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Graduate nurses and nursing student's behaviour: Knowledge and attitudes toward smoking cessation

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SUMMARY

Background: Smoking remains the largest single cause of preventable mortality. In rural Australia where the incidence of smoking is higher, health is substantially worse than other Australians. Smoking cessation is difficult with many attempts made before success. Health professionals are in a prime position to assist smoking cessation but are failing to consistently assess tobacco use and assist patients quit. Nurses who form the largest cohort of health care professionals, should play a part in smoking cessation yet their influential role is hugely underutilised. Given the strategic place of nurses to advance the anti-smoking message during clinical interactions, data was needed on smoking rates as well as on smoking attitudes and behaviours.
Objectives: To determine the smoking rates and behaviour as well as attitudes of nurses toward assisting hospitalised patients to cease smoking.
Design: Descriptive survey research design.
Participants: Non-probability sampling of undergraduate nursing students (n = 153) and graduate nursing students (n = 64) from a regional nursing school in an Australian university.
Methods: Survey.
Results: Factor analysis revealed four clearly differentiated factors, non-smoker's rights, cessation beliefs, cessation attitudes and therapeutic relationships. Significant differences were present in nurse's perceptions of smoking rights across age categories but not for other factors, no significant gender differences were noted across categories, nor were significant differences noted between levels of nursing qualifications across categories however smoking status revealed significant differences in perceptions of rights.
Conclusions: Student and graduate nurses are aware that they are role models and that they have an influential role in modifying patient behaviour. When it comes to assisting patients to cease tobacco use, age and smoking status of nurses influence their actions. Nursing curriculums need to emphasise the role nurses play in smoking cessation and give them the tools they need to help patients QUIT.

Introduction

Smoking is a leading cause of mortality and morbidity in Australia and the greatest burden on the health of Australian people (Australian Institute of Health and Welfare {AIHW}, 2012). The health consequences of smoking are well documented with smokers having a lifespan ten years shorter than non smokers (Doll et al., 2004). About 1:5 cancer deaths are attributed to smoking and more than 10,000 Australians are diagnosed with a smoking-related cancer annually (Cancer Council Victoria, 2012).

Smoking is one of the leading causes of death and disability worldwide with about 1.3 billion people currently smoking. By 2030 smoking is expected to contribute to about 10 million deaths annually (Peto et al., 2000). Smoking is the most modifiable, non-genetic risk factor for coronary heart disease; 2–3 times greater than for non-smokers (Munafò et al., 2003). 3.1 million adults smoke in Australia (Australian Institute of Health and Welfare, 2012) with most aged 25–29. Of 14–19 year olds, 14% of boys and 16% of girls smoked daily (Australian Institute of Health and Welfare, 2012). It is estimated that up to 50% of Indigenous Australian adults smoke. This group starts younger and has more difficulty giving up (Queensland Government, 2009). Annually about 3400 deaths and 30,450 hospitalisations are due to smoking with costs in Queensland alone more than $137 million per annum (Queensland Health, 2004). In Central Queensland, the focus of this research, reports note (ABS 3218.0) that women and men have significantly higher ischaemic heart disease mortality rates than average (Central Public Health Unit Rockhampton, 1998) with hospital admissions high and costly (Moxham et al., 2000).

Nurses can adopt a global framework such as that outlined by The Ottawa Charter for Health Promotion (WHO, 1986) by empowering individuals to cease smoking.

Most smokers consider cessation during hospitalisation (Dunn, 1998) but abstinence is difficult (Attenbring et al., 2004). Health

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professionals need to increase knowledge about these challenges and actively help people achieve a healthier lifestyle (Talbot and Verrinder, 2005). Nurses have a great potential for influencing patients with Munafò et al. (2003) reporting on how a nurse led smoking cessation group received accolades for their SmokeStop sessions. Nurses are well placed to screen people for risk factors and offer health education and interventions (Mitchell et al., 2009; Hall et al., 2005). The National Institute for Health and Clinical Excellence (NICE) recommends that nurses consult patients about smoking cessation (Carlebach and Hamilton, 2009) and the 2006–2010 Queensland Drug Strategy suggests training health professionals in the delivery of quit smoking assistance (Queensland Government, 2009).

Little accurate information exists regarding the incidence of smoking amongst nurses and student nurses but given high proportions of females in nursing, rates could be high if they smoke the same as other women of similar age and socio-economic groups (Rowe and Clark, 2000). Research from the USA (n = 91 651) suggests 1:3 (34%) smoked (Myers et al., 1987 cited in Hughes and Rissel, 1999).

Scanlon et al. (2008) argue that nurses should be involved in assisting smoking cessation. Hughes and Rissel (1999) examined attitudes amongst nursing staff (n = 610) and found a correlation with personal smoking status. Smokers in health care settings are poor role models, hold attitudes that impede their ability to help patients quit, are less likely to provide cessation advice and have knowledge deficits (Hughes and Rissel, 1999). A study of mental health nurses (n = 289) attitudes towards smoking reported that non-smokers held stronger views about the health promotion role. Despite possessing skills and knowledge to deliver the quit smoking message they were less inclined to do so if they thought the individual had a right to smoke or where smoking facilitated therapeutic interactions (Dwyer et al., 2009).

Smoking behaviour of nursing students may have a profound effect on the implementation of smoking prevention activities once they become registered (Baron-Epel et al., 2004). Baron-Epel et al.'s (2004) Israeli study examining nursing students' perception of smoking prevention (n = 782) found that smoking status exerted a marked influence on attitudes to smoking role modelling and prevention. Participants (22%) who were current smokers were less likely to be active in smoking prevention (Baron-Epel et al., 2004). A US study describing the smoking beliefs of nursing students (n = 200) found non-smokers more likely to provide tobacco treatment interventions (Jenkins and Ahijevych, 2003). Where nursing students do provide health education, they express conflict and uncertainty about individual autonomy and tobacco use (Chalmers et al., 2003).

Few studies of the incidence of nursing students smoking have been conducted in Australia (Rowe and Clark, 2000). A study that examined 366 undergraduate nursing students' knowledge and attitudes about the impact of smoking found most participants (n = 86; 24%) who smoked began prior to commencing their degree (Rowe and Clark, 2000). The incidence of smoking in female participants was higher than in men and for females generally. Nurses cognitively isolated knowledge about the effects of smoking, not allowing it to influence their attitudes (Clark et al., 2003). Relative risk is underestimated and while smokers accept the links to ill health, they do not personally relate to it. Clark et al. (2003) concluded that nurse educators should place greater emphasis on smoking, smoking-related illness and the nurses' role in health promotion. Further nurse educators should investigate how to change undergraduate nursing student's attitudes towards smoking.

People living in rural, regional and remote Australia have poorer health and smoke more when compared to metropolitan counterparts (Australian Institute of Health and Welfare, 2012) and thus experience the negative health consequences (Australian Institute of Health and Welfare, 2012) yet have less access to health services to gain treatment. Dunn (1998) describes a paucity of research address these issues in rural areas which is particularly important due to a lack of specialist services to support smoking cessation.

Nurses constitute the largest component of the rural health care workforce (Gomm et al., 2002) and given their strategic placement to advance the anti-smoking message data is needed on smoking rates as well as on smoking attitudes and behaviours. This study describes rural nurses and nursing students' beliefs about tobacco smoking, their smoking behaviours and identifies factors associated with their role in smoking prevention.

Aims

The aims of the project were to gather data on nurses and nursing students smoking behaviour, knowledge and attitudes and to determine if graduate nursing students demonstrate greater knowledge and positive attitudes towards smoking cessation when compared to undergraduate students.

Approach

Sample

This descriptive survey research design examined the questions previously stated and used non-probability sampling of undergraduate nursing students and graduate nursing students from a nursing school in an Australian university. Inclusion criteria were that participants would be undergraduate nursing students, and graduate nurses who provided informed consent. Ethical approval was obtained from the relevant Human Research Ethics Committee prior to the commencement of the research (Table 2).

Protocol

For undergraduate participants (N = 392), lecturers not directly involved in their study programme recruited students and distributed questionnaires at the commencement of term. Lecturers informed participants of the aims and objectives of the study, and reinforced that participation was voluntary. Completed questionnaires were returned to a sealed box and forwarded to the researchers. Questionnaires with an information letter, consent form and reply envelopes were forwarded to graduate participants (N = 454). They returned them directly to the researchers. No prompts were provided to participants to return the questionnaire. The response rate was 14.1% (n = 64) for alumni and 40% (n = 153) for nursing students with a response rate for the study of 26.1% (n = 217) overall.

Measurement

Questionnaire developed for an international study by Clark et al. (2004) was used to collect data (permission obtained). The survey contained 114 closed and open items in four sections: sociodemographic (4 items), attitudes to smoking (40 items), knowledge of smoking (38 items), and smoking behaviour (32 items). Attitudinal items were measured using a five point Likert scale. The open ended questions allowed participants to elaborate on their smoking behaviour.

Table 1
Health benefits of smoking cessation.

20 min	BP and pulse rate return to normal
8 h	Carbon Monoxide levels decrease by 50%; oxygen levels return to normal
48 h	No nicotine left in body, ability to taste and smell improves
72 h	Breathing becomes easier, energy levels increase, bronchial tubes relax
2–12 weeks	Circulation improves
1 yr	Heart attack risk drops to about 50% of a smoker Munafò et al., 2003