

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

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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

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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.

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