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Knowledge of Social Workers in the Field of Smoking and Anti-smoking Counseling in Social Assistance Centers

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Abstract

Introduction: *Tobacco in any form causes death and disease to millions of people. Cigarette smoking causes 8 million deaths worldwide every year, of which 7 million related to active smoking and 1.2 million to passive smoking. The prevalence of smoking varies in socioeconomic groups, as well as among different professions. People with low socioeconomic status have a higher incidence of smoking than the average in the general population. At the same time, socioeconomically disadvantaged populations may have difficulties in accessing health care and getting anti-smoking counseling.*

Aim: *The aim of the study was to assess the prevalence of active and passive smoking among social workers. The knowledge of social workers about harmful effects of tobacco products was also examined, and the frequency of undertaking tobacco control measures by employees of municipal social assistance centers among their pupils was assessed.*

Material and methods: *The study covered employees of social welfare centers in the Piotrków county. The survey was carried out between October 2015 and February 2016. The research tool was a questionnaire.*

Results: *The study involved 39 female social workers from communal social assistance centers of the Piotrków poviat. It was found that 36% of respondents have ever smoked, 64% have never smoked, and 21% have continued smoking. Over 51% of respondents were exposed to secondhand smoke, most often in a public place. Most respondents believe that they have knowledge about the possibilities of support and advice for social assistance clients planning to quit smoking, at an average level (69.2%). Over a half (54%) say they have the knowledge and skills to support clients in giving up smoking and give advice. 87% of social workers do not receive support from the employer and haven't been trained in tobacco control counseling. The majority of respondents (62%) indicated the lack of anti-smoking policy in the social assistance center in which they work.*

Conclusions: *Smoking, as well as exposure to passive smoking, is still a significant problem, also among social workers. Social workers are a special professional group, their attitudes towards smoking can significantly shape*

health behaviors among those under their care. However, this potential is not used.

Key words: *social workers, social assistance, smoking tobacco, tobacco control.*

Introduction

Tobacco in any form causes death and diseases to millions of people. Tobacco use as well as exposure to environmental tobacco smoke are one of the most possible causes of death and disability in the world [1]. Most smoking-related deaths are caused by cancer (including lung cancer), cardiovascular disease (including coronary heart disease), and respiratory disease (including chronic obstructive pulmonary disease – COPD) [2]. Cigarette smoking causes 8 million deaths worldwide every year, of which 1.2 million related to passive smoking and 7 million to active smoking. The WHO (World Health Organization) estimates that in 2018 around 26% of women and around 37% of men smoked cigarettes in Poland, WHO forecasts that in 2025 it will be around 16% of women and 26% of men [3]. In 2019 over one-fifth of Poles admitted to habitual (daily) smoking, there is a downward trend in the number of people who smoke heavily. Studies show that heavy smokers are more often men than women (24% versus 18%) [4]. Estimated data on tobacco smokers put Poland slightly above the average European level. It is worrying that the downward trend in the percentage of smokers observed over the past few years has been halted [5].

Tobacco-related diseases generate high health and economic costs in Poland, contributing to the reduction of the country's development potential. The prevalence of smoking varies in socioeconomic groups, as well as among employees of various professions [6]. In addition, a high percentage of heavy smokers was observed among disadvantaged people [7]. Populations at a disadvantageous socioeconomic situation may have difficulties in accessing health care and getting anti-smoking counseling.

Social welfare centers in Poland as institutions of social policy of the state, are to meet basic social needs, enabling individuals and families to overcome difficult life situations that they are unable to overcome by using their own powers, resources, and possibilities. These tasks are carried out by two and a half thousand centers operating in Poland [8]. The

knowledge, skills, and above all, authority and frequent contacts with social charges held by social workers may play an important role in tobacco control counseling.

The aim of the study was to assess the prevalence of active and passive smoking among social workers. The knowledge about the harmfulness of smoking was also examined and the frequency of undertaking tobacco control measures by employees of communal social assistance centers among their pupils was assessed.

Materials and methods

A detailed description of the study area was published elsewhere [9,10]. This cross-sectional study was conducted between October 2015 and February 2016. The study covered all social workers of communal social assistance centers from the Piotrków poviat who expressed written consent to participate in the study. The study was approved by the Bioethics Committee of the Medical University of Lodz (identification code: RNN/243/15/KE) and received the consent of the head of this unit.

The research tool was a questionnaire that was adapted from the multicenter national population health study (WOBASZ) [11]. Direct interviews were conducted by qualified interviewers in communal social assistance centers of the Piotrków poviat.

The questionnaire included the following socio-demographic data: age, gender, years of employment in the current position of a social worker. The questionnaire consisted of three sections: section A – smoking behavior, section B – knowledge and beliefs about smoking, section C – organizational policy regarding smoking cessation. The analysis created two categories of smoking status: smokers (current daily smokers – smokers of one or more cigarettes a day during the last 30 days and occasional smokers – smokers less frequently than daily) and non-smokers. The category of non-smokers included non-smokers and former smokers.

Results

The study involved 39 social workers from communal social assistance centers of Piotrków poviat. The most numerous (49%) group were social workers in the 31–40 age group, while the least numerous (15%) aged 41–50. 100% of the surveyed population were women, most of them (59%) worked as a social worker for 10 years and more, the working group up to one year was 12.8%. The detailed characteristics of the subjects are given in Table 1.

It was found that 36% of women surveyed had ever smoked, 64% had never smoked, and 21% continued smoking. Most social workers surveyed (37.5%) have been smoking cigarettes for less than 10 years. Most respondents (37.5%) smoke 2–5 cigarettes a day, every fourth person reported that they smoke one cigarette a day. No person smokes more than 21 cigarettes a day. Half of the current smokers light their first cigarette of the day just after waking up (up to 30 minutes). Half of the current smokers have tried to quit smoking in the last 12 months. To the question: "please estimate what percentage of employees of your facility smokes cigarettes" most often (59%) the respondents gave up to 20% of social workers smoking cigarettes, none of them indicated 75% or more.

Over 51.3% of respondents have been exposed to secondhand smoke in the last 30 days, most often in a public place – restaurant, pub, bus stop (25.6%). Only 15.4% indicated exposure to secondhand smoke in the workplace. As much as 89.8% of respondents expressed support for the ban on smoking in public places (Table 1).

Table 1. Characteristics of the studied population of women (N=39)

Variable	N	%
Age (years)		
20–30	0	0.0
31–40	19	49.0
41–50	6	15.0
51–60	13	33.0
≥61	0	0.0
No data	1	3.0
Years of work in the current position		
≤1 year	5	12.8
2–9	10	25.6
≥10	23	59.0
No data	1	2.6
Currently smoking cigarettes		
Yes	8	21.0
No	31	79.0
People who have ever smoked cigarettes		
Yes	14	36.0
No	25	64.0
Number of cigarettes smoked during the day		
1 cigarette a day	2	25.0
2–5 cigarettes a day	3	37.5
6–10 cigarettes a day	1	12.5
11–20 cigarettes a day	1	12.5
More than 21 cigarettes a day	0	0.0
No data	1	12.5
Years of smoking, for current smokers		
≤10	3	37.5
11–20	1	12.5
21–30	1	12.5
≥30	1	12.5
No data	2	25.0
Lighting up the first cigarette after waking up (to 30 minutes)		
Never smoked	25	64.0
Doesn't smoke at present	6	15.0
Yes	1	12.5
No	4	50.0
No data	3	37.5
She's been trying to quit smoking in the last 12 months		
Never smoked	25	64.0
Doesn't smoke at present	6	15.0
Yes	4	50.0
No	3	37.5
No data	1	12.5

Exposure to environmental tobacco smoke during the last month		
Yes, at home	4	10.3
Yes, in the workplace	6	15.4
Yes, in a public place	10	25.6
No	19	48.7
Percentage of social workers smoking cigarettes		
≤20%	23	59.0
21%–50%	4	10.2
51%–74%	1	2.6
≥75%	0	0.0
I don't know	7	18.0
Nobody smokes	4	10.2
Support for no smoking in public places		
Yes	35	89.8
No	2	5.1
No opinion	2	5.1
The number of clients visiting 1 social worker during the working week		
≤19 people	8	20.5
20–40 people	25	64.1
≥41 people	2	5.1
No data	4	10.3
Average length of clients supervised by a social worker		
≤1 year	6	15.4
2–10 years	16	41.0
>10 years	7	18.0
Depending on the customer's situation	3	7.7
No data	7	17.9
The frequency of employee meetings with clients		
Daily	17	43.6
A few times a week	3	7.7
Several times a month	10	25.6
Depending on the needs	6	15.4
No data	3	7.7

The analysis taking into account smoking status showed that in the group of social workers who declared their support for smoking bans in public places, the majority were non-smokers (93%). Smokers accounted for only 78%.

Most of the respondents answered questions about knowledge about smoking, confirming their knowledge of the subject (Table 2). 61.5% of respondents agreed that tobacco smoke has over 4000 different chemical compounds, of which several dozen are carcinogenic, 41% indicated that nicotine is the only addictive substance in tobacco smoke. Most (82.1%) believe that smoking is one of the more serious risk factors for coronary heart disease with more severe complications, including fatal myocardial infarction, and 64.1% for chronic obstructive pulmonary disease.

Table 2. Knowledge and beliefs of social workers about smoking (N=39)

Answer indicated	N	%
There is over 4000 different chemical compounds in tobacco smoke, of which several dozen are carcinogenic		
Yes	24	61.5
No	0	0.0
I don't know	15	38.5
Nicotine is the only addictive substance in tobacco smoke		
Yes	16	41.0
No	8	20.5
I don't know	15	38.5
Passive smokers are exposed to higher levels of harmful substances		
Yes	26	66.7
No	3	7.7
I don't know	10	25.6
Lung cancer occurs almost exclusively in smokers and people exposed to passive smoking		
Yes	5	12.8
No	27	69.2
I don't know	7	18.0

Smoking is one of the more serious risk factors for coronary heart disease with more serious complications, including fatal heart attack		
Yes	32	82.1
No	0	0.0
I don't know	7	17.9
„Tobacco face" is a gray, earthy face, with numerous broken vessels, thin, dry and wrinkled		
Yes	26	66.7
No	5	12.8
I don't know	8	20.5
The most common tobacco disease is chronic obstructive pulmonary disease		
Yes	25	64.1
No	2	5.1
I don't know	12	30.8
In men, smoking can cause potency problems. In women, smoking reduces fertility and speeds up menopause		
Yes	21	53.8
No	2	5.1
I don't know	16	41.1
Smoking causes more deaths than: AIDS, accidents, drugs, killings and suicides combined		
Yes	7	18.0
No	10	25.6
I don't know	22	56.4
Even staying in a room with a smoker for a short time can cause symptoms similar to those of allergies		
Yes	17	43.6
No	1	2.6
I don't know	21	53.8
Assessment of the level of knowledge about the harmfulness of smoking		
Very low	0	0.0
Low	0	0.0
Average	29	74.4
High	7	17.9
Very high	3	7.7
Assessment of the level of knowledge on the possibilities of support and advice for social assistance clients planning to quit smoking		
Very low	0	0.0
Low	6	15.4
Average	27	69.2
High	6	15.4
Very high	0	0.0

Problem areas about smoking that I want to expand		
Harm of smoking – Yes	6	15.4
Support for people addicted to nicotine (emotional support, counseling) – Yes	16	41.0
Methods of treatment, nicotine replacement therapy – Yes	19	48.7
I wouldn't like to broaden my knowledge on this subject	8	20.5
Attitude to being in the presence of smokers		
Yes	8	20.5
No	31	79.5

Also, more than half (53.8%) of the respondents agreed with the statement that smoking may cause potency disorders in men, while in women may reduce fertility and accelerate menopause. As many as 66.7% of respondents thought that passive smokers are exposed to a higher concentration of harmful substances.

In the group of social workers, 74.4% assessed their level of knowledge about the harmfulness of smoking as average, while as high and very high 17.9% and 7.7% respectively. The majority of respondents believe that they have knowledge of the possibility of support and advice of social assistance clients planning to quit smoking, the average level (69.2%), at a high level (15.4%). Almost half (48.7%) would like to broaden their knowledge about treatment methods and nicotine replacement therapy, 41% about the support of nicotine addicts (emotional support, counseling). Only 20.5% would not like to broaden their knowledge about smoking.

In the group of social workers, 79.5% of respondents admitted a negative attitude to being in the presence of smokers (both smokers and non-smokers). When asked about the organizational policy on smoking cessation, the majority (61.5%) said that welfare institutions should not pay much attention to cigarette smoking because they have more important priorities (Table 3). 46.2% of respondents believe that smoking is an individual matter and the fact of whether clients smoke or not should not interest social workers. Almost half (48.7%) of social workers are in favor of offering smoking cessation to clients should be part of the standard

care of any social welfare institution. 43.6% supported that the social assistance program should have more space devoted to quitting nicotine addiction.

Table 3. Opinions of social workers on organizational policy regarding smoking cessation (N=39)

Answer indicated	N	%
Social welfare clients who are addicted to nicotine should receive help and support in stopping smoking from the Social Welfare Center		
Yes	16	41.0
No	16	41.0
I don't know	7	18.0
Smoking is an individual matter and the fact whether our clients smoke or not should not interest us		
Yes	18	46.2
No	16	41.0
I don't know	5	12.8
My clients who smoke are not interested in quitting		
Yes	21	53.9
No	8	20.5
I don't know	10	25.6
Offering support to clients in stopping smoking should be part of the standard care of every Welfare Center		
Yes	19	48.7
No	15	38.5
I don't know	5	12.8
My clients are not able to quit smoking		
Yes	14	35.9
No	9	23.1
I don't know	16	41.0
There should be more room in the social welfare program for quitting nicotine addiction		
Yes	17	43.6
No	15	38.5
I don't know	7	17.9
I'm happy to provide advice and support to clients regarding smoking cessation		
Yes	21	53.8
No	11	28.2
I don't know	7	18.0

Sometimes it is useful when an employee smokes with his client to build trust and relationship		
Yes	0	0.0
No	35	89.7
I don't know	4	10.3
I have the knowledge and skills to support clients in giving up smoking and give them advice		
Yes	21	53.8
No	7	18.0
I don't know	11	28.2
My clients believe that the advantages of smoking are more than its disadvantages		
Yes	8	20.5
No	18	46.2
I don't know	13	33.3
The number of smokers among my clients is increasing		
Yes	7	17.9
No	20	51.3
I don't know	12	30.8
Social Welfare facilities should not pay much attention to cigarette smoking because they have more important priorities		
Yes	24	61.5
No	10	25.7
I don't know	5	12.8
I receive support and have been trained in providing help and advice to smokers		
Yes	0	0.0
No	34	87.2
I don't know	5	12.8

The majority (53.8%) say they have the knowledge and skills to support clients in giving up smoking and to give them advice. 87.2% of social workers do not receive support from the employer and have not been trained in providing help and advice to smokers.

The majority of respondents (61.5%) indicated the lack of anti-smoking policy in the social assistance center in which they work (Table 4). All respondents indicated that they didn't keep a register (status) of smokers among the clients of the center. None of the respondents indicated that special areas for smokers were designated at the center, the majority (61.5%) indicated that the clients of the center smoke only outside

the center. All smoking social workers have indicated that smoking is not allowed inside the rooms or facilities in the centers where they work.

Table 4. Characteristics of the organizational policy of the social assistance center in the area of smoking cessation

Variable	N	%
Conducting tobacco control policy in the center		
Yes	9	23.1
No	24	61.5
I don't know	6	15.4
No smoking inside the rooms and the facility		
Yes	9	100.0
No	0	0.0
Not applicable	30	-
No smoking in company cars		
Yes	2	22.2
No	7	77.8
Not applicable	30	-
No smoking employees with clients		
Yes	1	11.1
No	8	88.9
Not applicable	30	-
No smoking on home visits		
Yes	2	22.2
No	7	77.8
Not applicable	30	-
No smoking clients at meetings		
Yes	1	11.1
No	8	88.9
Not applicable	30	-
Customer support for smoking cessation		
Yes	0	0.0
No	9	100.0
Not applicable	30	-
Customer smoking areas at the resort		
Anywhere outside	15	38.5
Special areas designated for smokers	0	0.0
Only outside the resort	24	61.5
Keeping a register (status) of smokers among the clients of the center		
Yes	0	0.0
No	39	100.0

Percentage of customers who smoke		
≤20%	8	20.5
21%–50%	18	46.2
51%–74%	10	25.6
≥75%	3	7.7
Nobody smokes	0	0.0
On-site training or other forms of assistance to employees regarding various forms of support that can be offered to social assistance clients		
Yes	7	17.9
No	29	74.4
I don't know	3	7.7
Providing support for employees smoking tobacco		
Yes	1	2.6
No	35	89.7
I don't know	3	7.7
Implementation of other health-promoting programs in the center		
Yes	15	38.5
No	18	46.1
I don't know	6	15.4

To the question: "please estimate what percentage of your facility's customers smoke cigarettes" most often (46.2%) the respondents gave 21–50% of customers smoking cigarettes. According to the respondents (89.7%), social welfare facilities don't provide support for employees smoking tobacco. As many as 74.4% of respondents claim that there is no training in the center or other forms of assistance for employees regarding various forms of support that can be offered to social assistance clients. All current smokers indicated that the anti-smoking activities in their facility do not relate to customer support in quitting smoking.

Only 38.5% of respondents indicated that other health-oriented programs are being implemented at the facilities, while 15.4% had no knowledge in this area.

The results of the survey showed that the number of clients visiting a social worker during a working week is usually 20 to 40 people (64.1%), the average duration of clients being in the care of a social worker is 2 to 10 years (41%), the frequency of employee meetings usually with clients every day (43.6% of respondents) (Table 1).

Discussion

There are currently no epidemiological data regarding the prevalence of cigarette use among social workers in Poland. Our study showed that 21% of women surveyed currently smoke and 36% have ever smoked. 21% of the current smoking percentage was only slightly lower than the percentage for the general population in the WHO report for adults of 23.2% [12]. In the multicenter national population health study (WOBASZ, 2014), 29.9% of men and 20.5% of women reported regular smoking [13]. Our survey results are lower than GATS (Global Adult Tobacco Survey) results, which show that 30.3% of Poles are current smokers (daily or occasional) when it comes to smoking in rural areas, 25.4% of rural residents smoked tobacco every day (17.9% women and 32.5% men) [14,15]. The results also differ from the last Polish cross-sectional study from 2019, where 21.0% of participants declared daily smoking; but 1.3% of participants are occasional smokers and 10.7% are former smokers [16]. The latest results of National Institute of Public Health – National Institute of Hygiene (NIZP-PZH) regarding people regularly using only tobacco products – indicate no change in the prevalence of smoking in men (28.0% in 2014 and 27.8% in 2018) and a certain decrease in women (17.2% in 2014 and 15.4% in 2018) [5].

Discrepancies have been found in the number of cigarettes smoked per day. In our study, 37.5% of respondents smoke 2–5 cigarettes a day, every fourth person smokes one cigarette a day. In the GATS study, the average number of cigarettes smoked per day among everyday smokers was 18 pieces for men and 16 pieces for women [14], in other Polish studies, on average, about 16 cigarettes smoked daily by men and 13 by women [17]. In the latest cross-sectional study, participants who smoked daily smoked an average of 15 cigarettes a day, without significant differences ($p>0.05$) between men and women [16,18]. There are more “mild” smokers (up to 13 cigarettes smoked per day) among women than men [18]

The results of a survey among social workers in the Piotrków county indicate that only 12.5% of current smokers smoke their first ciga-

rette during the day immediately after waking up (up to 30 minutes). The results are slightly lower than in the GATS study, where 60.1% of current daily smokers smoke their first cigarette within the first 30 minutes after waking up [14]. Our survey results show that 50% of current smokers have tried to quit smoking in the last 12 months. These results are divergent compared to GATS wherein a group of smokers over a third (35.1%) has attempted to quit smoking in the last 12 months. Only 15.4% of our respondents indicated exposure to secondhand smoke in the workplace.

This may be the result of respecting the ban on smoking in public places, including social welfare facilities [19]. These results are divergent with the GATS study where one in three respondents (33.6%) claimed that during the past 30 days they were exposed to secondhand smoke in a closed room where they work. Exposure to tobacco smoke was the rarest in state office buildings (10.0%) [14]. As much as 89.8% of respondents to our survey expressed support for the ban on smoking in public places. These results are higher than in the GATS survey, where the level of approval for the introduction of a smoking ban for state office buildings was 82.4% [14].

Social workers can play a role in reducing the incidence of smoking among those under their care. They have the opportunity to have a great impact on the clients of social welfare centers due to their proximity to the target population [20,21,22]. Research shows that social workers are seen as a trusted source of advice and support who can offer more personalized support [23,24,25,26]. However, social welfare facilities in Poland don't participate in tobacco control activities, and when they do, they do so only to a small extent, which was also confirmed by our study.

Almost half (48.7%) of respondents in our study are in favor of offering support to clients to stop smoking should be part of the standard care of every social welfare institution. In the study by Bonevski et al. 93% of employees of non-governmental social organizations, indicated that they had an organizational policy regarding smoking, but often it didn't include support in quitting smoking [27].

The organization and working conditions of social workers in Poland do not fully allow effective implementation of their statutory tasks in the field of social assistance. The number of owners and commissioned tasks in this area exceeds the human and financial capabilities of social assistance centers, which results in the provision of assistance at the basic level [8]. Some programs in Australia and the United States have partnered with NGOs (non-governmental organizations) to reach disadvantaged smokers. Services for the homeless, people with drug and alcohol problems, and people with severe mental illness have a wide reach in disadvantaged populations [27].

In addition, there is a lack of data on the preparation of staff in social welfare institutions to join tobacco control programs. The results of our study showed that there are no trainings or other forms of support for employees regarding various forms of support (74.4%) that can be offered to those under social care. Similar results were obtained in Australia, where in most cases respondents indicated that in the 12 months preceding the survey, employees of their services were not trained in organizational care in quitting smoking (80%) or resources (53%) to help support clients in fight against smoking [27].

Every second respondent claims to have the knowledge and skills to support clients in giving up smoking and give them advice. It should be remembered that clients of social welfare centers are people in a disadvantaged socio-economic situation who may have difficulties in accessing health care and getting advice on smoking cessation. An important role in helping and supporting in quitting smoking could be played by social workers who often have contact with their clients every day.

To sum up, the results of this study are consistent with similar studies [27,28,29], which show that social welfare facilities have the potential as a place to reach a large number of smokers experiencing socio-economic problems.

Conclusions

Smoking, as well as exposure to passive smoking, is still a significant problem, also among social workers. Employees of social assistance centers constitute a special professional group, their attitudes towards smoking can significantly shape the health behaviors of those under their care. Even minimal intervention or advice on the harmfulness of smoking and smoking cessation methods can result in attempts to quit smoking and lead to effective quitting among social welfare clients. There is a need to identify effective smoking cessation interventions in disadvantaged populations.

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