



Attitudes, barriers and facilitators to smoking cessation among Central and Eastern European nurses: A focus group study

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ABSTRACT

Purpose: Smoking among nurses is a barrier to providing smoking cessation interventions to patients. In Central and Eastern Europe—where tobacco use is the leading cause of preventable death and disease—there is limited knowledge about nurses' attitudes toward cessation interventions. Our aim was to describe the attitudes of nurses who are former and current smokers toward providing cessation interventions to patients as well as explore barriers and facilitators to their own quit efforts.

Methods: Nine focus groups with 81 nurses (94% females) in five Central and Eastern European countries. Content analysis was used to identify major themes.

Results: Nurses agreed that they should set a good example by not smoking; should be involved in helping patients stop smoking; and needed additional training in tobacco control. Five common themes were identified as barriers to quitting: smoking cues in the environment; presence of smokers in the environment; relapse postpartum; stress and nicotine addiction; and misperceptions about the dangers of smoking. Former smokers reported facilitators to quitting including: seeing the health consequences of smoking among their patients; personal and family health concerns; receiving support from family; and pregnancy.

Conclusion: There is a need to build upon nurses' positive attitudes about engaging in smoking cessation interventions with patients to ensure that cessation interventions are standard nursing practice. Future studies should focus on programs that support nurses' quit efforts by addressing barriers to smoking cessation, which will improve their health and patient care.

1. Introduction

Smoking is the single largest cause of preventable death and disease worldwide, with over 1 billion people addicted to tobacco smoking (World Health Organization, 2017a,b). In Europe, tobacco-related deaths and disability are major public health challenges, with an estimated 16% of all deaths (aged over 30 years) attributed to tobacco, compared to a global average of 12% (World Health Organization, 2012a). In the European region, Health 2020 goals indicate a strong commitment to reducing tobacco use (Jakab and Tsouros, 2015).

Despite the progress made in tobacco control in Europe, global reports show that, compared to other regions, Europe has the highest prevalence of adult smoking (28%) with the highest rates reported among females (19%) (Cattaruzza and West, 2013; Juranic et al., 2017;

Vakeffliu et al., 2013; World Health Organization, 2015; World Health Organization Regional Office for Europe, 2017). While nationally representative data is limited, the overall smoking prevalence among female nurses is estimated to be equal or higher than the general female population (Adamek et al., 2012; Dzionkowska-Zaborszczyk et al., 2009; Kralikova, 2013). Ample evidence suggest that nurses' own smoking behavior may be a barrier to promoting and providing tobacco interventions to their patients (Becker et al., 1986; Dalton and Swenson, 1986; Goldstein et al., 1987; McCarty et al., 2001a,b; Sarna et al., 2015; Sarna et al., 2000a,b). A critical systematic review and meta-analysis showed that nurses who smoked were 13% less likely to advise their patients to quit and 25% less likely to arrange smoking cessation follow-up (Duaso et al., 2017).

A large majority of smokers, including nurses, would like to quit

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(Fiore et al., 2008; McKenna et al., 2001; Sarna et al., 2010). Little is known about attitudes, barriers and facilitators to smoking cessation among European nurses as well as their roles in providing smoking cessation interventions to their patients. A study that focused on exploring United States (U.S.) nurses' attitudes toward smoking and quitting and preferences for cessation interventions showed that among nurses who smoked, a general lack of knowledge regarding cessation and support for quitting influenced their quit efforts (Bialous et al., 2004). In addition to describing their colleagues' lack of knowledge and support about cessation as a barrier to quitting, nurses expressed myths and misconceptions about smoking and quitting. Factors described by nurses to be facilitators to smoking cessation attempts included health concerns and presence of illnesses among family. In regards to nurses' roles in providing smoking cessation interventions to their patients, a study that examined factors affecting Korean nurses' intention to provide cessation interventions found that nurses' attitudes towards smoking cessation interventions had a significant positive influence in determining their intention to providing smoking cessation intervention to their patients (Choi and Kim, 2016). A U.S. focus group study conducted among 75 staff nurses showed that common barriers to providing smoking cessation to hospitalized patients included lack of concrete techniques used and fear of alienating patients who were not receptive to nurses' advice (McCarty et al., 2001a,b). In Ireland, similar findings have been reported. In a descriptive cross-sectional study involving 430 Ireland nurses, lack of training was cited by nurses as one of the main reasons for not giving smoking cessation advice to patients (O'Donovan, 2009).

In Central and Eastern Europe, research focused on tobacco use and treatment among nurses is sparse. Importantly, data are limited about factors affecting quit attempts among nurses who smoke. In a Czech Republic study focusing on evaluating the effect of a brief smoking cessation educational program on the frequency of nurses' interventions with smokers, showed that while the program demonstrated promise in building capacity among nurses to assist with smoking cessation, the program was less effective in increasing cessation interventions for patients among nurses who smoke (Sarna et al., 2014a,b).

Despite the immensity of the tobacco epidemic in Europe, few countries have tobacco treatment guidelines (Pine-Abata et al., 2013). There are currently no known nationally supported efforts focused on increasing capacity among nurses in Central and Eastern Europe for engagement in tobacco control. Although high smoking prevalence is recognized as a problem among nurses, very little is known about nurses' smoking cessation and quitting efforts. For the successful development and implementation of programs to support patients in their quit efforts, an in-depth understanding of nurses' attitudes and perceptions regarding smoking cessation and quitting is imperative, especially among those nurses who smoke.

The purpose of this study was to explore Central and Eastern European nurses' attitudes about their roles in providing smoking cessation interventions to their patients among nurses who were current or former smokers, as well as explore barriers and facilitators to their own cessation experiences. We described differences in demographic (i.e., age, sex) and professional (i.e., years in the profession, level of education, clinical practice setting) by smoking status as this might influence nurses' attitudes about their roles in providing smoking cessation interventions to their patients. Smoking characteristics of current smokers, including level of addiction (time to first cigarette), number of prior quit attempts and current interest in quitting were also described.

2. Methods

2.1. Design

A qualitative descriptive study design utilizing nine focus groups conducted in five Central and Eastern European countries: Czech Republic, Hungary, Romania, Slovakia, and Slovenia between March

2015 to February 2016.

2.2. Participant selection and recruitment

Nurse champions, at least one from each country, were responsible for recruiting nurses through advertisements (email/web-based and printed flyers) in hospitals and ambulatory settings. Nurse champions were nurses who were experienced with the organizational culture of nursing in their country. They were responsible for leading change processes through the phases of initiation, development and implementation evidenced-based practice (Shaw et al., 2012). Focus groups' inclusion criteria were: practicing nurses who provide direct patient care and who self-reported as being current or former smokers. Exclusion criteria included: nurses who were never smokers and/or who were in administrative positions.

2.2.1. Instrument

All participants were asked to complete a questionnaire adapted from the originally developed and previously validated 19-item questionnaire "Nurses Helping Smokers Quit" (reliability $\alpha = 0.92$) (Sarna et al., 2000a,b), which was later translated by native speakers and validity was re-established with test-retest reliability (93% of the [kappa] values were in the acceptable range, i.e., > 0.7) (Sarna et al., 2014a,b; Sarna et al., 2015). This questionnaire was used because it was developed based on the Agency for Health Care Policy and Research (AHCPR) Smoking Cessation Guideline as a framework (Fiore et al., 1996) and was used previously to explore smoking cessation interventions among nurses in Central and Eastern Europe (Sarna et al., 2014a,b; Sarna et al., 2015; Sarna et al., 2000a,b). Items included description of their demographic (age, gender) and professional characteristics (nursing practice duration, educational level, clinical practice setting). Additional items described the nurses' own smoking history and current smoking status (time to first cigarette as a measure of level of addiction, previous quit attempts, current interest in quitting). To explore nurses' attitudes about their roles in providing smoking cessation interventions to their patients, a series of statements were presented about being non-smoking role models, involvement in helping patients stop smoking and their perceived need for additional skills or training in tobacco control. Nurses were asked to indicate their level of agreement using a 5-point Likert scale, with 1 expressing strong agreement and 5 expressing strong disagreement.

A moderator's guide, translated and culturally adapted for each country, was used to guide the discussion (Bialous et al., 2004). This moderator guide was reviewed by nurses and tobacco control experts in each country and was deemed appropriate, based on the limited available research, and experts' knowledge, on nurses and smoking in each of the countries. While this guide was previously used to facilitate an in-depth understanding of issues related to U.S. nurses' attitudes toward smoking and quitting, and preferences for smoking cessation interventions (Bialous et al., 2004), nurses and tobacco control experts in each country validated the questions and no major changes were required to specifically address issues raised in Central and Eastern Europe. The guide included open-ended questions about nurses' views and attitudes about helping patients quit and their own smoking cessation experiences. Nurses were asked to discuss when they initiated smoking, quit attempts as well as facilitators supporting quit efforts and barriers to quitting influencing smoking relapse. Table 1 depicts the specific questions asked during the focus group discussions.

2.3. Ethical consideration

Ethics approval was obtained from Institutional Review Boards at the University of California, Los Angeles (UCLA), University of California, San Francisco (UCSF), and from all participating sites in each of the five countries: Centre for Tobacco-Dependent, Charles University and General University Hospital in Prague (Czech Republic),

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