

# Factors associated with the provision of anti-smoking advice by general practitioners

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## SUMMARY

*The acceptability of advice about smoking in the consultation has recently been questioned. We report a study that explored patients' attitudes to general practitioners' (GPs) anti-smoking advice and the characteristics of patients with whom GPs chose to discuss smoking. Patients who recalled the advice were generally positive about stopping smoking. This could be explained by the observation that GPs were more likely to advise smokers who perceived their problems to be smoking-related and were more motivated to stop smoking. The implications of this finding are discussed.*

*Keywords: smoking; health advice; patient attitudes.*

## Introduction

POPULATION surveys suggest that patients are happy for general practitioners (GPs) to advise them against smoking.<sup>1,2</sup> However, a qualitative study found that GPs' smoking advice sometimes engenders negative feelings in patients.<sup>3</sup> Patients interviewed in this study were subjects in a trial of an anti-smoking intervention delivered by GP registrars. Consequently, these patients' recent experiences of GPs' anti-smoking advice may not have been typical. As part of a study describing how GPs advise patients against smoking, we investigated patients' attitudes towards GPs' anti-smoking advice in routine consultations and the characteristics of smokers with whom GPs chose to discuss smoking.

## Method

Data collection took place during one surgery session for each of 42 Leicestershire GPs. We have published full details of GP recruitment and the characteristics of GP participants elsewhere.<sup>4,5</sup> Participating GPs received no special training in how to advise smokers and were asked to consult in their usual style. We asked all adults attending each surgery to briefly complete a pre-consultation questionnaire that sought sociodemographic details and identified smokers (those smoking on most days or more frequently).<sup>6</sup> We asked smokers about the heaviness of their smoking, smoking behaviour, attitudes towards smoking, whether they were the patient, and whether they had any smoking-related problems. Finally, we sought patients' consent to record their consultations on videotape.<sup>6</sup> After consulting, we gave smokers a second questionnaire that asked whether they recalled anti-smoking advice (defined as smoking being mentioned by either themselves or the doctor). Where smokers recalled advice, we sought their attitudes towards this. Where smokers did not recall advice, we asked how they would have felt had this occurred.

Questions on this second questionnaire used attitude statements with responses on a five-point Likert scale from 'strongly agree' to 'strongly disagree' to test a range of possible patients' feelings and doctors' advice. As no standard questionnaires were available we derived concepts for the attitude statements from an earlier qualitative study.<sup>7</sup> Both questionnaires were piloted on general practice patients. We explored relationships between smokers' characteristics (from the first questionnaire) and smokers' recollections of advice using chi-squared and *t*-tests as appropriate. Ninety-five per cent confidence intervals (CI) for the differences between proportions were calculated using Arcus Pro-Stat version 3.0 software. Later, as part of the main study of doctors' anti-smoking advice, we watched smokers' videotaped consultations.

## Results

Of 622 adults, 612 (98%) completed the first questionnaire and 144 (23.5%) were smokers. Eighty-five per cent (122 out of 144) of smokers were patients and 14% (20 out of 144) accompanied children, with 17% (20 out of 119) of adult patients reporting smoking-related problems. One hundred and fifteen (80%) regular smokers returned second questionnaires with 30% (34 out of 115) reporting discussion of smoking. Eighty-five per cent (29 out of 34) of these smokers' consultations were videotaped, and we observed discussion of smoking in each of their recorded consultations. Tables 1a and 1b show smokers' attitudes to advice or its absence.

Three smokers' characteristics (recorded on the pre-consultation questionnaire) were associated with recollections of advice. Advised smokers were more likely to report having thought about stopping/trying to stop (74% [25 out of 34] versus 43% [34 out of 80];  $P = 0.002$ , 95% CI for difference between means = 11% to 47%), intending to stop (50% [17 out of 34] versus 22% [18 out of 81];  $P = 0.003$ , 95% CI for differences between means = 9% to 46%), or at least one attempt to quit in the previous year (68% [23 out of 34] versus 42% [34 out of 81];  $P = 0.012$ , 95% CI for difference between means = 6% to 43%). Additionally, smokers perceiving smoking-related problems were more likely to recall being given advice (65% [11 out of 17] versus 27% [21 out of 79];  $P = 0.002$ , 95% CI for difference between means = 13% to 59%). Eighteen responders to the second questionnaire were accompanying their children at the surgery. No data were available for how one smoker, who recalled no advice, perceived the relationship of his presenting problem with the fact that he smoked.

## Discussion

For the first time, smokers have recorded their reactions to GPs' smoking advice immediately after consulting. Given the small sample size and the possibility that some attitude statements may tap into similar constructs, the overall pattern of smokers' responses should be considered rather than responses to individual items. Smokers did not report having strong feelings, expressed little criticism of recalled advice, and showed little desire for discussion of smoking where there was none. This could reflect a 'halo effect' where patients are reluctant to criticize doctors, but an alternative explanation is possible. GPs were

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**Table 1a.** Smokers' views on general practitioners' anti-smoking advice where discussion of smoking was recalled (n = 34 of which two were accompanying patients<sup>a</sup>).

Statement	Strongly agree/agree		Neutral		Strongly disagree/disagree	
	n	(%)	n	(%)	n	(%)
I wish the doctor had not mentioned smoking today (n = 34)	2	(6)	15	(44)	17	(50)
The doctor's advice was helpful (n = 32)	21	(66)	9	(28)	2	(6)
It was OK for the doctor to talk about smoking today (n = 32)	28	(88)	4	(13)	0	(0)
It was a waste of time for the doctor to talk about smoking today (n = 32)	3	(9)	8	(25)	21	(66)
The doctor was right to talk about smoking today (n = 32)	24	(75)	7	(22)	1	(3)
It was the doctor's job to talk about smoking today (n = 33)	23	(70)	7	(2)	3	(9)

<sup>a</sup> Where smokers reported accompanying the patient, the patient was usually their child. A small number of smokers may have accompanied another person. Details of smokers included in the study are reported elsewhere.<sup>6</sup>

**Table 1b.** Smokers' views on general practitioners' anti-smoking advice where no discussion of smoking was recalled (n = 81 of which 16 were accompanying patients<sup>a</sup>).

Statement	Strongly agree/agree		Neutral		Strongly disagree/disagree	
	n	(%)	n	(%)	n	(%)
It would have been helpful if the doctor had advised me against smoking (n = 72)	7	(10)	25	(35)	40	(56)
The doctor was right not to mention my smoking (n = 73)	45	(62)	20	(27)	8	(11)
I was annoyed that the doctor did not advise me against smoking (n = 68)	3	(4)	13	(19)	52	(76)
I was glad that the doctor did not give stop-smoking advice (n = 69)	30	(43)	32	(46)	7	(10)
The doctor should have advised against me smoking (n = 69)	5	(7)	16	(23)	48	(70)
I did not want the doctor to mention smoking (n = 73)	44	(60)	23	(32)	6	(8)
I would have been happier if the doctor had mentioned smoking (n = 70)	7	(10)	18	(26)	45	(64)

<sup>a</sup> Where smokers reported accompanying the patient, the patient was usually their child. A small number of smokers may have accompanied another person. Details of smokers included in the study are reported elsewhere.<sup>6</sup>

more likely to discuss smoking with smokers who had smoking-related complaints and were more interested in stopping. It seems that experienced GPs are careful when choosing to talk about smoking with patients. Smokers with smoking-related problems could be expected to be happier to discuss smoking and have greater interest in stopping than others.

There is some evidence that smokers who intend to stop,<sup>8</sup> or have made previous attempts to quit,<sup>9</sup> are more likely to stop than others. GPs may not, therefore, merely be avoiding confrontation with smokers,<sup>3</sup> but might actually be targeting their advice towards the smokers who are most likely to stop. Further research is required to determine whether more motivated or 'receptive' smokers are indeed more likely to stop smoking. If this is so, GPs can be encouraged to continue targeting anti-smoking advice towards these patients.

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