



Enfermería Clínica

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ORIGINAL ARTICLE

Assessing motivation to smoking cessation in hospitalized patients[☆]

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Received 21 June 2016; accepted 18 November 2016

KEYWORDS

Smoking;
Smoking cessation;
Intervention;
Motivation

Abstract

Aim: To assess motivation to quit smoking in patients admitted to an acute care hospital, determine predictors of readiness to change, and identify a risk group that requires targeted motivational interviewing.

Methods: A cross-sectional descriptive study. A retrospective study was performed on the medical records of 248 patients aged >18 years with smoking habits admitted to the medical and surgery units of a district hospital between May 2014 and April 2015. The data collected included sociodemographic data, data on respiratory function, number of cigarettes smoked per day, motivation to quit smoking, patient-reported readiness to quit, history of respiratory diseases and previous admissions.

Results: The Richmond test revealed that 54% of patients (n=134) were poorly motivated to quit smoking vs. 11.74% (n=29) who reported to be highly motivated. The group of patients who reported to be willing to receive support (n=77) was prevalently composed of men (p=0.009) admitted to a medical care unit (p=0.026) – mainly the Unit of Cardiology (51%) – who smoked 11/29 cigarettes/day (p=0.015). Dyspnoea at admission, a history of respiratory disease and previous admissions for respiratory problems were not predictors of readiness to quit.

Conclusions: This study identifies a risk group of patients with respiratory disease, low motivation to quit smoking and poor readiness to receive smoke cessation support, that should be the target of motivational approaches to behaviour change.

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[☆] Please cite this article as: Sepúlveda-Sánchez JM, Canca-Sánchez JC, Rivas-Ruiz F, Martín-García M, Lorente Márquez C, Timonet-Andreu EM. Evaluación de la motivación para la cesación tabáquica en pacientes hospitalizados. Enferm Clin. 2017. <http://dx.doi.org/10.1016/j.enfcli.2016.11.005>

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PALABRAS CLAVE

Tabaco;
Cese del tabaquismo;
Intervención;
Motivación

Evaluación de la motivación para la cesación tabáquica en pacientes hospitalizados**Resumen**

Objetivo: Evaluación del nivel de motivación para la cesación tabáquica en los pacientes que ingresan en un hospital de agudos, identificación de los factores que predicen el inicio del cambio y establecimiento de un grupo de riesgo susceptible de intervención.

Método: Estudio transversal descriptivo. Evaluación retrospectiva de las historias clínicas de 248 pacientes fumadores mayores de 18 años ingresados en unidades médicas y quirúrgicas de un hospital comarcal, entre mayo de 2014 y abril de 2015. Se valoraron datos sociodemográficos, variables relacionadas con la necesidad de respirar, consumo de cigarrillos/día, motivación para la cesación tabáquica, interés manifestado y antecedentes de patología respiratoria e ingresos previos.

Resultados: El resultado del test de Richmond indicó que el 54% de los pacientes (n = 134) tenía una baja motivación para dejar de fumar frente al 11,7% (n = 29) que manifestaron una alta motivación. El grupo de pacientes que quería recibir ayuda (n = 77) estaba constituido fundamentalmente por hombres (p = 0,009), ingresados a cargo de especialidades médicas (p = 0,026) principalmente cardiología (51,%) y consumidores de 11-29 cigarrillos/día (p = 0,015). La presencia de disnea al ingreso, antecedentes de patología respiratoria e ingreso en el año previo por motivos respiratorios no constituyeron variables predictivas para obtener una respuesta motivadora hacia la cesación tabáquica.

Conclusión: Se evidencia un grupo de pacientes afectados respiratoriamente con baja motivación para dejar de fumar que no quieren recibir ayuda y que deben ser considerados grupo diana para planificar estrategias motivadoras para el inicio del cambio.

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What is known?

It is well known that hospitalisation offers patients who smoke the opportunity to kick the habit but intervention becomes more complex when healthcare professionals are dealing with individuals who feel little motivation to change.

What is offered?

Our study highlights a group of hospitalised patients with respiratory disorders and a lack of motivation to stop smoking, and who did not require support. These patients should therefore be considered a target group for planning medium and long term motivational strategies towards starting a healthy lifestyle.

Introduction

Smoking is a major public health problem worldwide, resulting in around 6 million deaths every year.¹ It is estimated that in 2020 smoking will cause 18% of deaths in the developed countries, and 11% in the developing countries.²

In 2008, the WHO identified six effective, evidence-based smoking control measures to reduce tobacco consumption.³

These measures known as MPOWER, are means to reduce demand contemplated under the WHO Framework Convention on Tobacco Control, and comprise: monitoring tobacco use and prevention policies, protecting people from tobacco smoke, offering help to quit tobacco use, warning of the dangers involved, enforcing the prohibition of tobacco advertising, promotion and sponsorship, and raising taxes on tobacco.

At institutional level, in order to comply with these WHO premises, a great undertaking is required of healthcare personnel to offer smoking cessation support. To that end, it is essential to identify the appropriate teaching and learning moments in order to change unhealthy behaviours for the better.⁴ These potential situations are determined by the patient having sufficient and relevant concern to recognise their unhealthy habits, in a context that links worry with health behaviour in order to motivate change, and ultimately for the individual to respond with a desire to discuss and commit to a change of behaviour.

The findings in this search for opportunities suggest that the teachable moment is not unpredictable or simply a convergence of situational factors that trigger changes in behaviour, but that the interaction of healthcare staff with patients can be essential in creating teachable moments to encourage making changes towards a healthy lifestyle.⁵ Success is based on the ability of the clinician to identify and explore the relevance of the patient's worries and recognise opportunities to link these worries with unhealthy behaviours.

Therefore, diagnosing disease is considered a positive sign for generating change, and admission to hospital is

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