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Engaging nurses in smoking cessation: Challenges and opportunities in Turkey

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ABSTRACT

This paper discusses the training of nurses in smoking cessation as part of routine patient care in Turkey. Formative research was carried out prior to training to identify challenges faced by smokers when trying to quit. Site visits to government hospitals and cessation clinics were conducted to observe health care provider-patient interactions involving behavior change.

Four culturally sensitive cessation training workshops for nurses (n = 54) were conducted in Istanbul. Following training, nurses were debriefed on their experiences delivering cessation advice. Challenges to cessation counseling included lack of time and incentives for nurse involvement; lack of skills to deliver information about the harm of smoking and benefits of quitting; the medicalization of cessation through the use of pharmaceuticals; and hospital policy which devalues time spent on cessation activities. The pay-for-performance model currently adopted in hospitals has de-incentivized doctor participation in cessation clinics.

Nurses play an important role in smoking cessation in many countries. In Turkey, hospital policy will require change so that cessation counseling can become a routine part of nursing practice, incentives for providing cessation are put in place, and task sharing between nurses and doctors is clarified. Nurses and doctors need to receive training in both the systemic harms of smoking and cessation counseling skills. Opportunities, challenges and lessons learned are highlighted.

In 2004, Turkey was among the first countries to ratify the World Health Organization's (WHO) Framework Convention on Tobacco Control (FCTC) [1], the first international health treaty in history. In 2013, it became the first country in the world to fully implement all of WHO's six MPOWER tobacco control measures (Monitor, Protect, Offer help, Warn, Enforce, and Raise taxes). As one of the tobacco control leaders in Europe and the Middle East, Turkey has enacted comprehensive smoke-free legislation and taxation on tobacco products [2]. Despite the effectiveness of tobacco control legislation in the country, smoking remains a key public health concern causing an estimated 100,000 deaths per year [2].

Turkey is the eighth largest consumer of tobacco globally [3]. Findings from the most recent Turkish Global Adult Tobacco Survey (GATS) show that smoking prevalence 44% among males and 18% among females [4]. Notably, between two GATS surveys conducted in Turkey in 2012 and 2016 prevalence had increased significantly from 27% to 31% overall [4,5]. Among health care providers, smoking prevalence rates remain high: 24% of general practitioners, 19% of nurses and 22% of midwives are regular smokers [5]. Smoking cessation has also not received the attention it demands by health care providers. GATS data revealed that only 51% of smokers were asked about their smoking status by a health care provider in the previous year, and only 43% of these smokers were advised to quit [5]. There is a critical need to expand the reach and depth of cessation to all segments of the healthcare delivery system in Turkey to realize a more comprehensive implementation of tobacco control policy.

In this paper, we present data from a study that examined the participation of nurses in smoking cessation counseling in Turkey. Before considering opportunities and challenges for involving nurses in these behavioral interventions, we provide a brief overview of nurse participation in prevention and tobacco cessation. We also discuss how cessation has been implemented in

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Turkey and how recent shifts in national health policy are impacting cessation efforts.

1. The role of nurses in smoking cessation and other behavioral interventions

Nurses have a long history of serving as patient educators and counselors as well as health promoters in clinical and community settings [6,7]. Nurses typically have longer consultations with patients and provide them more information, resulting in enhanced patient satisfaction [8,9]. Increasingly, nurses have been called upon to become more actively involved in the provision of behavioral interventions and life style modifications as a central aspect of their practice [10]. In order to be effective, nurses need to engage in healthy behaviors themselves (e.g., quitting smoking) so they can be role models for their patients.

Numerous examples of nurse interventions to help smokers quit have been reported [11,12]. A recent Cochrane Review of 35 trials (over 17,000 participants) comparing nursing interventions to a control or to usual care concluded that interventions by nurses significantly increased the likelihood of quitting [11]. Trials included in the review were conducted in the U.S, the U.K. and other European countries, Australia, and China. Research results have shown that when a patient is asked about their tobacco use and advised to quit by multiple health professionals, including nurses, they have more than twice the odds of having quit in the previous year [13]. Such findings support cessation policy that promotes a teamwork and task sharing approach to cessation between nurses and doctors [14].

Two key barriers to nurse participation in cessation have been noted in the literature [12]. First, smoking among nursing professionals is a deterrent to providing cessation counseling to patients. Nurses who smoke rate their role as health promoters as problematic [15]. In Turkey between 20 and 45% of nurses are current smokers [[15],16]. Alarmingly, in one study, 90% of nurses reported that they started to smoke during or after nursing education [16]. A second barrier is that nursing curricula often provides little skill-based instruction on how to counsel patients to quit beyond offering general advice that smoking is harmful for health. Without proper training in helping patients with life style modification, nurses may lack the self-efficacy and knowledge base to engage in behavioral interventions.

2. Overview of tobacco control and smoking cessation in Turkey

Turkey's success in tobacco control policy has been well documented [2,5,17]. In contrast, cessation services, which are an important component of Turkey's national action plan, have been relatively undocumented. Cessation clinics were first established in the 1990s. Prior to the establishment of the Smoking Cessation Treatment Support Program (SCTSP) in 2010, there were few cessation clinics in the country (n = 45) and these were not coordinated at the national level. SCTSP called for "supporting approximately two hundred and fifty thousand smokers countrywide with smoking cessation medications free of charge" [18].

In 2011, Turkey established guidelines for Tobacco Dependence Treatment Units (TDTU) in Turkish hospitals specifying that each TDTU employ at least one physician and one psychologist certified in tobacco dependence treatment, one nurse, and a secretary. The role of the nurse was left unspecified and in practice, the role became largely administrative. For a physician to be certified to work in these clinics, they had to undergo online and in-person training in tobacco cessation. The training included the neurobiology of tobacco dependence, behavioral approaches commonly used in tobacco cessation and pharmaceutical treatment [14,19].

As of June 2015, there were 415 cessation clinics in Turkey staffed by 526 trained medical doctors and 398 peripheral healthcare professionals [20]. Twenty-seven of these clinics are located in government hospitals in Istanbul [21]. Most patients who attend cessation clinics are prescribed pharmaceuticals by physicians. To date, only one study has evaluated the efficacy of the national cessation program by determining cessation rates in a random sample of the program's total participants (n = 16,473) [18]. Over the course of one year (2010–2011), all people attending cessation clinics received free medications. Varenicline was provided to 64% of participants, and Bupropion to 36% of participants. Phone interviews revealed that 30% of Varenicline users and 25% of Bupropion users quit smoking and had not relapsed to smoking at one year. Elderly patients had higher quit rates, and women were more successful in quitting than men. Participants with hypertension, diabetes, and coronary artery disease were more successful in quitting than those without these conditions [18].

The cornerstone of the smoking cessation program developed by the Ministry of Health has been the use of pharmaceuticals as the primary medium of cessation. Government hospitals were to be used for the distribution of the drugs, and hospitals were urged to open up cessation clinics as part of the program. Yet many lacked the necessary personnel and training to carry out cessation counseling beyond prescription of pharmaceuticals. Once the first batch of drugs had been dispensed to patients, these clinics were mostly inoperable.

Beginning in 2004, the Turkish healthcare system went through major transformations in all sectors. A major shift was from a centralized state employer system to a more neo-liberal, performance and output oriented management system [22]. One component of the reform package was a change in remuneration for services rendered by physicians in hospitals settings with the revenue of hospitals and doctors directly tied to the volume of services provided [23]. Of interest in this paper is the extent to which shifts in national health care policy have impacted cessation efforts in hospital settings. (Note: citation numbers may change since this para was moved)

To date, no studies have examined the potential role of nurses in tobacco cessation in Turkey, and little is known about how best to implement cessation counseling as part of routine nursing practice in hospital in-patient and outpatient settings. Data presented in this paper are drawn from an ongoing Quit Tobacco International-(QTI) project that is tailoring smoking cessation training to Turkish culture and training nurses in basic cessation counseling to be integrated into their routine practice. In keeping with QTI training developed for medical students and physicians in India and Indonesia, Turkish nurses are being trained to establish the relevance of cessation advice by addressing how smoking has contributed to or exacerbated a patient's existing health care problem, and how secondhand smoke places others in their household at risk [24,25]. QTI training draws on over a decade of culturally sensitive cessation training in India and Indonesia [24,25], and builds on formative research on smoking behavior, social and cultural challenges to quitting, and ways of encouraging quitting.

3. Materials and methods

This multi-method project is being carried out in Istanbul, Turkey (2014–2017). Initially, members of the research team reviewed nursing curriculum from four prominent nursing schools to ascertain whether tobacco-related information and smoking cessation skill training was incorporated in their training. Key informant interviews were conducted with health profession-

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