

12:30–14:00

PS-1099-4 Evaluating individual and context factors in tobacco cessation interventionsY Castellano^{1,2}, A Andrés³, A Feliu^{1,2}, M Fu^{1,2}, M Ballbé^{1,2}, L Antón^{1,2}, E Fernández^{1,2,4}, C Martínez^{1,2,5}

¹Catalan Institute of Oncology (ICO), Tobacco Control Unit, WHO Collaborating Centre for Tobacco Control, Hospitalet de Llobregat, Spain, ²Bellvitge Biomedical Research Institute (IDIBELL), Hospitalet de Llobregat, Spain, ³National Institute of Physical Education of Catalonia (INEFC), Barcelona, Spain, ⁴University of Barcelona, Department of Clinical Sciences, School of Medicine, Hospitalet de Llobregat, Spain, ⁵International University of Catalonia, Medicine and Health Sciences School, Sant Cugat del Vallès, Spain. E-mail: ycastellano@iconcologia.net

Background: Previous research has identified that smoking cessation interventions are poorly implemented into the routine practice. Both, provider and organizational factors could intervene as facilitators or barriers. This study aimed to develop and test a questionnaire that includes factors “Knowledge, Attitudes, Behaviours, and Organizational (KABO)” that affect providers and organizations in implementing smoking cessation practices in hospitals.

Methods: An initial pool of 44 items was developed to assess individual knowledge, attitudes and beliefs of health professionals towards smoking cessation practices according to the 5As’ intervention model, and organizational barriers and opportunities for its implementation into daily practice. Specific items were drawn mostly from the literature. All items were measured in a 11-point scale 0=“not at all/never” to 10=“completely/always”. The data were collected from health workers (n= 702) in Catalonia (Spain) using a web-based survey. The validity of the instrument was measured in the following ways:

- (a) analyzing the items;
- (b) assessing the internal structure;
- (c) estimating the internal consistency; and
- (d) analyzing the relationship between this tool and the 5As’ intervention model.

Results: The estimated Cronbach’s α coefficient of 37 items for reliability was .909, indicating good internal consistency. Using exploratory factor analysis, seven factors were extracted including: individual skills, attitudes and beliefs, positive organizational support, beliefs about patient wish/readiness to quit, organizational resources, individual commitment, and organizational endorsement. These seven factors explained 61.58% of the variance, and a new refined 36-item version of the questionnaire was obtained.

Conclusions: Psychometric testing supports that the KABO questionnaire is reliable and valid for assessing main barriers and facilitators of smoking cessation practices. Up to know, individual factors explained better the implementation of smoking cessation interventions in hospitals. The seven dimensions identified can be used for investigating how changes on individual and organizational dimensions have an impact on smoking cessation implementation services.

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