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ORIGINAL ARTICLE

Prevalence and risk factors of smoking among workers at the Matanzas Military Hospital, 2024

Prevalencia y factores de riesgo de tabaquismo en trabajadores del Hospital Militar de Matanzas, 2024

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ABSTRACT

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Introduction: The World Health Organization has classified smoking as a chronic, non-communicable and addictive disease with treatment and cure possibilities. Healthcare professionals, as role models for healthy behavior, should maintain low smoking prevalence.

Objective: To determine the prevalence of smoking and its association with sociodemographic variables and NCCDs among workers at the "Mario Muñoz Monroy" Military Hospital in Matanzas.

Methods: A descriptive cross-sectional study (September-December 2024) was conducted among 759 workers (census sample). A validated survey was applied to identify: smoking status (≥1 cigarette/day), sociodemographic variables (sex, age, occupation), and NCCD diagnosis. Statistical analysis was performed using SPSS v15 (OR, 95 % CI).

Results: The study revealed an overall smoking prevalence of 23 % among hospital staff. The analysis showed significant differences ($p<0,05$) in the distribution of smoking habits: men had a significantly higher prevalence than women (38,9 % vs. 14,4 %), nursing staff had the highest rate by occupation (20 %), followed by healthcare assistants (16 %), and the 30-50 age group had the highest percentage of smokers (43 %). Regarding chronic non-communicable diseases, statistically significant associations were found with high blood pressure (OR=1,62; 95 % CI: 1,12-2,34) and bronchial asthma (OR=2,14; 95 % CI: 1,42-3,22), indicating a higher risk of these conditions among smoking workers.

Conclusions: The prevalence of smoking among hospital staff is slightly above national standards, with a greater incidence among men, healthcare staff, and young adults. The strong associations with cardiopulmonary diseases underscore the urgency of institutional smoking cessation programs.

Keywords: Smoking; Healthcare Personnel; Chronic Diseases; Occupational Epidemiology; Cuba

RESUMEN

Introducción: la Organización Mundial de la Salud ha catalogado el tabaquismo como una enfermedad crónica no transmisible y adictiva, con posibilidades de tratamiento y cura. Los profesionales sanitarios, como modelos de conducta saludable, deberían presentar bajas prevalencias de este hábito.

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Objetivo: determinar la prevalencia de tabaquismo y su asociación con variables sociodemográficas y ECNT en trabajadores del Hospital Militar "Mario Muñoz Monroy" de Matanzas.

Métodos: estudio transversal descriptivo (septiembre-diciembre 2024) en 759 trabajadores (muestra censal). Se aplicó encuesta validada para identificar: consumo tabáquico (≥1 cigarrillo/día), variables sociodemográficas (sexo, edad, ocupación) y diagnóstico de ECNT. Análisis estadístico con SPSS v15 (OR, IC95 %).

Resultados: el estudio reveló una prevalencia global de tabaquismo del 23 % en el personal hospitalario. El análisis mostró diferencias significativas (p<0,05) en la distribución del hábito tabáquico: los hombres presentaron una prevalencia notablemente mayor que las mujeres (38,9 % vs 14,4 %), el personal de enfermería registró la tasa más alta por ocupación (20 %), seguido de los asistentes de salud (16 %), y el grupo etario de 30-50 años concentró el mayor porcentaje de fumadores (43 %). Respecto a las enfermedades crónicas no transmisibles, se encontraron asociaciones estadísticamente significativas con hipertensión arterial (OR=1,62; IC95 %:1,12-2,34) y asma bronquial (OR=2,14; IC95 %:1,42-3,22), lo que indica mayor riesgo de estas patologías entre los trabajadores fumadores.

Conclusiones: la prevalencia de tabaquismo en el personal hospitalario se encuentra ligeramente por encima de los patrones nacionales, con mayor afectación en hombres, personal asistencial y adultos jóvenes. Las fuertes asociaciones con patologías cardiopulmonares subrayan la urgencia de programas de cesación tabáquica institucionales.

Palabras Clave: Tabaquismo; Personal De Salud; Enfermedades Crónicas; Epidemiología Ocupacional; Cuba

INTRODUCTION

The World Health Organization has classified smoking as a chronic, non-communicable, and addictive disease, with potential for treatment and cure. [1,2] Worldwide, tobacco causes more than 8 million deaths annually, 7 million of which are the result of direct consumption, while approximately 1,2 million are recorded among non-smokers who have been exposed to tobacco smoke. [3,4]

Tobacco use is responsible for nearly 1 million deaths each year in the Americas and is the only common risk factor for the four major non-communicable diseases (NCDs): cardiovascular disease, cancer, chronic respiratory diseases, and diabetes. Furthermore, it imposes a considerable burden on national economies and the environment. [5] Cuba ranks fifth in Latin America and the Caribbean in terms of smoking prevalence; despite a decline in recent decades, it remains a major public health challenge. [6]

Tobacco, and the smoke released from its combustion, produces more than 4 000 chemical substances: 400 are highly toxic substances, around 50 are carcinogenic, and 12 are toxic gases. The reinforcing effects of nicotine induce the activation of the brain's reward system, which motivates the likelihood of repeat smoking. Nicotine has emerged as one of the most addictive psychoactive substances because a considerable percentage of users become dependent on it. [7]

Healthcare workers have a dual role in this issue: as individuals susceptible to the harm caused by tobacco and as key players in health promotion. [8] Health care professionals constitute the social group with the greatest capacity to positively or negatively influence the prevalence of tobacco use in a community by strengthening risk perceptions through health promotion actions. Smokers are an obstacle given their hidden perception of smoking risk. [9]

Identifying smoking prevalence and its characteristics in specific populations is essential for designing effective interventions. Many smokers want to quit but lack adequate tools, underscoring the need for local studies to guide cessation policies.

Therefore, this research aimed to determine the prevalence of smoking among employees at the Mario Muñoz Monroy Military Hospital and analyze its association with sociodemographic variables and the presence of chronic noncommunicable diseases (CNCDs).

MATERIALS AND METHODS

A descriptive, cross-sectional study was conducted between September and December 2024 at the "Mario Muñoz Monroy" Military Hospital in Matanzas, Cuba. The study population included all 759 employees at the center (107 military personnel and 652 civilians) who met the inclusion criteria: active personnel at the time of the study and who voluntarily agreed to participate. Personnel on medical leave or vacation during the data collection period were

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excluded. A standardized survey was administered to them to identify the prevalence of smoking and its associated factors.

The data collection instrument, administered individually at the workplace, assessed sociodemographic variables (sex, age, occupation), clinical variables (presence of chronic non-communicable diseases), and behavioral variables (smoking habits, defined as smoking at least one cigarette per day in the past month). The data were processed using SPSS version 15, using descriptive statistics (absolute and relative frequencies). The results are presented in frequency distribution tables and graphical representations, with measures of central tendency for quantitative variables.

This methodological design made it possible to characterize the hospital's smoking population and establish preliminary associations between smoking and the variables of interest, laying the groundwork for future analytical studies. The selection of all employees as the study population ensured a comprehensive representation of the institutional reality.

The research protocol was approved by the institution's Research Ethics Committee (Record No. 02/Agreement No. 4/2023), in compliance with the principles of the Declaration of Helsinki. Written informed consent was obtained from all participants.

RESULTS

The sample was predominantly composed of civilian personnel (85,9 %) versus military personnel (14,1 %), with a higher representation of women (64,8 %). The age group under 45 years accounted for 64,.4 % of military personnel. (Table 1)

Table 1. Distribution of the study population by job category and sex (n=759)

Category	Age group	Female n (%)	Male n (%)	Total n (%)
Military personnel	≥45 years	22 (20,6)	16 (15,0)	38 (35,6)
	<45 years	33 (30,8)	36 (33,6)	69 (64,4)
	Subtotal	**55 (51,4)**	**52 (48,6)**	**107 (14,1)**

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Category	Age group	Female n (%)	Male n (%)	Total n (%)
Civilian personnel	-	437 (57,6)	215 (28,3)	652 (85,9)
Total	-	**492 (64,8)**	**267 (35,2)**	**759 (100)**

Sources: survey conducted.

A significant difference was observed by sex (p<0,001), with men showing a prevalence 2,7 times higher than women (38,9 % vs. 14,4 %). The 30-50 age group had the highest proportion of smokers (43 %), followed by 18-29 age groups (24,5 %), suggesting that the active working age is the period of highest consumption. The decrease in older age groups could be related to smoking cessation due to health complications.

Table 2. Smoking prevalence according to sociodemographic variables

Variable	Category	smokers N (%)	Non-smokers N (%)	Total N (%)	p-worth
Sex	Female	71 (14,4)	421 (85,6)	492 (100)	<0,001*
	Male	104 (38,9)	163 (61,1)	267 (100)	
Age group	18-29 years	43 (24,5)	132 (75,5)	175 (100)	0,012*
	30-50 years	75 (43,0)	99 (57,0)	174 (100)	
	51-60 years	33 (18,8)	143 (81,2)	176 (100)	
	≥61 years	24 (13,7)	151 (86,3)	175 (100)	

Sources: survey conducted. * Proof χ^2 (p<0.05)

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Nursing staff showed the highest prevalence (20 %), doubling the rate of physicians (not shown in table: 2,8 %). Comprehensive health assistants (16 %) and technical staff (14,9 %) complete the three professional groups with the highest consumption. These findings are consistent with international studies that identify nurses as a vulnerable population, possibly due to factors such as work-related stress and rotating shifts. (Table 3)

Table 3. Smoking prevalence by occupation

Ocupation	Smokers n (%)	IC 95%
Nursing	35 (20,0)	15,8-24,2
Comprehensive Health Assistants	28 (16,0)	12,1-19,9
Technical Staff	26 (14,9)	11,2-18,6
Administrative Assistants	22 (12,5)	9,0-16,0
Health Technologists	13 (7,4)	4,6-10,2
Other Occupations*	51 (29,2)	24,2-34,2
Total	**175 (100)**	-

Sources: Survey conducted. ***Includes:** general services, security, laundry, etc.

The analysis showed that smoking workers had a significantly increased risk of high blood pressure (62 % higher than nonsmokers, OR 1,62 [1,12-2,34]) and bronchial asthma (114 % higher risk, OR 2,14 [1,42-3,22]). However, no statistically significant relationship was observed with diabetes mellitus (p=0,562). These findings highlight the dual impact of smoking—respiratory and cardiovascular—which is particularly concerning for healthcare professionals, a population also exposed to additional occupational risk factors such as stress and long shifts. (Table 4)

Table 4. Association between smoking and chronic diseases

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Disease	Smokers N (%)	Non-Smokers N (%)	OR (IC 95%)	p-worth
High blood pressure	45/175 (25,7 %)	211/584 (36,1 %)	1,62 (1,12-2,34)	0,010*
Bronchial asthma	28/175 (16,0 %)	48/584 (8,2 %)	2,14 (1,42-3,22)	0,002*
Obesity	2/175 (1,1 %)	91/584 (15,6 %)	0,06 (0,02-0,25)	<0,001*
Diabetes mellitus	12/175 (6,8 %)	46/584 (7,9 %)	0,86 (0,51-1,44)	0,562
Thyroid disease	8/175 (4,5 %)	23/584 (3,9 %)	1,17 (0,58-2,36)	0,661
Chronic gastritis	9/175 (5,1 %)	9/584 (1,5 %)	3,51 (1,56-7,89)	0,002*
Osteomyoarticular diseases	6/175 (3,4 %)	13/584 (2,2 %)	1,55 (0,67-3,58)	0,304
Migraine	4/175 (2,2 %)	13/584 (2,2 %)	1,03 (0,38-2,81)	0,952
Glaucoma	2/175 (1,1 %)	11/584 (1,9 %)	0,60 (0,15-2,44)	0,476

Sources: survey conducted. *χ^2 test with statistical significance ($p<0.05$).

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DISSCUSION

The results of this study demonstrate that the prevalence of smoking among staff at the Mario Muñoz Monroy Military Hospital (23 %) is slightly higher than the national rate reported in Cuba (21,6 %) [10], according to data from the latest National Health Survey, but is lower than the figures documented among health professionals in other settings. [9,11]

The figures obtained in this study are similar to the global smoking prevalence. In 2023, 22,3 % of the world's population used tobacco. The Americas region recorded a decrease in prevalence, from 28 % in 2000 to 16,3 % in 2023, ranking second in the world in terms of prevalence of current tobacco use, preceded only by the African Region, with 10,3 %. [5]

It would be reasonable to expect that the prevalence of smoking among hospital workers, as healthcare providers, would be much lower. Information is sometimes insufficient to change health behaviors, especially when it comes to a drug that, when used repeatedly, creates need and addiction. Smoking is prevalent among healthcare professionals, who, although they have learned to recognize the risk of unhealthy outcomes in their patients, do not always recognize their own risk of illness or death. It would be important to analyze the results for future actions aimed at reducing active smoking among this population. [12]

At Mario Muñoz Monroy Hospital, we observed a higher prevalence of smokers among men (38,9 %) than women (14,4 %), which is consistent with the literature reviewed, with male medical and paramedical staff being the heaviest tobacco users in the institution. In 2023, globally, 36,7 % of men and 7,8 % of women smoked tobacco. In the Americas, 21,3 % of smokers were male and only 11,3 % were female. [5] In Spain, according to the 2023 European Health Survey, 16,4 % of women and 23,3 % of men smoked daily. [13]

Generally, men tend to consume all tobacco products in greater quantities than women. These differences may be related to a combination of physiological (particularly ovarian hormones), cultural, and behavioral factors. Results from neuroimaging studies suggest that smoking activates reward circuits more in men than in women. This finding is consistent with the idea that men smoke for the reinforcing effect of nicotine, whereas women smoke to regulate their mood or in response to smoking-related cues. [14]

When analyzing the prevalence of smokers in the Hospital by occupation, the highest percentage was represented by nurses at 20 %, followed by

comprehensive health care assistants at 16 %. There are similar studies where nursing staff are the main smoking occupation in healthcare institutions, such as the study by Pérez Saavedra et al. [15] at the National Hospital of Peru, where 67,1 % of smokers worked in this occupation.

The social recognition of healthcare professionals as health experts makes them key agents in the development of prevention programs associated with tobacco use. The behaviors, habits, and attitudes of healthcare personnel shape opinions and can therefore act as vehicles for transmitting healthy lifestyles. Physicians and other healthcare professionals are important sources of influence for achieving positive changes in smoking levels in the community. [9]

It is notable among the data presented that the age group with the highest concentration of smoking workers was the 30-50 age group, representing 43 %. The results of this study are similar to those conducted in a British hospital, which indicated that the highest concentration of smokers was found in the 33-43 age group, with an average age of 39 years. [12]

Those with chronic conditions who smoke the most were those with hypertension (25,7 %), followed by asthmatics (16 %) in this study. It is evident that the NCD workers in the study were not aware of the need to quit smoking when suffering from any of these diseases. However low the percentages may seem, it is extremely dangerous to associate smoking with chronic conditions.

Cardiovascular diseases are the leading cause of death worldwide, with tobacco being the second most prevalent risk factor, only after peripheral arterial hypertension. Before the Framingham Study, smoking was not accepted as a true cause of heart disease. That study, along with others, demonstrated that smokers had an increased risk of myocardial infarction or sudden cardiac death. It is estimated that smokers have a 2,5 times greater risk of sudden cardiac death than nonsmokers. Specifically, the Framingham Study observed that for every 10 cigarettes smoked per day, mortality increased by 18 % in men and 31 % in women. The likelihood of developing cardiovascular disease in smokers is directly related to the number of cigarettes smoked daily. [13]

Studies by Estrada Rodríguez et al. [16,17] show that smoking negatively affects lipid and glucose metabolism. Compared to never-smokers, smokers were found to have higher triglyceride levels, lower HDL cholesterol levels, and greater insulin resistance.

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Among the most severe effects of smoking on the central nervous system, cerebrovascular accident (CVA) stands out. Like other cardiovascular diseases, it is one of the leading causes of disability and death worldwide. The INTERSTROKE study analyzed the relative risk of developing stroke, and active smoking was associated with both ischemic and hemorrhagic stroke. On the other hand, smoking was found to be an independent and significant contributing factor to the risk of stroke in general, specifically ischemic stroke. (13)

The presence of cardiovascular risk factors in healthcare professionals and trainees influences their preventive practices in the general population. Regarding smoking, it is observed that smoking professionals are less likely to initiate smoking cessation interventions. (17)

Studies show that even with brief advice from healthcare professionals, smoking cessation rates can increase by up to 30%. Similarly, nursing-led interventions to encourage smoking cessation have been shown to increase the likelihood of successful smoking cessation by up to 50 %. (9)
Interpretation of the results should consider certain methodological limitations. The cross-sectional design prevents inferring causal relationships between the variables studied. Collecting data on chronic diseases through self-reporting could lead to recall and classification biases. The selection of a single hospital center restricts the extrapolation of the findings to other healthcare settings. Furthermore, the lack of assessment of key smoking parameters (daily cigarette quantity and exposure time) limits the analysis of the dose-response relationship. While these limitations are inherent to descriptive epidemiological studies, they highlight the importance of developing future longitudinal research that includes objective clinical measurements, representative multicenter samples, and a comprehensive assessment of smoking patterns

CONCLUSIONS

Based on the results of the study, it can be concluded that the prevalence of smokers at the Mario Muñoz Monroy Military Hospital is slightly higher than that reported nationally. Men smoke more than women. Nurses predominate in occupation, followed by healthcare assistants. The most common age groups were those between 30 and 50 years old. Those with chronic conditions who smoke the most are those with high blood pressure, followed by those with asthma.

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BIBLIOGRAPHIC REFERENCES

1. Suárez Benitez Y, Martínez Fonseca BA, Torres Cardoso S, Alarcón Macias MR, Galloso Llovet IS. Factores de riesgo asociados al consumo de tabaco en la adolescencia. *Rev Inf Cient* [Internet]. 2024 [cited 07/02/2025]; 103:e4626. Available in: http://www.revinfcientifica.sld.cu/index.php/ric/article/view/4626

2. Organización Mundial de la Salud. Tabaco. [Internet]. Ginebra: OMS; 2022 [cited 07/02/2024]. Available in: https://www.who.int/es/news-room/factsheets/detail/tobacco

3. Minacapilli M, González V, Barros M, Parodi C, Núñez V, Llambí L. Prevalencia de tabaquismo y sus características en pacientes hospitalizados en cuidados moderados de un hospital público universitario. *Rev. Urug. Med. Int.* [Internet]. 2021 [cited 07/02/2025]; 6(1). Available in: http://www.scielo.edu.uy/scielo.php?script=sci_arttext&pid=S2393-67972021000100024&lng=es

4. Organización Panamericana de la Salud. *Informe sobre el control del tabaco en la Región de las Américas 2022*. Washington, DC: OPS; 2023. Available in: https://iris.paho.org/bitstream/handle/10665.2/56263/OPSNMHRF220023_spa.pdf

5. Sandoval RC, Bacelar Gomes A, Roche M, Parra N, Armada F. Avances en el control del tabaco en la Región de las Américas 2020. *Rev Panam Salud Pública* [Internet]. 2021 [cited 07/02/2025]; 45:e94. Available in: https://www.scielosp.org/article/rpsp/2021.v45/e94/

6. Fernández Milán AM. Tabaquismo y su relación con otros factores de riesgo aterogénico en mujeres de edad mediana. *Rev cubana med* [Internet]. 2021 Jun [cited 07/02/2025]; 60(2). Available in: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0034-75232021000200006&lng=es

7. Martínez Torres MC, Alfonso Hidalgo A, Pérez Cruz N, Díaz Matos I, Morales Pérez M, González González VM. Dependencia a la nicotina en un grupo de consumidores de cigarrillos del municipio Cerro. *Acta méd centro* [Internet]. 2023 [cited 07/02/2025]; 17(3). Available in: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S2709-79272023000300514&lng=es

8. Vicente Narro MC, Puyones Bravo JM, Charlam Bialek I, Calvo González M, García Pérez G, Abad Mateo A. Tabaquismo en el personal sanitario: una revisión bibliográfica sobre prevalencia, factores asociados y estrategias de intervención. *Ocronos* [Internet]. 2025 [cited 07/02/2025]; 8(7). Available in: https://revistamedica.com/tabaquismo-personal-sanitario-prevalencia-intervencion/amp/

9. Suárez Lugo N, Caraballoso Hernández M, Hechavarria Negrín S. El tabaquismo en los profesionales de la salud en el municipio Habana Vieja. *Rev Cubana Salud Pública* [Internet]. 2008 [cited 07/02/2025]; 34(4). Available in: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0864-34662008000400002&lng=es

10. Fariñas Acosta L. ¿Fuman menos los cubanos? *Cubadebate* [Internet]. 2024 [cited 08/02/2025]. Available in: http://www.cubadebate.cu/especiales/2024/05/31/fuman-menos-los-cubanos/

11. Vaca Quintana D, Bassante C, Moreta Herrera R, Merlyn Sacoto MF, López Barrionuevo C, Porras B. Diferencias por sexo en el consumo de alcohol y tabaco en estudiantes universitarios ecuatorianos. *Revista Española de Drogodependencias* [Internet]. 2024 [cited 08/02/2025]; 49(2). Available in: https://red.aesed.com/upload/files/v49n2-3_rmoreta.pdf

12. Martínez RS, Gavilán LM, Gómez T, Smith R. Prevalencia de tabaquismo en los enfermeros del Hospital Británico en el año 2019. *Fronteras en Medicina* [Internet]. 2020 [cited 09/02/2025]; 15(2). Available in: https://adm.meducatium.com.ar/contenido/articulos/23800910098_1768/pdf/

13. Davia Cantos MJ, Tarraga Marcos L, Tarraga Marcos A, Tárraga López PJ. Patología orgánica asociada al tabaquismo. *JONNPR* [Internet]. 2022 [cited 09/02/2025];7(3). Available in: https://scielo.isciii.es/pdf/jonnpr/v7n4/2529-850X-jonnpr-7-04-385.pdf

14. NIDA. ¿Hay diferencias entre hombres y mujeres a la hora de fumar? *National Institute on Drug Abuse* [Internet]. 2020 [cited 09/02/2025]. Available in: https://nida.nih.gov/es/publicaciones/serie-de-reportes/adiccion-al-tabaco/hay-diferencias-entre-los-sexos-al-fumar-tabaco

15. Pérez Saavedra V, Ferreira PS, Pillon SC. Tabaquismo en las enfermeras de un Hospital Nacional de Lima, Perú. *Rev Latino-Am Enferm* [Internet].

2010 [cited 09/02/2025];18. Available in: https://www.scielo.br/j/rlae/a/DntrdKtzL69TDmJsWYgNpLG/

16. Estrada Rodríguez Y, Naranjo Lima S, Suárez Fariñas FR, Rosales Alcántara Y. Caracterización de adultos mayores hipertensos pertenecientes a un Consultorio Médico de Matanzas, 2020. *Columna méd* [Internet]. 2023 [cited 09/02/2025];2(3):e136. Available in: https://revcolumnamedica.sld.cu/index.php/columnamedica/article/view/136

17. Estrada Rodríguez Y, Oviedo-Pérez K, Rodríguez-Rodríguez M, Martínez-López L, Rodríguez-Acosta D, Carmona-Riesgo D. Caracterización de adultos mayores diabéticos del Consultorio Médico Familiar #46 del municipio Matanzas en 2021. *EsTuSalud* [Internet]. 2023 [cited 09/02/2025]; 5(2). Available in: https://revestusalud.sld.cu/index.php/estusalud/article/view/334

18. Romero Rodríguez E, Pérula de Torres LA, Ranchal Sánchez A, Jiménez García C, Olaya Caro I, Palenzuela Paniagua S, et al. Prevalencia y factores asociados al consumo de tabaco en estudiantes de medicina y enfermería, y en médicos residentes de medicina familiar y comunitaria: estudio multicéntrico. *Med fam Andal* [Internet]. 2021 [cited 09/02/2025]; 22(2). Available in: https://www.samfyc.es/wp-content/uploads/2022/07/v22n2_03-original_prevalencia.pdf

AUTHORSHIP STATEMENT

YNP: conceptualization, data curation, funding acquisition, research, methodology, project administration, resources, software, supervision, validation, visualization, drafting, writing, reviewing, and editing the final paper.

AMS: conceptualization, data curation, funding acquisition, and research.

MEMP: methodology, project administration, resources, software, and reviewing the final paper.

YRD: conceptualization, research, methodology, supervision, validation, and writing.

MRG: conceptualization, research, methodology, supervision, validation, and writing.

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ALOB: conceptualization, research, methodology, supervision, validation, and writing.

CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest.

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ANNEX

Survey on Health Habits and Medical History among Healthcare and Related Care Personnel

Dear Participant,

This survey aims to collect relevant information on demographics, occupational health habits, and personal medical history. The data obtained will be used for statistical and research purposes, ensuring the confidentiality and anonymity of your responses at all times, in accordance with data protection regulations.

We appreciate your time and collaboration, which are essential to the success of this study.

Instructions:

1. Read each question carefully.
2. Mark with an "X" or fill in the blank as appropriate.
3. For multiple choices, select only one answer, unless otherwise indicated.
4. If you select "Other" for any question, please specify your answer clearly.

I. PERSONAL DATA

Name and surname: _____
Age: _____
Sex:
☐ Female
☐ Male

II. OCCUPATIONAL INFORMATION

Sector:
☐ Civil
☐ Military

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Specific occupation:

☐ Nursing
☐ Comprehensive Health Assistants
☐ Technical Staff
☐ Administrative Assistants
☐ Health Technologists
☐ Other: _____

III. HEALTH HABITS

Smokes (at least 1 cigarette/day):
☐ Yes
☐ No

IV. MEDICAL HISTORY

Mark with ☐ if you have been diagnosed with:
☐ High blood pressure
☐ Bronchial asthma
☐ Obesity
☐ Diabetes mellitus
☐ Thyroid disease
☐ Chronic gastritis
☐ Other: _____