



Occupational health helps employees to succeed quitting smoking

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Introduction

Tobacco use remains the greatest preventable cause of diseases worldwide. Behavioral and lifestyle-related choices influence health outcomes and work ability. Smoking cessation treatment and support (SCTS) based on best practices should remain a priority for occupational health (OH) professionals. OH professionals need skills and knowledge, motivation, interprofessional collaboration (IPC), and OH service provider's organizational support to contribute employers and employees in SCTS. Our aim was to assess the attitude, motivation, knowledge and IPC among OH professionals towards SCTS. Also, we developed and tested SDT-theory based mobile phone application (mCessation) which could help OH professionals to carry out SCTS.

Methodology

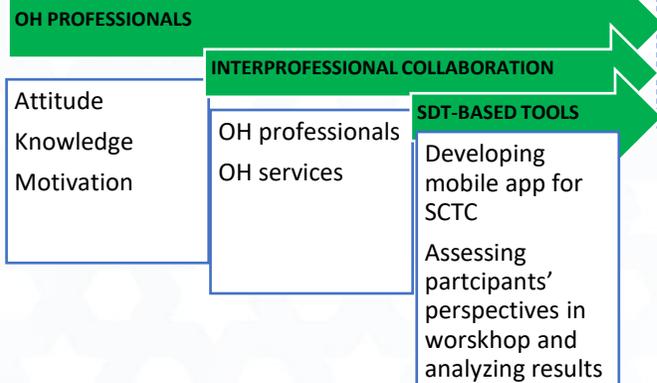


Fig. 1. Study flow. Design of mixed method study in OH professional's smoking cessation.

Our data has been collected using nationwide questionnaire survey among OH professionals. We used multiple methods using both quantitative and qualitative study. The cross-sectional study setting comprehend OH professional's skills and collaboration. We analyzed the workshop material based on SDT content analysis.

Results

All the OH professionals had a positive attitude toward SCTS and they were motivated to receive further training. However, the level of knowledge of OH professionals varied greatly, particularly among OH physiotherapists. In addition, SCTS occurred partially and occasionally among OH physicians and OH nurses.

IPC occurred unsystematically and OH physiotherapists felt excluded from internal collaboration when carrying out SCTS. IPC in SCTS worked most fluently in in-house OHS. Post hoc analysis revealed that the difference between in-house OHS and private OHS, especially the smoothness of collaboration and interprofessional evaluation were statistically significant (p -value<0.001).

Third part of this study was composed of developing SDT-theory based mobile application and testing it in a co-design workshop. The qualitative content analysis is on the progress.

Discussion

OH physiotherapists seemed to be an unused resource in SCTS. This research validates the need to implement SCTS, including further training and continuing interprofessional development and education to support the delivery of smoking cessation interventions by OH professionals at the workplace.

In-house OHS had the best opportunities for implementing interprofessional SCTS but it is a diminishing form of OHS in Finland. This challenges the private OH services where they are missing the flexible OHS/flexible contracts, geographical proximity of the stakeholders and long-term contracts and collaboration compared with inhouse-OHS. One key element is more systematic and effective collaboration between employers and OH service providers.

Qualitative content analysis showed that in cases where the need to use SDT was obvious, there was also need to have the knowledge and skills to use SDT in practice. OH professionals could utilize SDT besides SCTS in other lifestyle related interventions and many other actions when collaborating with patients and stakeholders.

Conclusion

Our findings have implications for both management and the daily clinical practices of health care. OHS need an updated, tested action

model of interprofessional SCTS practices, in which all OH professionals' roles and responsibilities are identified. IPC is key to providing the best patient care. SDT should be more familiar among all OH professionals when carrying out SCTS.



Fig. 2. SDT- and IPC-theories should be the key providing the best SCTS in OHS.

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