



Motivational interviewing as a smoking cessation strategy with nurses: An exploratory randomised controlled trial



Agurtzane Mujika^{a,*}, Angus Forbes^b, Navidad Canga^a, Jokin de Irala^c,
Inmaculada Serrano^a, Plácido Gascó^d, Margaret Edwards^b

^a School of Nursing, University of Navarra, Spain

^b Florence Nightingale School of Nursing and Midwifery, King's College London, UK

^c School of Medicine, University of Navarra, Spain

^d Iturrama Primary Care Centre, Servicio Navarro de Salud, Spain

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ABSTRACT

Background: Despite the important role that health professionals have in reducing tobacco use, many have a smoking habit themselves. The prevalence of smoking is particularly high among nurses.

Objective: To test the efficacy, acceptability and feasibility of a motivational interviewing (MI) based smoking cessation intervention with nurses.

Design: Two group parallel experimental design with random allocation to groups.

Setting: A large teaching hospital in the North of Spain.

Participants: Nurses who smoked ($n = 30$) were randomised into two groups: motivational interviewing based intervention ($n = 15$) and usual care ($n = 15$).

Methods: Motivational interviewing based intervention consisted of four individual MI sessions. Usual care consisted of brief advice. Variables considered to assess efficacy were biochemically verified smoking cessation, mean cigarettes smoked, stages of change, self-efficacy and depression score. Variables to assess acceptability and feasibility included participant satisfaction, adherence to MI, and duration of sessions. Data were collected at: baseline, end of intervention and three months after the end of the intervention.

Results: At three month follow up, compared with the control group, more nurses in the intervention group had quit (absolute difference 33.3%; 95% confidence interval [CI] 2.6–58.2). In the nurses who did not quit, there was no significant difference between the intervention and control groups in the number of cigarettes smoked per day, although progress in the stages of change was greater in the intervention group compared to the control group. Measures of acceptability and feasibility indicated good satisfaction with the intervention, with high levels of attendance and completion.

Conclusion: This study found a beneficial effect of motivational interviewing on nurses' smoking cessation. The intervention was acceptable for nurses and a number of aspects were identified that need to be considered prior to conducting a larger scale in order to optimise the intervention. Using MI might be a novel approach to the problem of health professionals who smoke.

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* Corresponding author at: c/ Irunlarrea 1, 31008 Pamplona, Spain. Tel.: +34 948 425600x6631; fax: +34 948 425740.
E-mail address: amujika@unav.es (A. Mujika).

What is already known about the topic?

- There is a need to help nurses who smoke to abandon this habit.
- The smoking behaviour of this population, as health professionals, has peculiarities that may require different approaches.
- Cognitive dissonance is particularly central to this population's smoking behaviour.
- Motivational interviewing is a strategy that can be used in dealing with cognitive dissonance.

What this paper adds

- A motivational interviewing smoking cessation intervention with nurses showed a strong beneficial effect and was acceptable to them.
- This appears to be the first study using this strategy with nurses, a population among which this strategy could be especially effective.
- These promising results should be tested in a powered randomised controlled trial, after consideration of the aspects identified in the present trial.
- If future results supported these claims, the applicability of this approach might be extended to other subgroups such as physicians, among whom the issue of ambivalence may presumably be of relevance too.

1. Introduction

Smoking is the leading preventable cause of mortality and morbidity and health professionals are expected to contribute to tackle this problem. However, many health professionals smoke themselves. In many European countries such as Greece, Italy, Portugal, France and Poland the prevalence of health care providers who smoke exceeds that of the general population (La Torre, 2013). In Spain and Italy the number of smoking nurses approaches half of the nursing population, 44% and 49.8% being smokers, respectively (Santamaría et al., 2005; Ficarra et al., 2011). This has serious implications, in terms of their own health and in terms of the care they provide to their patients. The health promoting role is a core element of the practice of nursing (McCann et al., 2005). It has been reported that nurses who smoke: rate their health education role as being lower compared to non-smoking or ex-smoking nurses (McKenna et al., 2001), show poorer smoking-related knowledge (Booth and Faulkner, 1986), are less likely to instruct patients about quitting, and are less effective at providing support (McCarty et al., 2001). Furthermore, the smoking behaviour of the professionals themselves has been found to be the most significant variable affecting their health education role (McCann et al., 2005).

It has also been noted that health professionals who have quit are particularly effective at convincing patients to do the same (Willaing and Ladelund, 2004). The World Health Organisation (WHO) also has emphasised the need to help health professionals quit (WHO, 2005). Despite the centrality of the topic, efforts directed at reducing health professionals' smoking prevalence rates are limited. Smoking cessation studies conducted with nurses are

scarce, show variable results and are methodologically limited (Brown and Kiss, 1987; Gritz et al., 1988; Rowe and Macleod Clark, 1999; Chalmers et al., 2001).

There are a number of approaches which have shown to be effective in helping smokers quit, such as individual counselling (Lancaster and Stead, 2005) and group behaviour therapy (Stead and Lancaster, 2005). However, the smoking behaviour among nurses, and health professionals more generally, may have certain peculiarities given their professional role. There are reports of negative feelings among nurses about their smoking behaviour (González et al., 2009) and internal conflicts with the ambivalence that they experience around this behaviour (Radsma and Bottorf, 2009). Hence, it would seem that the cognitive dissonance experienced by nurses who smoke, in relation to the conflict between their knowledge of smoking disease, their role as health promoters and the needs they have that perpetuate their habit, might be important in helping them quit smoking.

Motivational interviewing (MI) is a specific psychological intervention that in part uses cognitive dissonance to promote behaviour change. There is evidence to show that MI can be an effective aid to help smokers quit (Lai et al., 2010) but to our knowledge there are no previous reports on the use of this strategy with health professionals. The aim of this study was to test the efficacy, acceptability and feasibility of a smoking cessation intervention based on MI in nurses.

2. Methods

The study was designed following the Medical Research Council's (MRC) framework for complex interventions and presented in this paper is the exploratory trial stage (Campbell et al., 2007). The study followed a two group parallel experimental design. Eligibility was based on nurses who smoked and accepted to participate. The study was designed as a preliminary trial to help estimate the treatment effect testing the hypothesis that a behavioural model of smoking cessation intervention based on motivational interviewing would have more impact on smoking cessation than brief advice.

2.1. Sample recruitment

The study was conducted at Clinica Universidad de Navarra (CUN) in Pamplona (Navarra), a large teaching hospital in the North of Spain. The study was advertised to smoking nurses who worked at the hospital, irrespective of whether they were thinking about quitting or not. Given the aim of this stage of the framework conventional sample size calculation was not appropriate (Lovell et al., 2008). It was deemed that 30 participants would be sufficient to obtain an estimate of the intervention's effect size, in line with studies of similar characteristics (Higginson et al., 2006; Turner et al., 2007; Lovell et al., 2008).

2.2. Randomisation

Nurses were randomly allocated to the control or intervention condition, using a computer-generated ran-

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