

Factors Contributing to Tobacco Use Among Physician Assistants in Kansas

C. Koster and R. Muma

Department of Physician Assistant, Wichita State University, Wichita, KS 67260, USA

1. Introduction

Over the past two decades there has been increasing evidence demonstrating that smoking is the leading cause of preventable death in Western Society¹. Smoking indirectly results in more deaths each year in the United States than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes, and fires—combined². Smoking contributes to diseases such as cancer, atherosclerosis, osteoporosis, and heart disease, to name a few. These facts alone should provide significant incentive for individuals to stop smoking. The problem is that smoking is an addiction and individuals who desire to quit often need the help from a primary care provider, whether it be a physician, nurse or a physician assistant (PA). It is imperative for those who work in the health care professions to have a good knowledge base about smoking and avoid smoking themselves. It has been shown that physicians with poor health habits, such as smoking, are much less likely to counsel patients about the benefits of smoking cessation and possible health risks that they are exposed to³. This finding could also be extrapolated to the other health care professions such as nursing and PA. The physician assistant profession is of particular interest because the field is fairly new and there have been no studies conducted on them in this regard. Since the birth of the profession in 1965, the number of practicing Physician Assistants (PAs) has been growing, particularly in rural states such as Kansas making them a vital link in the care of patients. With higher standards placed upon them, their role as health care providers has increased. Like other health care professions, it is important for them to be knowledgeable and set good examples for their patient clientele and coworkers.

2. Experiment, Results, Discussion

This study was designed to take a cross-sectional view of tobacco use behaviors, factors that contribute to tobacco use, and beliefs about tobacco counseling among Kansas PAs. A survey consisting of 16 questions with multiple choice, dichotomous and Likert type questions was sent through United States mail to a convenience sample of PAs licensed in the state of Kansas. The survey asked for the subject's total years of practice and their practice specialty including an estimate of the total hours of direct patient contact they had per day and the number of their patients and co-workers who use tobacco. Subjects then rated their stress level and answered information about smoking and tobacco use counseling. Additionally, subjects were asked to estimate their own use of tobacco, including their number of uses per day, if they have ever tried to quit in the past 12 months and the reasons for personally using tobacco. All subjects were required to complete additional information concerning personal beliefs about tobacco and tobacco cessation counseling. The prevalence of tobacco use among Kansas PAs, both smoking and use of other forms of tobacco was very low (4.3 and 2.7 percent respectively).

When compared to studies of other health care professionals such as physicians and nurses, the prevalence of smoking among Kansas PAs was similar to that of physicians, whereas nurses have a higher prevalence of smoking^{4,5,6}. Differences in smoking prevalence between physicians nurses and PAs, may be explained by the level of education of each profession⁴. From 1974 to 1985, level of education was the major sociodemographic predictor of adult smoking status in the United States. Persons with higher college degrees tend to smoke less than those with lower or no college degrees. This may explain why nurses smoke more since the majority of the nursing population has an associate degree, whereas the majority of PAs have the baccalaureate degree.

It has been thought that stress plays a significant role in the reasons why people use tobacco. The PA smokers that completed the survey expressed much more stress in their lives as compared to the non-smokers. This

compares well to a study performed on nursing students and student teachers, both occupations considered to have high levels of stress, and found that more nursing students smoked than student teachers. The study also revealed that among nurses who smoke, stress tends to prevent smoking cessation, while maladaptive coping techniques, together with the absence of available social support outside of nursing, can lead to greater smoking rates⁵.

There have been questions regarding the abilities of health care providers in tobacco cessation counseling, especially those that personally use tobacco products. Many believe that health care providers that use tobacco may not properly counsel their patients about the dangers of tobacco use. When PAs where asked about the importance of tobacco counseling, both the current smokers and users of other tobacco products were less likely to believe that counseling was important. This also corresponds well to a study conducted by Stillman and associates concerning the attitudes and smoking behaviors among nurses and physicians. This study found that health care professionals who smoke are likely to be more lenient about enforcement of smoking cessation and less supportive of a hospital-wide smoke free policy⁷. It is interesting to note that of the tobacco users in general, the users of other types of tobacco products shared a different view concerning the health dangers of tobacco as compared to that of smokers. The other types of tobacco group felt that tobacco use was less dangerous than all other subjects, smokers included. This could be due in part to the lack of public acknowledgement of the health dangers of smokeless tobacco.

3. Conclusion

Because of the increased health risks associated with tobacco use, it is a problematic behavior among Americans. There is a preponderance of evidence demonstrating that the reasons why people continue to smoke is a of lack of education. Tobacco users may know that there are health risks involved with tobacco use, but they may not know the extent of harm that they are causing themselves. Besides treating disease and illness, it is the role of the primary health care provider to help educate patients about the harms of unhealthy lifestyles and the benefits of healthy ones.

4. References

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