et al*, 1990).

Smoking among female doctors is fairly common in Europe, for example 15% in Denmark (Madsen *et al*, 1990). It is gratifying that none of our female doctors smoked although three were ex-smokers. Similarly in India, all except one of the smokers reported were male (Sarkar *et al*, 1990). The most likely reason is that smoking among females is unacceptable in our society although none of our female doctors gave this reason for not smoking.

All except one of the smokers smoked only cigarettes. Half of the smoking doctors in a Norwegian study smoked cigars (Aasen and Gulsvik, 1986) and in Denmark 47% smoked pipes (Madsen *et al*, 1990).

The similar rate of smoking between house/medical officers and consultants may suggest that if a person is still a smoker by the time he qualifies as a doctor, he is unlikely to quit. It is relatively uncommon to start smoking after qualifying.

The majority of the quitters did so after entering medical school or later. Learning about and observing the adverse effects of smoking, or the role model that they have to play, may be factors causing them to quit smoking. The most common

reasons given for stopping smoking were related to the improvement or maintenance of their own health (54%). In addition, 48% mentioned the need to set good examples to children and staff. Ex-smokers consumed less cigarettes per day than did current smokers, suggesting that a high consumption of tobacco creates more physical or psychological dependence.

A doctor's own smoking habits appear to influence the advice given to others with regards to smoking. Only 43% of smoking doctors would advise healthy patients, friends or relatives to stop smoking compared to 81% of ex-smokers and 89% of non-smokers. Smokers were also less agreeable to a ban on smoking in hospitals.

In conclusion, smoking among doctors is still a problem. In the continuing effort to discourage smoking in the community, attention need to be given to this group on account of its influence on the health professionals and the public.

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SMOKING HABITS OF MALAYSIAN DOCTORS

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