Attitudes and Behaviors Regarding Smoking in Friends and Relatives of Patients in Emergency Room: A New Frontier in the Fight against Tobacco

Metin Ocak1, Mustafa Unal2, Onur Ozturk3, Abdussamed Vural4, Arzu Ayraler5, Muhammed Ali Oruc6, Mustafa Yasin Selcuk2, Gulsah Ozturk7, Izzet Fidanci8, Muhammed Emin Goktepe3

Abstract

Background: Emergency rooms (ERs) are usually crowded with friends and relatives (F&Rs) of the patients. This experience may result in changes in smoking behaviors and create opportunities for smoking cessation interventions. The study aims to investigate these changes and offers a new frontier in the fight against smoking.

Methods: This cross-sectional study was conducted in the ERs of two universities in different cities. A questionnaire consisting of 18 questions was applied to F&Rs of the emergency patients. Statistical analysis was performed using Jamovi program.

Findings: A total of 603 respondents were included in the study. Of them, 71.3% were first-degree relatives, 51.7% waited 5 or more times in ER before, and 68.6% spent 0-2 hours in a day around the ER. Upon witnessing patients in the ERs, 53.4% of the F&Rs had the idea of quitting smoking and 42.9% wanted to have smoking cessation therapy during their wait in the hospital. While 76.1% of the participants were not using different brands of cigarettes when offered in normal life, this rate was lower around the ERs (64.6%) (P < 0.001). Participants smoked 0.82 ± 0.34 cigarette per hour in normal life excluding sleeping time; this number raised almost 6 folds during the wait (4.85 ± 2.11) (P < 0.001).

Conclusion: F&Rs smoked more during waiting around ERs. However, they also expressed desire to quit smoking and receive smoking cessation intervention during the wait. Providing smoking cessation counseling to F&Rs in the ER may be a valuable intervention.

Keywords: Tobacco use cessation; Emergency medical services; Friends

Citation: Ocak M, Unal M, Ozturk O, Vural A, Ayraler A, Oruc MA, et al. Attitudes and Behaviors Regarding Smoking in Friends and Relatives of Patients in Emergency Room: A New Frontier in the Fight against Tobacco. Addict Health 2022; 14(1): 15-25.

Received: 26.08.2021 Accepted: 30.10.2021

1- Department of Emergency Medicine, Gazi State Hospital, Samsun, Turkey
2- Department of Family Medicine, School of Medicine, Ondokuz Mayis University, Samsun, Turkey
3- Department of Family Medicine, Samsun Education and Research Hospital, Samsun, Turkey
4- Department of Emergency Medicine, Giresun University Prof. Dr. A. Ilhan Ozdemir Education and Research Hospital, Giresun, Turkey
5- Department of Family Medicine, Giresun University Prof. Dr. A. Ilhan Ozdemir Education and Research Hospital, Giresun, Turkey
6- Department of Family Medicine, School of Medicine, Ahi Evran University, Kirsehir, Turkey
7- Gokberk Family Healthcare Center, Samsun Provincial Health Directorate, Samsun, Turkey
8- Department of Family Medicine, School of Medicine, Hacettepe University, Ankara, Turkey

Correspondence to: Muhammed Emin Goktepe; Department of Family Medicine, Samsun Education and Research Hospital, Samsun, Turkey; Email: drmeg38@gmail.com

DOI: 10.22122/ahj.v14i1.1226
Published by Vesnu Publication

This is an open-access article distributed under the terms of the Creative Commons Attribution Unported License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Original Article

http://ahj.kmu.ac.ir, 05 January
**Introduction**

There are periods of crisis or situations where people experience more stress than usual and in these situations, they resort to harmful behaviors such as smoking more and care less about their health such as not eating or sleeping well. They can become vulnerable to mental and physical health threats. Such behavioral changes can occur in any situation that cause acute stress: deaths, birth, emergency health problems, fights, sadness, anger, etc. However, some of these periods may also create opportunities for health counseling, because in these periods, people feel a need for a shoulder to lean on and a friendly hand that will reach out to them. For example, a person who had stopped smoking before but was tempted due to the current crisis may be prevented from restarting with a friendly advice.

Smoking can cause a range of chronic health problems, from cardiovascular diseases (CVDs) to cancer, and one in five deaths can be attributed to smoking.\(^2\)\(^3\) In addition, smoking is one of the most important preventable causes of death, and campaigns and state policies are being carried out worldwide to change this situation.\(^4\) However, in many societies, the desired results cannot be achieved; therefore, effective combat methods against smoking are constantly being sought.

People with emergency diseases apply to the emergency rooms (ERs) from all segments of the society and their friends and relatives (F&Rs) accompany them. According to the data from 2013, annual ER visits are around 130 million in the United States (US) and this number is around 100 million in Turkey.\(^5\)\(^6\) Most patients apply to the ERs with a number of F&Rs accompanying them. Thus, patient and F&R circulation of ERs exceeds the total population of the countries. This is a stressful period and patients’ F&Rs waiting here have some stressful but free time with nothing to do. This dangerous combination of stress and free time makes them vulnerable to risky behaviors for health. The fact that so many people with free time come together in a health facility can also be turned into an opportunity for interventions to improve health and treat risky behaviors.

In a study, it was reported that relatives of children who applied to pediatric ERs had a strong motivation to quit smoking and appropriate interventions were needed to help them.\(^7\) Indeed, besides providing much needed emergency care, hospital ERs can also be valuable places to provide tobacco counseling. This service is currently provided elsewhere in health care systems (commonly in primary care settings).\(^3\)

Conducting an academic study on smoking cessation in the stressful environment of the ERs is a challenge to possible negative reactions; therefore, studies conducted in the ERs will fill a large gap in the literature.

In this study, the aims were to investigate the attitudes and behaviors of smoking in the F&Rs of the patients who applied to the ERs, determine their desire to quit with this experience, and explore possibility for smoking cessation counseling in these settings.

**Methods**

This cross-sectional study was conducted on the F&Rs of patients who applied to the ERs of two universities in different cities between June and December 2018. The universe of this study included F&Rs of 336274 patients (188343 from ERs of School of Medicine of Ahi Evran University, Kirsehir, Turkey and 147931 from ERs of School of Medicine, Giresun University, Giresun, Turkey). At least 541 people with 5% error margin and 98% confidence interval (CI) were needed to reach the recommended sample size.

A total of 6726 people determined by simple random sampling (one in every 50 patients), 5100 people that 18 and older were asked if they smoke and 709 people were affirmative. The purpose and form of the study was clearly explained to them and 603 people agreed to participate in the study.

A questionnaire consisting of 18 questions in Likert formation (3 questions in 2, 8 in 3, 6 in 4 Likert) was prepared in the light of the literature about current and past experiences regarding ERs along with demographic data. Since these questions were asked in an unusual way in a place where the participants would not normally be present, no previous validity or reliability studies were required. It took 15 minutes to complete on average. Participants filled it out themselves, but for those who are unable to read or write, the authors of the study helped.

In summarizing the data, descriptive statistics are given in tables as mean ± standard deviation (SD) or median to quartile width depending on the distribution of variables. Categorical variables

---

http://ahj.kmu.ac.ir  05 January
were summarized as numbers and percentages. Normality test of numerical variables was checked by Kolmogorov-Smirnov test. In the comparison of more than two independent groups, one-way analysis of variance (ANOVA) was used in cases where numerical variables were normally distributed, and Kruskal-Wallis test was used in cases where they were not normally distributed. According to the distribution of data, differences between the groups were evaluated by Tukey test when the data was homogeneous and Games-Howell test when it was not homogeneous. Differences between the groups in non-parametric tests were evaluated by Dwass-Steel-Critchlow-Fligner test. Pearson chi-square test was used in 2x2 tables and Fisher's exact test was used in RxC tables. Statistical analysis was performed using Jamovi program (version 0.9.5.12, Jamovi project, 2019), and the level of significance was considered as 0.05 (P-value).

## Results

Majority of the patient's F&Rs agreed to participate in the study (2679 out of 3594 individuals: 75%). Among 603 individuals included in the study, 74.1% (n = 447) were men, 25.9% (n = 156) were women, and 59.5% (n = 359) were married. When the relationship with the patient in the ER was investigated, 71.3% (n = 430) were first-degree relatives, 17.4% (n = 105) were acquaintances, and 11.2% (n = 68) were other relatives.

More than half of the participants (51.7%) waited 5 or more times in ER before and 68.6% of them spent 0-2 hours in a day around the ER. It was seen that 53.4% of the individuals had the idea of quitting smoking when they saw the patients in the ER and 42.9% wanted to have smoking cessation therapy during their waiting period in the hospital. When asked whether the disease of their patient was related to smoking, 56.3% thought that there was no relationship, 23.3% thought it was partially related, and 20.2% thought it was related.

Private cars (62.5%) were generally used to and from hospital in this period, 64.6% were not sleeping while waiting in the ER, and 57.7% were eating in the canteen. The participants spent 33.62 ± 35.05 Turkish Liras (TL) per day, excluding hospital expenses and 86.7% of the F&Rs did not think to demand any part of this money back from the patient (Table 1).

While 76.1% of the participants were not using different brands of cigarettes when offered in normal life, this rate was lower in front of the ERs (64.6%) (P < 0.001). When asked why they smoked while waiting, 65.8% of the responses were 'because it reduces my stresses'. While the participants smoked, on average, 0.82 ± 0.34 cigarette per hour in normal daily life (excluding sleeping time), this number raised almost 6 folds in waiting period (4.85 ± 2.11) (P < 0.001).

The smoking rate in men was higher than women during waiting period (11-20 versus 0-10 cigarettes, P = 0.002). Those who thought that their sorrow was reduced or felt themselves better with cigarettes smoked 11-20 cigarettes compared to those who smoked 0-10 cigarettes (P = 0.041, P = 0.007, respectively). The rate of accepting different brands of cigarettes when offered was higher in smokers who consumed 11-20 cigarettes or more compared to those who smoked 0-10 cigarettes (P = 0.009). Participants who found it difficult to observe smoking prohibitions in areas such as closed spaces in normal daily life smoked more than those who did not feel the same (11-20 versus 0-10 cigarettes) (P = 0.005).

Participants who thought that their patient’s illness was not related to smoking smoked significantly more than those who thought it was (11-20 or more versus 0-10 cigarettes) (P = 0.002). Those who used their private car when traveling to and from the ERs were less likely to smoke more than 1 pack of cigarette than those who were using public transport (P = 0.001).

Those who slept at the hotel while waiting were more likely to smoke more than 20 cigarettes than those who did not sleep at the hotel (P = 0.001) (Table 2). On average, daily median expenditure (excluding hospital expenses) of smokers who smoked 0-10 cigarettes in normal daily life was lower than that of users of 11-20 or more cigarettes during waiting (P < 0.001) (Table 3).

Participants who thought that the illness of the patient in the ER was related to smoking were more interested in having smoking cessation therapy while in the hospital than those who thought it was not related (P = 0.003). Besides, these participants thought to quit smoking more -as they saw the patients in the ER- than those who thought that there was no relationship between their patient’s disease and smoking (P <0.001).
Table 1. Emergency room (ER) experience and smoking behaviors

| Question                                                                 | Value                         |
|-------------------------------------------------------------------------|-------------------------------|
| How many times did you need to wait in ER before?                       | 0-2 122 (20.23)               |
|                                                                         | 3-4 169 (28.03)               |
|                                                                         | 5 or more 312 (51.74)         |
| How long have you waited in the vicinity of the ER today? (hour)        | 0-2 414 (68.66)               |
|                                                                         | 2-4 107 (17.74)               |
|                                                                         | More than 4 82 (13.60)        |
| How many cigarettes have you smoked in the vicinity of the ER today?    | 0-10 492 (81.59)              |
|                                                                         | 11-20 69 (11.44)              |
|                                                                         | More than 20 42 (6.97)        |
| How many cigarettes a day do you normally smoke?                       | 0-10 173 (28.69)              |
|                                                                         | 11-20 265 (43.95)             |
|                                                                         | More than 20 165 (27.36)      |
| Do you normally smoke different brand of cigarettes when offered?      | Yes. Brands make no difference|
|                                                                         | No. Unless I have to 281 (46.60)|
|                                                                         | No. It makes me cough 90 (14.93)|
|                                                                         | Never 88 (14.59)              |
| Do you smoke different brands of cigarettes if offered while waiting in ER? | Yes 213 (35.32)               |
|                                                                         | No 390 (64.68)                |
| Do you normally find it difficult not to smoke in restricted areas?     | Yes 191 (31.67)               |
|                                                                         | Partially 171 (28.36)         |
|                                                                         | No 241 (39.97)                |
| Do you find it difficult not to smoke in restricted areas in the ER?    | Yes 149 (24.71)               |
|                                                                         | Partially 174 (28.86)         |
|                                                                         | No 280 (46.43)                |
| How do you think smoking helps while waiting in the ER?                 | It reduces my stress 397 (65.84)|
|                                                                         | It reduces my sorrow 86 (14.26)|
|                                                                         | It makes me feel more fit 41 (6.80) |
|                                                                         | Others 126 (20.90)            |
| What else do you do while waiting for your patient?                     | Praying 189 (31.34)           |
|                                                                         | Eating and drinking 71 (11.77) |
| Passing time with TV or mobile phone Engaging in conversations          | 293 (48.59)                  |
|                                                                         | 240 (39.80)                  |
| Do you think to quit smoking when you see patients in ER?               | Yes 322 (53.40)               |
|                                                                         | No 281 (46.60)                |
| Would you like to receive smoking cessation therapy while in the hospital? | Yes 259 (42.95)               |
|                                                                         | No 344 (57.05)                |
| Do you think your patient’s illness is related to smoking?              | Yes 122 (20.23)               |
|                                                                         | Partially 141 (23.38)         |
|                                                                         | No 340 (56.38)                |
| What is your transport vehicle to and from ER?                         | Private car 377 (62.52)       |
|                                                                         | Public transport 143 (23.71)  |
|                                                                         | Ambulance 51 (8.46)           |
|                                                                         | Others 32 (5.31)              |
| Where do you sleep while waiting for your patience?                     | I do not sleep 390 (64.68)    |
|                                                                         | I sleep in the hotel 19 (3.15) |
|                                                                         | I stay with F&R 48 (7.96)     |
|                                                                         | I stay in the hospital 146 (24.21)|
| Where do you eat while waiting?                                        | I do not eat 162 (26.87)      |
|                                                                         | I eat in the canteen 348 (57.71)|
|                                                                         | I eat hospital food when delivered 46 (7.63) |
|                                                                         | I eat with F&R 47 (7.79)      |
| On average, how much TL do you spend daily while waiting (excluding hospital expenses)? | 33.62 ± 35.05 |
| Do you demand your spending from the patient or the relatives?          | Yes 34 (5.64)                 |
|                                                                         | Partially 46 (7.63)           |
|                                                                         | No 523 (86.73)                |

Data are expressed as mean ± standard deviation (SD) or number and percentage.

ER: Emergency room; TL: Turkish Lira; F&R: Friends and relatives.
Table 2. Comparisons of smoking frequencies in emergency room (ER) experiences

| Question                                                                 | 0-10 (n = 462) | 11-20 (n = 69) | More than 20 (n = 42) | P       |
|--------------------------------------------------------------------------|---------------|----------------|-----------------------|---------|
| How many cigarettes have you smoked in the vicinity of the ER today?     |               |                |                       |         |
| How many times did you need to wait in ER before?                        | 104 (85.2)    | 11 (9.0)       | 7 (5.7)               | 0.315   |
| 0-2                                                                      |               |                |                       |         |
| 3-4                                                                     | 143 (84.6)    | 18 (10.7)      | 8 (4.7)               |         |
| 5 or more                                                                | 245 (78.5)    | 40 (12.8)      | 27 (8.7)              |         |
| How long have you waited in the vicinity of the ER today?                | 375 (90.6)    | 30 (7.2)       | 9 (2.2)               | < 0.001*|
| 0-2                                                                      |               |                |                       |         |
| 2-4                                                                     | 77 (72.0)     | 19 (17.8)      | 11 (10.3)             |         |
| How do you think smoking helps while waiting in the ER?                  |               |                |                       |         |
| It reduces my stress                                                     | 328 (66.7)    | 39 (56.5)      | 30 (71.4)             | 0.183   |
| It reduces my sorrow                                                     | 62 (12.6)     | 16 (23.2)      | 8 (19.0)              | 0.041*  |
| It makes me feel more fit                                               | 29 (5.9)      | 11 (15.9)      | 1 (2.4)               | 0.007** |
| Others                                                                   | 109 (22.2)    | 13 (18.8)      | 4 (9.5)               | 0.140   |
| What else do you do while waiting for your patient?                      |               |                |                       |         |
| Praying                                                                  | 163 (33.1)    | 16 (23.2)      | 10 (23.8)             | 0.137   |
| Eating and drinking                                                     | 52 (10.6)     | 15 (21.7)      | 4 (9.5)               | 0.024*  |
| Passing time with TV or mobile phone                                    | 240 (48.8)    | 35 (50.7)      | 18 (42.9)             | 0.710   |
| Engaging in conversations                                               | 192 (39.0)    | 29 (42.0)      | 19 (45.2)             | 0.675   |
| Do you normally smoke different brands of cigarettes when offered?      |               |                |                       |         |
| Yes. Brands make no difference                                          | 108 (75.0)    | 20 (13.9)      | 16 (11.1)             | 0.053   |
| No. Unless I have to                                                     | 233 (82.9)    | 29 (10.3)      | 19 (6.8)              |         |
| No. It makes me cough                                                   | 71 (78.9)     | 13 (14.4)      | 6 (6.7)               |         |
| Never                                                                    | 80 (90.9)     | 7 (8.0)        | 1 (1.1)               |         |
| Do you smoke different brands of cigarettes if offered while waiting in ER? |               |                |                       |         |
| Yes                                                                      | 160 (32.5)    | 32 (46.4)      | 21 (50.0)             | 0.009*  |
| No                                                                       | 332 (67.5)    | 37 (53.6)      | 21 (50.0)             |         |
| Do you normally find it difficult not to smoke in restricted areas?      |               |                |                       |         |
| Yes                                                                      | 141 (73.8)    | 34 (17.8)      | 16 (8.4)              | 0.005*  |
| Partially                                                                | 140 (81.9)    | 19 (11.1)      | 12 (7.0)              |         |
| No                                                                       | 211 (87.6)    | 16 (6.6)       | 14 (5.8)              |         |
| Do you find it difficult not to smoke in restricted areas in the ER?     |               |                |                       |         |
| Yes                                                                      | 110 (73.8)    | 27 (18.1)      | 12 (8.1)              | < 0.001*|
| Partially                                                                | 136 (78.2)    | 29 (16.7)      | 9 (5.2)               |         |
| No                                                                       | 246 (87.9)    | 13 (4.6)       | 21 (7.5)              |         |
| Do you think to quit smoking when you see patients in ER?               |               |                |                       |         |
| Yes                                                                      | 269 (54.7)    | 33 (47.8)      | 20 (47.6)             | 0.418   |
| No                                                                       | 223 (45.3)    | 36 (52.2)      | 22 (52.4)             |         |
| Would you like to receive smoking cessation therapy while in the hospital? |               |                |                       |         |
| Yes                                                                      | 206 (41.9)    | 33 (47.8)      | 20 (47.6)             | 0.528   |
| No                                                                       | 286 (58.1)    | 36 (52.2)      | 22 (52.4)             |         |
| Do you think your patient’s illness is related to smoking?               |               |                |                       |         |
| Yes                                                                      | 96 (19.5)     | 16 (23.2)      | 10 (23.8)             | 0.002*  |
| Partially                                                                | 101 (20.5)*   | 23 (33.3)      | 17 (40.5)             |         |
| No                                                                       | 295 (60.0)*   | 30 (43.5)      | 15 (35.7)             |         |
| What is your transport vehicle to and from ER?                          |               |                |                       |         |
| Private car                                                              | 326 (86.5)    | 32 (8.5)       | 19 (5.0)              | 0.001*  |
| Public transport                                                         | 107 (74.8)    | 22 (15.4)      | 14 (9.8)              |         |
| Ambulance                                                                | 39 (76.5)     | 7 (13.7)       | 5 (9.8)               |         |
| Others                                                                   | 20 (62.5)     | 8 (25.0)       | 4 (12.5)              |         |
| Where do you sleep while waiting for your patient?                      |               |                |                       |         |
| I do not sleep                                                          | 331 (84.9)    | 37 (9.5)       | 22 (5.6)              | 0.001*  |
| I sleep in the hotel                                                    | 10 (52.6)     | 2 (10.5)       | 7 (36.8)              |         |
| I stay with F&Rs                                                         | 38 (79.2)     | 7 (14.6)       | 3 (6.3)               |         |
| I stay in the hospital                                                  | 113 (77.4)    | 23 (15.8)      | 10 (6.8)              |         |
This study is one of the rare studies evaluating behaviors and attitudes towards smoking among patients' F&Rs.

## Table 2. Comparisons of smoking frequencies in emergency room (ER) experiences (continue)

| Relationship | 0-10 (n = 462) | 11-20 (n = 69) | More than 20 (n = 42) | P |
|-------------|----------------|----------------|-----------------------|---|

### Where do you eat while waiting?
- I do not eat: 132 (81.5), 17 (10.5), 13 (8.0), 0.498
- I eat in the canteen: 289 (83.0), 40 (11.5), 19 (5.5)
- I eat hospital food when delivered: 33 (71.7), 7 (15.2), 6 (13.0)
- I eat with F&Rs: 38 (80.9), 5 (10.6), 4 (8.5)

### On average, how much TL do you spend daily while waiting (excluding hospital expenses)?
- 32.4 ± 32.2, 33.9 ± 29.5, 46.9 ± 62.8, 0.198

### Do you demand your expenses from the patient or the relatives?
- Yes: 18 (52.9), 10 (29.4), 6 (17.6), < 0.001*
- Partially: 25 (54.3), 9 (19.6), 12 (26.1)
- No: 449 (85.9), 50 (9.6), 24 (4.6)

Data are presented as mean ± standard deviation (SD), number and percentage, or median and interquartile range (IQR).

* P < 0.05, Pearson chi-square test is used, descriptive statistics are given as number (%); ** P < 0.05, Fisher's exact test is used, descriptive statistics are given as number (%);

### Discussion

This study is one of the rare studies evaluating behaviors and attitudes towards smoking among patients’ F&Rs.

## Table 3. Comparisons of demographic data, ER experience, and normal daily smoking

| Gender | How many cigarettes a day do you normally smoke? |
|--------|-----------------------------------------------|
|        | 0-10 (n = 69) | 11-20 (n = 69) | More than 20 (n = 42) |
| Men    | 103 (23.0)    | 206 (46.1)    | 138 (30.9)    | < 0.001* |
| Women  | 70 (44.9)     | 59 (37.8)     | 27 (17.3)     | 0.058   |
| Age (year) | 35.2 ± 11.2  | 34.9 ± 12.4   | 34.0 ± 11.1   | 0.578   |
| Marital status | | | | |
| Married | 107 (29.8)    | 159 (44.3)    | 93 (25.9)     | 0.102   |
| Single  | 66 (27.0)     | 106 (43.4)    | 72 (29.5)     | 0.362   |
| Relationship | | | | |
| 1st degree relative | 129 (30.0)    | 188 (43.7)    | 113 (26.3)    | 0.053   |
| Other relatives | 17 (25.0)     | 37 (54.4)     | 14 (20.6)     | 0.001   |
| Friends and acquaintances | 27 (25.7)    | 40 (38.1)     | 38 (36.2)     | 0.020   |
| What is your transport vehicle to and from the ER? | | | | |
| Private car | 100 (26.5)    | 172 (45.6)    | 105 (27.9)    | 0.273   |
| Public transport | 44 (30.8)   | 63 (44.1)     | 36 (25.2)     | 0.198   |
| Ambulance | 12 (23.5)     | 21 (41.2)     | 18 (35.3)     | 0.198   |
| Others | 17 (53.1)     | 9 (28.1)      | 6 (18.8)      | 0.273   |
| Where do you sleep while waiting for your patience? | | | | |
| I do not sleep | 117 (30.0)    | 178 (45.6)    | 95 (24.4)     | 0.273   |
| I sleep in the hotel | 7 (36.8)     | 7 (36.8)      | 5 (26.3)      | 0.273   |
| I stay with F&Rs | 10 (20.8)    | 18 (37.5)     | 20 (41.7)     | 0.273   |
| I stay in the hospital | 39 (26.7)    | 62 (42.5)     | 45 (30.8)     | 0.273   |
| Where do you eat while waiting? | | | | |
| I do not eat | 49 (30.2)    | 65 (40.1)     | 48 (29.6)     | 0.273   |
| I eat in the canteen | 103 (29.6)   | 159 (45.7)    | 86 (24.7)     | 0.273   |
| I eat hospital food when delivered | 9 (19.6)     | 18 (39.1)     | 19 (41.3)     | 0.273   |
| I eat with F&Rs | 12 (25.5)    | 23 (48.9)     | 12 (25.5)     | 0.273   |
| On average, how much TL do you spend daily while waiting (excluding hospital expenses)? | | | | |
| 26.2 ± 26.1 | 35.8 ± 35.5 | 37.9 ± 41.1 | < 0.001" |

P < 0.05, Pearson chi-square test is used, descriptive statistics are given as number (%); ** P < 0.05, Kruskal-Wallis H test is used, descriptive statistics are given as mean ± standard deviation (SD) or median and interquartile range (IQR); *Descriptive statistics are given in line

ER: Emergency room; TL: Turkish Lira; F&Rs: Friends and relatives
It is extraordinary for being conducted in the ER and it has a potential to lead a way to develop new health policies.

ERs are the units where the highest number of admittance for diagnosis and treatments takes place in Turkey. These services are being provided constantly (including the nights, weekends, and holidays). Because of this continuous availability and direct accessibility, non-emergency cases are also applied in addition to emergency cases.8,9

Although they have been visited by a large number of patients with even larger numbers of accompanying F&Rs, there is no smoking cessation counseling service (or any other health services for the F&Rs) in the ERs. It can be argued that such services are not necessary or needed in emergency areas due to time restrictions and elevated stress factors. But stressful nature of these periods creates formidable risks for smoking and other risky behaviors. While smokers may increase the number of cigarette consumption, non-smokers and ex-smokers may be tempted to smoke. One of the common misconceptions about tobacco is cigarette’s stress-reducing image that leads to behaviors such as offering cigarettes to anyone and socializing through it. While this perception or image may be true for some heavy smokers, it is totally unjustified for the larger public. Moreover, it is advised that ‘teachable moments’ should be created for smoking cessation interventions using techniques of 5As (Ask, Advise, Assess, Assist, Arrange) and 5Rs (Relevance, Risks, Rewards, Roadblocks, Repetition).10,11 Our study clearly suggests that such interventions are welcomed by majority of the F&Rs in the vicinity of ER despite time restrictions and stressful situations.

Smoking is among the most common behaviors that people resort to avoid stress.12 All kinds of stress are among the reasons for starting and continuing smoking that lead to addiction.13 Since the studies in literature are limited regarding smoking behaviors of patients’ F&Rs, it may be appropriate to mention other acute stress groups. For example, Prentice et al. thought that there was an increase in smoking during financial strains.14 Wang et al. found that the probability of starting smoking was higher in newly divorced couples.15 Emergency health problems cause acute stress for the patient and their F&Rs. The stress level is directly proportional to the severity and urgency of the problem and causes a significant inadequacy in the coping mechanisms.16 These situations have a negative impact on the work of health planners and smoking cessation units that are trying to wage a war on smoking. The hard-won gains by multiple campaigns and sacrifices (free smoking cessation clinics, free medicines, valuable times of health and care professionals and patients, etc.) can be lost in an instant in front of the ERs.

Smoking cessation therapies in Turkey are mainly provided in smoking cessation clinics and a significant proportion of them are located in primary care facilities (especially in cancer screening centers and in community health centers). This is in line with primary care objective of health promotion and prevention of diseases. Clearly, these efforts are not enough considering the size of the smoking community and the slow progress on reducing smoking rates. Indeed, it may be difficult to give a full counseling session in an emergency setting. Therefore, a modified approach tailored for each individual might be a more suitable option. Questions arise regarding who will provide this service, how to plan follow-ups, and how to finance it. The US Public Health Service suggests that smoking cessation guidelines be recommended, especially by doctors and nurses, to patients who wish to quit smoking, but the best approach to achieve this goal in the ER is unknown.17 Clear and strong messages should probably be given in the form of short interventions to all F&Rs, and guide them for further intervention. Indeed, such an approach is needed, where appropriate, for everyone who comes in contact with health services for any reasons.

Crisis periods are commonly regarded as periods in which smoking increases, but conversely, smoking behavior decreases in some demanding periods. Examples include periods of hospitalization,18-20 pregnancy and lactation,21,22 sacred time zones,23 and during journeys in public transport.24 This indicates that ‘perception’ is among the important factors that determines smoking behavior along with the addictive effects of nicotine. Some social, psychological, and physical patterns (such as smoking immediately after meals, with tea, coffee, or alcohol) are associated with smoking. These associations may be related to social learning and, in time, lead to
misconceptions and behavioral patterns that are hard to break. A good example of a link between perception and smoking is the hospitalized patients. While the perception (and acceptance) of the patients in the hospital is not to smoke which leads to cessation or decrease in smoking behavior, the perception of the F&Rs waiting in front of the hospital is to increase smoking. The challenge here is to reverse this perception, that is, if F&Rs acknowledge that they are in a place where smoking is heavily restricted and they firmly believe that smoking indeed has caused or aggravated present health problems, they also probably will decrease smoking rather than increase, just like the internalized patients. For this purpose, hospital administrators can take some precautions. They may heavily restrict smoking in the vicinity of the ER and designate smoking rooms where verbal and visual simple messages may be placed such as ‘if you want to reduce your chances of being a patient in the ER, reduce smoking’. Computers with artificial intelligence and wide interactive screens may be good tools to relegate these messages. In our study, participants were smoking more if they thought the disease was unrelated to smoking. In fact, smoking is more or less involved in many conditions such as cardiac, respiratory, and circulatory diseases and emphasizing this fact may reinforce feelings against.

In the literature, some descriptive studies have been conducted on patients who applied to the ERs for similar purposes. In fact, the aim of these studies, just like our own study, is to turn the crisis environment in the ER into an opportunity for smoking cessation. Even simple actions such as just asking patients whether they smoke can turn into a motivation to quit smoking.

Studies conducted on patients presenting to the ERs generally show similar rates for gender distribution and this does not produce a significant conclusion nor does the occupations.

In a study on the prevalence of cigarette smoking in patients admitted to the ERs, 1515 patients were included in the study from the annual turnover of 48000; 21% of the patients were smoking and majority of them (69%) stated that they wanted to quit. In New Zealand, a study conducted in 2010 on the harms and prevalence of smoking found smoking rate of 33.1%.

In terms of our own study group, the participants were mostly men and married. Their desire to smoke regardless of the brands and the noticeable increase in the amount of cigarettes supports the notion that acute stress factors, including health-related acute stress, increase smoking. Accordingly, most of them were thinking that smoking reduced stress while waiting for their patients in the ERs. However, the fact that most of our participants’ thoughts on quitting increased as they saw the patients needing emergency care and they wanted to receive treatment to stop smoking while they were in the hospital reminds us of the Turkish proverb ‘one bad thing is more effective than a thousand advice’. Although F&Rs increased the number of cigarettes under acute stress, they also showed a willingness to resolve smoking problem. This can be seen as a paradox; however, these dilemmas between logic and addictive impulses in the minds of smokers are commonly encountered by smoking cessation therapists indicating the power of addictions.

According to the guidelines of the design of ERs reported by Australasian College for Emergency Medicine, an ideal ER may be included special rooms such as otorhinolaryngology, ophthalmology, gynecology, and psychiatry. The smoking cessation clinic can also be integrated into a convenient location around the ER, serving patients and F&Rs alike. Bio-psycho-social approach requires the whole assessment of the patients including acute and chronic problems, as smoking is now classed as a chronic disease which causes many chronic diseases.

Conclusion

It was understood that the F&Rs who were interviewed in the vicinity of the ER smoked more frequently, but also they said that they would not mind receiving intervention for smoking cessation. This proves that the common belief that the F&Rs in and around ER may not have time or desire to have smoking cessation intervention is wrong. Providing smoking cessation counseling to F&Rs in the ER may be a valuable intervention. New health policies are needed to combat smoking in different settings.

Conflict of Interests

The Authors have no conflict of interest.
Acknowledgements

Ethical approval of the study was obtained by Clinical Research Ethics Committee of School of Medicine, Ahi Evran University under the number of 2018-09/88.

References

1. Dalton ED, Hammen CL. Independent and relative effects of stress, depressive symptoms, and affect on college students’ daily health behaviors. J Behav Med 2018; 41(6): 863-74.
2. Ozturk O, Ozturk G, Yazicioglu B, Yalcin B, Unal M. Smoking frequency, cessation knowledge; Attitudes and beliefs among internal and surgery residents. J Exp Clin Med 2015; 32(4): 171-5.
3. Badrooh A, Mozaffari N, Barikani A, Dadkhah B. The effect of individual and group education done by nurses on smoking dependency and smoking cessation motivation in patients with coronary artery disease. Addict Health 2020; 12(4): 269-77.
4. Juster HR, Ortega-Peluso CA, Brown EM, Hayes KA, Sneegas K, Gopez G, et al. A Media campaign to increase health care provider assistance for patients who smoke cigarettes. Prev Chronic Dis 2019; 16: E143.
5. Bektemür G, Osmanbeyoglu N, Cande B. Emergency services report. Eurasian J Emerg Med 2015; 14(Suppl 1): S1-S38. [In Turkish].
6. National Hospital Ambulatory Medical Care Survey: 2013 Emergency Department Summary Tables [Online]. [cited 2017 Apr 19]; Available from: URL: https://www.cdc.gov/nchs/data/ahcd/nhamcs_emergency/2013_ed_web_tables.pdf
7. Yildiz Y, Ozturk O, Bulut M, Ayraler A, Oruc M, Yazicioglu B, et al. Smoking behavior and attitudes of patient’s relatives in the pediatric emergency rooms- a multi-center study. Medicine Science International Medical Journal 2020; 9(2): 736-41.
8. Deniz T, Aydinuraz K, Oktay C, Saygun M, Agalar F. The evaluation of academic emergency department design. Ulus Travma Acil Cerrahi Derg 2007; 13(1): 28-35. [In Turkish].
9. Sert PC, Durak VA, Ozdemir F, Armagan E. Determination of the appropriate emergency department design according to patient characteristics. Journal of Uludag University Medical Faculty. 2017; 43(1): 17-21. [In Turkish].
10. Chai W, Zou G, Shi J, Chen W, Gong X, Wei X, et al. Evaluation of the effectiveness of a WHO-5A model based comprehensive tobacco control program among migrant workers in Guangdong, China: A pilot study. BMC Public Health 2018; 18(1): 296.
11. Cohen DJ, Clark EC, Lawson PJ, Casucci BA, Flocke SA. Identifying teachable moments for health behavior counseling in primary care. Patient Educ Couns 2011; 85(2): e8-15.
12. Ozdevecioglu M. Effects of social support and life satisfaction on occupational stress: A research on business owners in Kayseri. Hacettepe University Journal of Economics and Administrative Sciences 2004; 22(1): 209-33. [In Turkish].
13. Fidanci I, Ozturk O, Yalcin B. Evaluation of the relation between reasons for initiating smoking and dependence level. J Exp Clin Med 2017; 34(1): 49-52.
14. Prentice C, McKillop D, French D. How financial strain affects health: Evidence from the Dutch National Bank Household Survey. Soc Sci Med 2017; 178: 127-35.
15. Wang L, Seelig A, Wadsworth SM, McMaster H, Alcaraz JE, Crum-Cianflone NF. Associations of military divorce with mental, behavioral, and physical health outcomes. BMC Psychiatry 2015; 15: 128.
16. Sucu G, Cebeci F, Karazeybek E. The needs of the critical patients’ relatives in the emergency department and how they are met. Ulus Travma Acil Cerrahi Derg 2009; 15(5): 473-81. [In Turkish].
17. Katz DA, Paez MW, Reisinger HS, Gillette MT, Weg MW, Titler MG, et al. Implementation of smoking cessation guidelines in the emergency department: A qualitative study of staff perceptions. Addict Sci Clin Pract 2014; 9: 1.
18. Ho KY, Li WHC, Lam KKW, Wang MP, Xia W, Ho LY, et al. Smoking behaviours of Hong Kong Chinese hospitalised patients and predictors of smoking abstinence after discharge: A cross-sectional study. BMJ Open 2018; 8(12): e023965.
19. Nahhas GJ, Cummings KM, Talbot V, Carpenter MJ, Toll BA, Warren GW. Who opted out of an opt-out smoking-cessation programme for hospitalised patients? J Smok Cess 2017; 12(4): 199-204.
20. Unal M. Smoking cessation counselling in the hospitals: Problems and solutions. Konuralp Medical Journal 2017; 9(2): 171-6. [In Turkish].
21. Chang JC, Alexander SC, Holland CL, Arnold RM, Landsittel D, Tuisky JA, et al. Smoking is bad for babies: obstetric care providers’ use of best practice

Authors’ Contribution

Collecting data: MO; Writing: MU, MYS, IF; data analysis: OO, MAO, GO; collecting data: AV; designing: AA; designing and uploading files: MEG.
smoking cessation counseling techniques. Am J Health Promot 2013; 27(3): 170-6.
22. Oztürk O, Unal M, Oztürk G, Fidancı I, Kızıltas O. Awareness of pregnant about the harms of smoking to baby- multi-centered primary care research. Turkish Journal of Family Medicine and Primary Care 2018; 12(4): 233-8. [In Turkish].
23. Erdem. The investigation of the effects of Ramadan fasting on the mood state of healthy volunteer persons. Fam Pract Palliat Care 2018; 3(1): 1-6.
24. Dar R, Rosen-Korakin N, Shapira O, Gottlieb Y, Frenk H. The craving to smoke in flight attendants: Relations with smoking deprivation, anticipation of smoking, and actual smoking. J Abnorm Psychol 2010; 119(1): 248-53.
25. Weiss-Gerlach E, McCarthy WJ, Wellmann J, Graunke M, Spies C, Neuner B. Secondary analysis of an RCT on Emergency Department-Initiated Tobacco Control: Repeatedly assessed point-prevalence abstinence up to 12 months and extension of results through a 10-year follow-up. Tob Induc Dis 2019; 17: 26.
26. Kantrow SP, Jolley SE, Price-Haywood EG, Wang X, Tseng TS, Arnold D, et al. Using the emergency department to investigate smoking in young adults. Ann Epidemiol 2019; 30: 44-9.
27. Tobacco Control Working Group. Tobacco Control and Smoking Cessation Treatment. Turkish Thoracic Society Education Books Series, 2013. [Online]. [cited 2019 Dec 12]; Available from: URL: https://acem.org.au/getmedia/af63c3b-c896-4a7e-aa1f-226b49def94/G15_v03_ED_Design_Guidelines_Dec-14.aspx
28. Nourjah P. National Hospital Ambulatory Medical Care Survey: 1997 emergency department summary. Adv Data 1999; (304): 1-24.
29. Zarghami M, Taghizadeh F, Sharifpour A, Alipour A. Efficacy of smoking cessation on stress, anxiety, and depression in smokers with chronic obstructive pulmonary disease: A randomized controlled clinical trial. Addict Health 2018; 10(3): 137-47.
30. Richard P, Gilles H, Alavi Z, Christine L, Maryline lB, Ronan G, et al. Screening for chronic obstructive pulmonary disease in smoking cessation clinic in France. Addict Health 2016; 8(1): 1-8.
نگرش‌ها و رفتارها در مورد استعمال دخانیات در دوستان و بستگان بیماران در اورژانس: مرزی جدید در مبارزه با دخانیات

چکیده

مقدمه: اثاث‌های اورژانس اغلب معلول از دوستان واقع بیماران می‌باشند. این تجربه ممکن است منجر به تغییرات در رفتار استعمال دخانیات شود و درصدهای برای مداخلات ترک سیگار ایجاد کند. هدف از انجام پژوهش حاضر، بررسی این تغییرات و ارائه یک مدل جدید در مبارزه با سیگار بود.

روش‌ها: این مطالعه مقیطی در اورژانس دو دانشگاه در شهرهای مختلف انجام شد. بررسی‌نامه شامل 18 سال درمانی را برای درمان دیابت و اقامت بیماران اورژانسی مرز استفاده کرده بود. داده‌ها با استفاده از برنامه Jamovi تجزیه و تحلیل گردید.

یافته‌ها: در مجموع، 630 پاسخ به دریافت و تحقیق حاضر کرده‌اند. از آن‌ها 71/3 درصد از دوستان درجه یک بودند که در اطراف اتاق در 6/5 درصد قبل از آن 5 را با پیام در اورژانس انتظار داشتند و 6/6 درصد دو ساعت در روز را در اطراف اورژانس قرار دهند. با شرکت در اورژانس، 5/4 درصد از دوستان در انتظار بیمارستان، مریم ترک سیگار را از استفاده گرفتند. در حالی که در اورژانس 1/3 درصد از شرکت‌کنندگان در زندگی عادی به این ها پیشنهاد می‌شود. بدین‌گونه، در ارائه انتظار افراد اورژانس، کمتر بود (P<0.01). شرکت‌کنندگان در زندگی عادی بدون احتمال ترک سیگار را انجام دهند.

نتایج‌گیری: دوستان واقع در انتظار بیمارستان نمی‌توانند در انتظار افراد در اورژانس، به این شکل مشاوره ترک سیگار به دوستان و اقامت در بیمارستان ممکن است یک مداخله ارزشمند باشد.

واژگان کلیدی: ترک سیگار در طی انتظار افراد، اورژانس خواب، ترک سیگار در طی مدت انتظار، سیگار کشیدن، ترک سیگار با استفاده از برنامه Jamovi

ارجاع: اوجک، متین هوشنگ، اوجک، متین هوشنگ، اوجک، متین هوشنگ، اوجک، متین هوشنگ. گروه‌های و رفتارها در مورد استعمال دخانیات در دوستان و بستگان بیماران در اورژانس: مرزی جدید در مبارزه با دخانیات. مجله ارتقاء و سلامت، 14/12: 10-15.

تأویر پذیرش: 1400/8/8

Email: drmeg38@gmail.com

Addict Health, Winter 2022; Vol 14, No 1

Published by Vesnu Publication

DOI: 10.22122/ahj.v14i1.1226