

Identifying beliefs about smoking in patients with peripheral vascular disease



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Peripheral vascular disease (PVD) is a chronic disabling illness that frequently results in the occlusion of arteries in lower limbs and may cause ischemia, gangrene, or infection. The single most significant factor contributing to both the onset and progression of PVD is smoking, which has addictive properties. Once smoking becomes a habitual behavior, combined with the atherosclerotic process, a disastrous pathway ensues. The aim of this project was to gain an understanding of the beliefs of patients with PVD who smoked. A nonexperimental, descriptive design was used. Data were obtained from a sample of participants with a known history of PVD who have had a previous vascular intervention and who are established patients in a vascular surgeon's private office N = 50. The majority of participants were male (n = 31; 63%) 65–74 years of age (n = 18; 36%), were unemployed (n = 30; 60%), and have smoked for greater than 51+ years (n = 13; 26%). A scale that was developed guided by the behavioral beliefs subscale revealed that PVD patients enjoyed smoking, smoking helped them to relax, and they believed that they were addicted to smoking. Results from the normative beliefs subscale indicated that the spouse or significant other, children or those whom they lived with, did not approve of their smoking and also that their healthcare provider had discussed smoking cessation with them. The control beliefs subscale results demonstrated that most patients had attempted to quit smoking and believed that it would be a difficult behavior to stop and they would require the assistance of a patch or medication and feared the withdrawal symptoms. In conclusion, exploring the beliefs and thought process of patients who smoked provided a rich body of knowledge which can afford the healthcare professional with the ability to better understand the smoking experience as seen through the patients' eyes. (J Vasc Nurs 2016;34:137-143)

Peripheral vascular disease (PVD), also known as arteriosclerosis obliterans, refers to the occlusion or stenosis of arteries, usually occurring in the lower extremities. This devastating disease can lead to loss of limb or even death. Between 5% and 10% of Americans, who are 40 years of age or older, are affected with PVD; of those, 40% are smokers.¹ In these atherosclerotic arteries, a cholesterol and/or protein core called an atheroma gradually enlarges causing stenosis or occlusion of medium and large vessels. If the diameter of the artery is reduced by 50% by the atheroma, flow is limited to muscle groups distal to the stenosis resulting in limb pain with walking or claudication.¹ Multiple levels of arterial occlusion result in more severe ischemia manifested as rest pain, tissue loss, or even gangrene.²

It is well established that atherosclerosis can appear as early as the first decade of life with symptoms appearing typically in the fourth or fifth decade of life.³ Typically, while at rest, blood flow is normal. At the onset of the disease process, these symp-

oms appear while ambulating for some distance, climbing stairs, or even with mild exercise. The proximal stenosis caused by the atherosclerotic process results in the affected arteries' inability to meet the metabolic blood demands of the distal muscles, subsequently leading to tissue ischemia manifesting in a cramping muscle pain.⁴ When the patient rests and ceases exercise, blood supply reaches muscles and pain then subsides. PVD if left untreated can severely debilitate a patient leading to tissue loss and in some cases, cause life-threatening infections.

Numerous risk factors can affect atherosclerosis. Many of these factors can be modified while others cannot. Aging and family history of early heart disease are not modifiable risk factors. Hypertension, obesity, diabetes, hyperlipidemia, sedentary lifestyle, and most significantly smoking are risk factors that can be modified or prevented. In this respect, smoking is both the disease and the cause of the disease.⁴

In 1965, reports of the Surgeon General mandated Congress to require all cigarette packages distributed in the United States carry a health warning label. Consequently, by September of 1970, cigarette advertising was banned on television and radio. The antismoking campaign had begun. Almost 50 years later, society is well aware of the dangers of smoking. Most individuals can associate the use of tobacco with the development of cancer. Some individuals are concerned and quit, whereas others hear the warning and continue to smoke. Of particular interest are patients with vascular disease, who often appear to be unaware of the correlation between smoking and atherosclerosis. Familiar antismoking campaigns in the media have traditionally focused on smoking's carcinogenic affects, toxic elements, and not the destruction of the patients' vasculature.

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Countless research studies are available regarding smoking and atherosclerosis. This disastrous combination is often what brings the patient with vascular disease to seek treatment due to the onset of claudicate pain. Lack of recognition of this association between smoking and arterial stenosis can lead to repeated surgical interventions. This manifestation requires exploration due to the fact that for some individuals, even after repeated vascular interventions and multiple return visits to the vascular surgeon's office, the smoking habit continues. The key question to address is: what are the driving factors that cause the patient with vascular disease to continue to smoke habit, addiction, peer pressure, or the smoking experience itself?

The purpose of this research project was to identify the behavioral, normative, and control beliefs of patients with PVD toward smoking.

THEORETICAL FRAMEWORK

The theory of reasoned action and the theory of planned behavior (TPB) are two of the most predictive persuasion theories in the literature.⁵ These two theories have been applied to studies of the relationship among beliefs, attitudes, behavioral intentions, and behaviors in various arenas ranging from advertising to healthcare. Ajzen⁶ states that salient beliefs, normative beliefs, and control beliefs are components that lead to the formation of behavioral intent (see Figure 1). In concert with one another, these beliefs are presumed to not only affect behavior directly but also affect it indirectly through behavioral intention. Ajzen⁷ further emphasized in the TPB that perceived control can influence intention, as well as attitudes and subjective norm, it can predict behavior directly, or in parallel with the potential influence of intention, especially in situations where behavior is not under the control of the individual.

Ajzen's considerations of the TPB are crucial in circumstances, projects, and programs that work with changing behaviors of people. In each perspective aggregate, behavioral beliefs

produce a favorable or unfavorable attitude toward the specific behavior. Normative beliefs result in perceived social pressure and subjective norm. Control beliefs are the third antecedent of behavioral intention defined as the individual's belief concerning perception control and person's actual control over the behavior. Understanding the beliefs of the patient with vascular disease provides an operational basis from which to develop patient education.

METHOD

Purpose

The purpose of this project was to identify the behavioral, normative, and control beliefs of patients with PVD toward smoking.

Design

A nonexperimental, descriptive design was used.

Sample and site

A convenience sample was drawn from 50 patients at a vascular surgeon's private office associated with a major trauma center. Inclusion criteria were aged 25 or greater; must be a current smoker; who smoked at least one pack per day and have smoked for at least the past 5 years; had at least one vascular intervention, either bypass or stent. Exclusion criteria included aged 25 or less; do not currently smoke; have quit smoking for more than 1 year; never had a vascular intervention.

Procedures

Data collection began after institutional review board approval notification. The focus of the project centered on a vascular surgeon with a high volume of patients with recurrent vascular disease. On arrival to office, all patients were routinely asked by the office staff to complete Centers for Medicare and

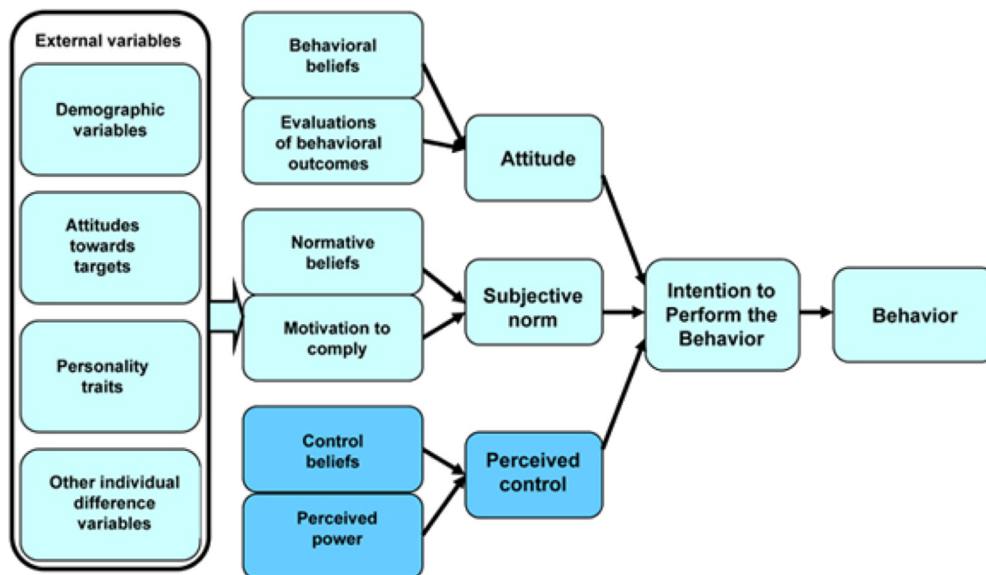


Figure 1. Theory of reasoned action and theory of planned behavior. Each behavior is defined within action, target, context, and time. Note: upper light area shows the theory of reasoned action; entire figure shows the theory of planned behavior.

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