

# Tobacco users' perceptions of a brief tobacco cessation intervention in community pharmacies

Pallavi D. Patwardhan and Betty A. Chewning

## Abstract

**Objective:** To explore factors affecting tobacco users' perceived appropriateness of a brief and proactive tobacco cessation counseling program, ask, advise, and refer (AAR), at community pharmacies.

**Design:** Inductive thematic analysis.

**Setting:** Southern Wisconsin during fall 2008.

**Patients:** 24 tobacco users who had recently received brief and proactive tobacco cessation counseling at a community pharmacy.

**Intervention:** Semistructured telephone interviews conducted by primary author.

**Main outcome measures:** Perceptions of a brief and proactive tobacco cessation counseling program conducted at community pharmacies.

**Results:** In conducting the thematic analysis, eight distinct themes were identified. Display of information and resources at pharmacies for use by tobacco users as needed was identified as the most predominant theme and was found to be most helpful by many respondents. Other themes identified in decreasing order of prevalence were: tobacco users' perceptions of the role of pharmacists in health care, tobacco users' belief that smoking could interact with a current medication or health condition, tobacco users' sensitivity toward their tobacco use behavior or being told what to do, nonconfrontational and friendly approach of pharmacists, tobacco users' readiness to quit at the time of AAR counseling, tobacco user initiation of tobacco use discussion, and tobacco users' belief that tobacco use is bad.

**Conclusion:** Overall, this qualitative investigation suggests that several factors might influence tobacco users' perceived appropriateness of AAR counseling at community pharmacies. AAR might be well received by tobacco users and pharmacy patrons as long as it is done in a professional and respectful manner.

**Keywords:** Tobacco cessation, counseling (patient), public health, community pharmacists, perceptions.

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Cigarette smoking is considered the leading cause of death in the United States. An estimated 19.8% of Americans are smokers, and cigarette use causes and aggravates various health conditions such as several types of cancers, cardiovascular diseases, and pulmonary diseases and can cause adverse reproductive health effects.<sup>1,2</sup> Tobacco use also leads to billions of dollars in economic loss as a result of health care spending and loss of productivity.<sup>3</sup> Assistance in quitting by health care providers has been proven as one of the most effective treatments for tobacco cessation and has been promoted by health care organizations and via clinical practice guidelines.<sup>4</sup>

Pharmacists are increasingly being recognized as having an important role in promoting tobacco cessation, given their expertise regarding medications and wide availability as a resource.<sup>5,6</sup> They are available without an appointment at various locations in communities. For several years, pharmacy advocates have been encouraging pharmacist involvement in tobacco cessation interventions. Research strongly suggests that pharmacist-led tobacco cessation interventions in community settings are effective.<sup>7-10</sup> However, providers' involvement in treating tobacco use, particularly that of community pharmacists, remains low because of a number of barriers.<sup>11-14</sup> Lack of time has been consistently reported as a barrier.<sup>11,13-16</sup> Accepting this barrier, pharmacy and health professions are now promoting adoption of a recently invented brief counseling approach called ask, advise, and refer (AAR).<sup>6,17,18</sup> AAR involves proactively *asking* patients whether they use tobacco, *advising* tobacco users to quit, and *referring* interested users to an intensive tobacco cessation program such as a state's telephone-

based quit line.

Fear of offending or alienating patients has also been reported by providers as a barrier to discussing tobacco cessation with patients who smoke.<sup>19</sup> Even among community pharmacists, previous qualitative and quantitative research indicated fear of offending patients and possibly losing "customers" as a primary reason for not counseling patients on tobacco cessation.<sup>20-22</sup> Interviews of community pharmacists have led researchers to hypothesize that fear of offending patients would remain a key barrier, even with the briefer AAR counseling approach.

On the other hand, literature on patient perceptions of pharmacists suggests that tobacco users interested in quitting are generally accepting of tobacco cessation interventions provided by pharmacists.<sup>23-25</sup> In Scotland, Coggans et al.<sup>26</sup> documented that 66% (n = 600) of the surveyed pharmacy patients agreed that they would be willing to discuss tobacco cessation with a community pharmacist. Brewster et al.<sup>27</sup> surveyed more than 2,000 Ontarians, one-third of whom thought their pharmacist would be a good source of tobacco cessation advice, while almost one-half said that they would be somewhat (25%) to very (20%) likely to seek advice from a pharmacist. Also, in one of the two studies conducted in the United States, Hudmon et al.<sup>24</sup> interviewed nicotine replacement therapy users who had either recently quit (75% of respondents) or were about to do so. A majority (63%, n = 103) believed that assistance or advice from a pharmacist would increase the chance of success in quitting. In the other study, of the 73 patients who completed a survey, those who smoked (n = 20) agreed or strongly agreed (85%) that pharmacies were the most convenient places for tobacco cessation programs.<sup>25</sup>

Little research has assessed smokers' perceptions of tobacco cessation counseling by community pharmacists. Additionally, it appears that most of the previous studies have focused on tobacco cessation programs/interventions in response to tobacco users' interest or readiness to quit compared with unsolicited interventions proactively initiated by pharmacists/pharmacy staff.<sup>24,25,27</sup>

## Objectives

Given that AAR is a proactive counseling approach that involves promoting tobacco cessation among all tobacco users, even those who might not be interested, assessing tobacco users' general receptivity toward such an approach is imperative. We sought to explore factors affecting tobacco users' perceived appropriateness of AAR at community pharmacies. The themes identified and the resulting hypotheses generated in this qualitative investigation could further guide the development of successful AAR implementation strategies in community pharmacies.

## Methods

To evaluate tobacco users' perceptions of AAR delivered by community pharmacists, the authors conducted an inductive qualitative study drawing on the principles of the grounded theory approach.<sup>28</sup> An inductive approach does not apply any

### At a Glance

**Synopsis:** Tobacco users who received tobacco cessation counseling at a community pharmacy were interviewed to determine perceptions regarding the ask, advise, and refer (AAR) counseling approach. Overall, the results suggested that tobacco users would be receptive to receiving proactive AAR counseling at community pharmacies, as long it is performed in a professional and respectful manner. Analysis of the interviews revealed eight themes; display of information and resources at pharmacies for as-needed use by tobacco users was the most frequently occurring theme.

**Analysis:** Based on the key themes emerging from the current work, community pharmacists are encouraged to display available resources to trigger inquiry by tobacco users interested in quitting and to be sensitive to tobacco users' readiness to quit by being nonjudgmental and unobtrusive during the steps of AAR counseling. Patients picking up prescription medications that are adversely affected by tobacco use could be initial candidates for AAR counseling. These findings suggest that community pharmacists' fears of offending patients by conducting proactive programs such as AAR may be misplaced.

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