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Knowledge Attitude and Practice Regarding Behaviour Counselling Techniques for Tobacco Cessation Among Interns of a Private Dental Institution

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Abstract: Physicians and dental practitioners play an important role in smoking cessation since many patients attempt to quit smoking by frequent visits and following physician's advice . Although many dentists express a positive attitude to educate smoking cessation among patients, few relatively assist smokers to quit. It is important for the dentists to know about smoking cessation and its significance in changing behaviour of smokers.The aim of this study is to find out the knowledge, attitude and practice among interns regarding tobacco cessation and counselling techniques.This cross sectional study is done in form of an online survey comprising 15 questions regarding knowledge, attitude and practice regarding tobacco succession. The survey was distributed to 110 interns of private dental college only after their consent. Responses were recorded in Google forms with inclusion of one week scheduling. 90% of response rate was observed.Knowledge (63%), attitude (70%) ,practise (30%) among interns were observed. Overall knowledge and attitude among interns regarding tobacco cessation was found to be fair. Within the limitations of current study, knowledge attitude and practice regarding tobacco cessation was fair overall among interns of private dental college

Keywords: Attitude, Knowledge, Interns, Tobacco cessation, innovative

INTRODUCTION

Physicians and dental practitioners play an important role in smoking cessation since many patients attempt to quit smoking by frequent visits and following physician's advice (Prabhu *et al.*, 2017). Although many dentists express a positive attitude to educate smoking cessation among patients, few relatively assist smokers to quit (Bhat *et al.*, 2014) (Monaghan, 2002) . It is important for the dentists to know about smoking cessation and its significance in changing behaviour of smokers. Smoking cessation is the sustained abstinence from cigarettes and other tobacco products for a period of six months (Muller, 2008). Smoking cessation methods can be classified as behavioural, pharmacological or alternative. Smoking has been found to cause detrimental health effects in smokers over a period of time. It causes fatal diseases such as COPD, cancer, ischaemic heart disease etc (Twyman *et al.*, 2014). It is the primary risk factor for oral cancer and also for leukoplakia, periodontitis and delayed wound healing (Albert *et al.*, 2002) (Sims and Fiore, 2002).Usage of tobacco in any form is harmful to the human body. This is proven by the presence of carbon monoxide and nicotine substances inside tobacco (Chadzyński *et al.*, 2009). Smoking cessation counselling by healthcare providers represents an important element in tobacco control strategy (Okuyemi, Reitzel and Fagan, 2015).In particular, general practitioners are well placed to identify large number of smokers in their daily work and to counsel them to quit. Recently published evidence based guidelines on smoking cessation have highlighted the important role that health professionals can play in helping smokers to stop successfully (Li *et al.*, 2014). But relatively few well designed studies are there, assessing the effectiveness of dental professionals in smoking cessation activities (Hanioka *et al.*, 2013). However some studies have revealed that most doctors rarely advise and assist smokers in quitting smoking due to lack of training, skills in smoking cessation as well as other obstacles to performing smoking cessation interventions (Clareboets, Sivarajasingam and Chestnutt, 2010) (Desalu *et al.*, 2009).
Previously our team has conducted research on prevalence of caries in school children (Prabakar, John and Srisakthi, 2016) (Samuel, Acharya and Rao, 2020) ,in vitro studies (Kumar, Pradeep Kumar and Vijayalakshmi,

2017) (Kumar, Pradeep Kumar and Preethi, 2017) (Kannan *et al.*, 2017) (Pavithra, Preethi Pavithra and Jayashri, 2019) (Khatri *et al.*, 2019) (Mohapatra *et al.*, 2019) (Neralla *et al.*, 2019) and comparison reviews/studies (Harini and Leelavathi, 2019) (Pratha, Ashwatha Pratha and Prabakar, 2019) (Prabakar, John, Arumugham, Kumar and Sakthi, 2018b) (Mathew *et al.*, 2020) (Prabakar, John, Arumugham, Kumar and Srisakthi, 2018) (Prabakar, John, Arumugham, Kumar and Sakthi, 2018a) over the past 5 years. Our department is passionate about research we have published numerous high quality articles in this domain over the past years ((Kavitha *et al.*, 2014) , (Praveen *et al.*, 2001),(Devi and Gnanavel, 2014), (Putchala *et al.*, 2013), (Vijayakumar *et al.*, 2010), (Lekha *et al.*, 2014a, 2014b) (Danda, 2010) (Danda, 2010) (Parthasarathy *et al.*, 2016) (Gopalakannan, Senthilvelan and Ranganathan, 2012), (Rajendran *et al.*, 2019), (Govindaraju, Neelakantan and Gutmann, 2017), (P. Neelakantan *et al.*, 2015), (PradeepKumar *et al.*, 2016), (Sajan *et al.*, 2011), (Lekha *et al.*, 2014a), (Neelakantan, Grotra and Sharma, 2013), (Patil *et al.*, 2017), (Jeevanandan and Govindaraju, 2018), (Abdul Wahab *et al.*, 2017), (Eapen, Baig and Avinash, 2017), (Menon *et al.*, 2018), (Wahab *et al.*, 2018), (Vishnu Prasad *et al.*, 2018), (Uthrakumar *et al.*, 2010), (Ashok, Ajith and Sivanesan, 2017), (Prasanna Neelakantan *et al.*, 2015). In current study , our aim is to find out the knowledge ,attitude and practices regarding tobacco cessation and behavioural counselling techniques among interns of private dental college.

MATERIALS AND METHODS

Study design
Cross sectional study

Study population
CRRI interns as per IDA guidelines. Saveetha Dental College, Chennai, TamilNadu was selected as the study area.

Inclusion criteria
All interns of Saveetha Dental College were included.

Exclusion criteria
Those who were not willing to participate in this study, incomplete surveys were not included for analysis.

Approval and informed consent
Ethical approval was obtained from the Institutional Ethical committee of Saveetha University.

Sample size
N- 120 interns of Saveetha Dental College (90% response rate)

Sampling
Current interns who are under training in Saveetha Dental College were taken as a full unit.
Scheduling: Data collection was scheduled for a period of 14 days (6-7 hours per day) from April 21st to May 6th 2020. Around 20 interns were surveyed per day.

Survey instrument
Self administered, closed ended questionnaire was distributed.
The Knowledge section consisted of 5 questions related to tobacco cessation methods, barriers and manifestations. Attitude section consisted of 5 questions. Their responses were rated using Likert scale (from strongly agree to strongly disagree). Knowledge and practise response was rated from good-fair-poor. Practise section also included 5 questions regarding their counselling techniques, frequency of follow up of their patients etc.

Data Collection/ Tabulation
100 responses were recorded through Google forms. Data collection which is done , then tabulated in excel sheet as knowledge, attitude and practise column.

Analytics
Statistical analysis is done using SPSS software(version 9.0.3) Statistical test included Chi square association analysis. Independent variables were age and gender ; dependent variables were knowledge attitude and practise.

RESULTS AND DISCUSSION

Among 100 interns included in the survey, Females (37%) were higher in number than males (63%) [Figure 1]. The overall knowledge was fair among 25% of males and 39% of females. Chi square test was done to find out the association between gender and knowledge and p value was 0.764 indicating that it was not statistically significant [Figure 2]. In 30% of males and 42% of females, the overall attitude was found to be positive. Chi square test was done to find out the association between gender and attitude and p value was 0.382 indicating that it was not statistically significant. [Figure 3]. 30.30% of males responded that patient disinterest was the main barrier for tobacco cessation.27.27% of females responded that unavailability of NRT as a barrier for tobacco cessation.[Figure 4].

Among study subjects, Males (37%) were lower compared to females (63%) in our study. This is similar to Jain's study (Prabhu *et al.,* 2017) where he stated that males (61%) were the majority compared to females (39%). In our study, it was found that knowledge about tobacco cessation was fair in 25% of males, good in 6% of males and poor in 6% of males. Among females , knowledge was fair among 36% of females , good in 12% of females and poor in 13% of females, hence making the majority of the population to have fair knowledge. This is different when compared to Gandhi's study (Poreddi *et al.,* 2015) where he stated that 45% of males and 54% of females lack knowledge about tobacco cessation, difference in hands on training and the number of cases they are exposed could be the reason for this difference.

Adequate training and inclusion of smoking cessation training in their dental curriculum can greatly help in improving their skills and knowledge. But when it comes to attitude, Among study subjects in our study , overall attitude among gender was found positive in 63% of females and 37% males. This is opposed to Ibrahim's study (Ibrahim, 2003) where he stated that in his study ,dentists have poor attitudes regarding smoking cessation methods (54.3%) due to lack of time. He also reported that dentists found it difficult to implement smoking cessation counselling during work hours at limited time. Barriers to provide a certain service along with inadequate training could play a significant effect on the attitude of a dental professional.

Studies have shown that dentists trained in smoking counselling were able to contribute to smoking cessation prognosis in community with good success rate, compared to the rates reported in general medical practise setting .(Tremblay, 2006)

CONCLUSION

Within the limitations of the current study, the overall knowledge, attitude and practise among interns regarding tobacco cessation was found to be fair. But still, frequent follow up of patients and improving skills by further training through continuing education programs can greatly help in creating a positive impact on their attitude and practice towards counselling sessions.

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Author Contributions

All authors have equal contribution in bringing out this research work.

Conflict of Interest

This research project is self funded and it is not sponsored or aided by any third party. There is no conflict of interest.

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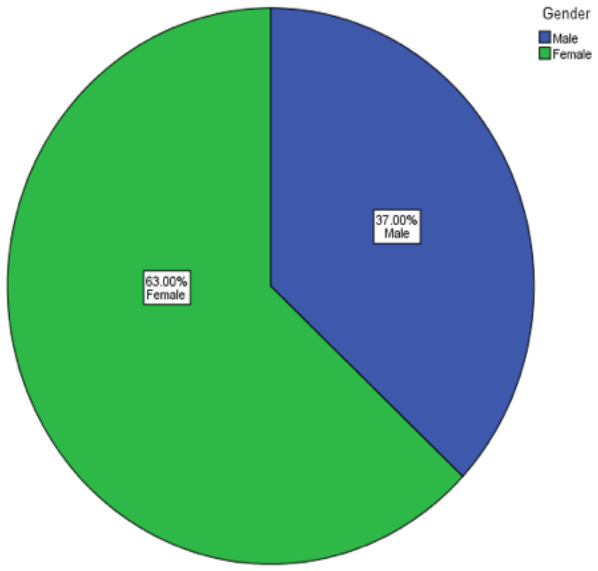

Fig.1: Pie chart represents gender wise distribution of interns. 37% of the study population were males(blue) and 63% were females(green).

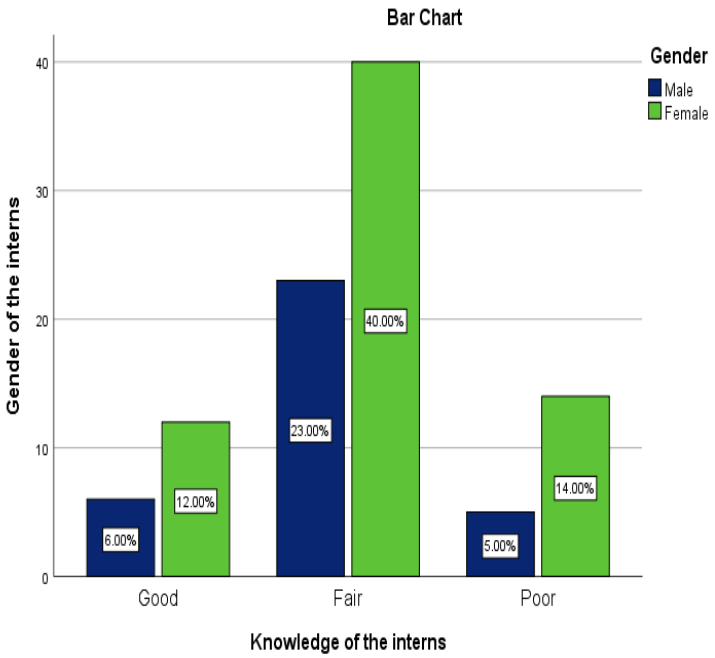

Fig.2: Bar graph represents association of knowledge of the interns (X axis) with gender of the interns (Y axis). The overall knowledge was fair among 23% of males (blue) and 40% of females(green). On the whole males had a better knowledge when compared to females. Chi square test was done and it was not found to be statistically significant (p value=0.764).

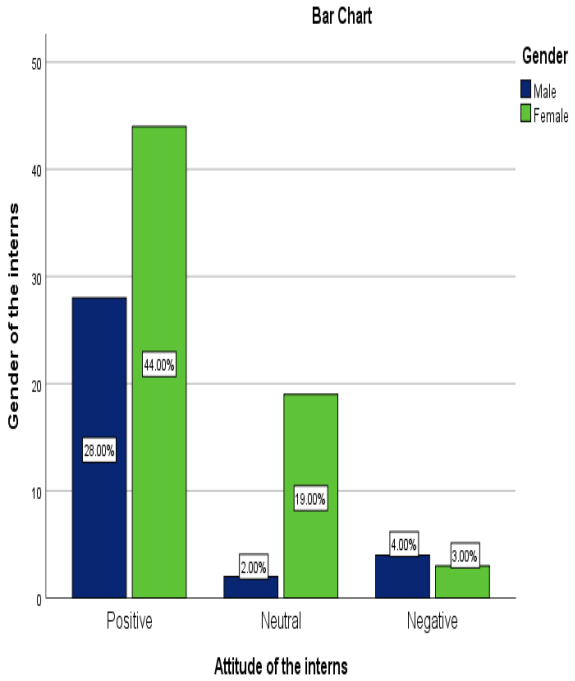

Fig.3: Bar graph represents association between attitude of the interns (X axis) and gender of the interns (Y axis). Majority of the females (44%) had a positive attitude towards tobacco cessation. Chi square test was done to find out the association between gender and attitude and it was found to be not statistically significant (p value=0.382), proving the difference in attitude observed between the genders were due to chance and not significant.

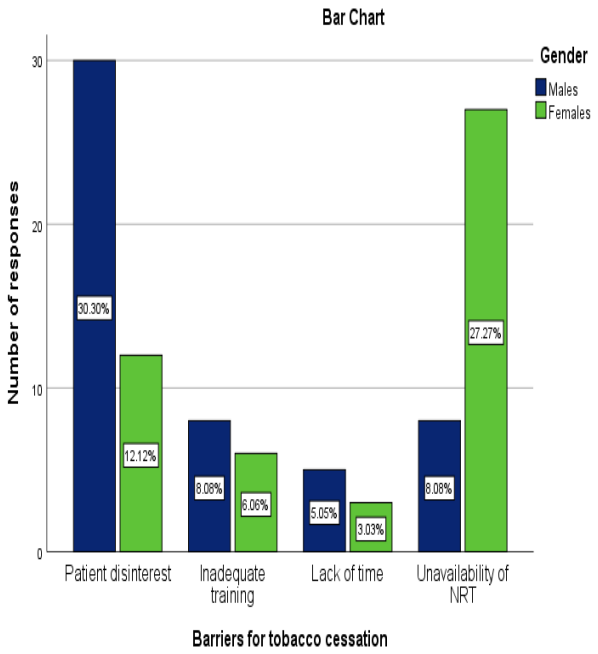

Fig.4: Bar graph represents barriers for tobacco cessation (X axis) and number of responses (Y axis). On the whole, patient's disinterest and unavailability of NRT in clinics was considered as main barriers. 30.30% of males(blue) responded that patient disinterest was main barrier for tobacco cessation. 27.27% of females(green) responded unavailability of NRT as major barrier for practising tobacco cessation.