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Smoking Cessation Communication and Education

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Abstract

The increased need for more smoking cessation education at a local hospital in Oklahoma has been expressed by many of the staff. The nursing staff feels both unprepared and poorly educated on the appropriate interventions and education that leads to smoking cessation in their patients according to a recent online suggestion. Smoking cessation to patients can be crucial to recovery and long term goals and outcomes for patients and their success. Education that leads to smoking cessation, reduces mortality rates for the surgical patients more than any other treatment or method used.

Keywords: Smoking • Cessation • Communication • Education

Introduction

Patients who quit smoking reduce their risk for future disease and mortality by one-third after 2 years. Educating nurses in a hospital setting on effective smoking cessation education for patients is the key to successful smoking cessation in post cardiac care patients or hospitalized patients in general [1].

The smoking epidemic that is plaguing our hospitals with COPD exacerbations and cardiac complications that require interventions is growing at a rapid rate in the United States. Tobacco addiction knows no race, gender, socioeconomic status, geographic region, age or education level. In the United states alone 15 out of every 100 people smoke cigarettes. That is an estimated 36.5 million people nationwide, 16 million of those people living with smoking related diseases. Smoking rates are at their highest among the male population, the age range of 25-44 and within the Hispanic and African American populations [2].

The need for change in the implementation of tobacco education and communication between the patient and nurse within the hospital settings is extreme. Nursing staff need to be better educated and feel better equipped to educate the tobacco using patient population and the education and resources provided to the patient need to be fine-tuned to ensure success. In order for this plan to be effective and properly implemented the seven phases of planned change will be utilized [3]. Change is always happening and always needs to happen within the evolving health care population. Ongoing sensitivity to this process is essential [4].

Lippett's seven phases are more precise and have properties of both the nursing process and Lewin's original plans of change. The following steps: Diagnosis the problem, assess motivation and capacity to change, assess change agent's motivation and resources, select progressive change objective, choose the appropriate role of the change agent, maintain change and terminate the helping relationship [5].

Literature Review

In assessing the need for change within the nursing community and within the patient community makes its voice heard in different ways. The nurses at the local cardiac hospital, which prides its self on education, have an online suggestion box in which 263 times in one-year better tobacco education for both nurses and patients was requested. On the other hand, the need for better cessation education is clear in the staggering amount of smoking Americans reportedly at 36.5 million. What is even more shocking is the underutilized free cessation services offered [6].

More education to nursing staff would hopefully mean more education and resources are made know to patients who need them. Motivation for change in the education system from a nurse's standpoint really comes down to the culture that has been laid into place in the hospital [7]. The hospital ranks in the top 2% in the nation in several different national rankings including HCAPS. Patient satisfaction, safety and education is at a top priority to all who are hired, this being said motivation is always at a high when it comes to patient success [8].

The motivation for the hospital's staff nurses is the honor of working and being a part of such a successful organization. In order for the change to be successful, the education must also inspire patients as well to become motivated to actually make the change. Social-cognitive factors have proven to strongly affect successful

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smoking cessation education in the patient population of cardiac patients who are addicted to tobacco and are suffering from tobacco related illnesses' and diseases, include self-efficacy or the conviction to be able to quit, relapse self-efficacy also known as the conviction to be able to quit after a relapse, positive attitude toward quitting, social support and intention. Successful patient motivation will incorporate these as well as hands on learning, personal stories and statistics [9].

The environment is extremely condusive to change. If large not for profit hospitals were a barge, when a change in direction must happen it is extremely slow to be implemented, the environment and hospital where the change is implemented would be considered a speed boat, able to turn at a moment's notice. New protocols are implementing, changed and launched all the time which lends to the adaptability of the hospital [10].

Discussion

Planning and communicating

Short and long term goals are imperative to the planning as well as the evaluation process. The short-term goal is for the nurses to state an increase in knowledge and resources, in order to provide educated successful smoking cessation to the patients. The long-term goal is for the patients to say that the smoking cessation education provided at the bedside by the nurse led them to the resources that gave them the tools to quit smoking [11].

Education materials were created by committee formed of former smokers and nurses to create handouts, videos and a one on one teaching lesson to be used both during the hospital and at home to ensure compliance. After the initial phase was finalized a test group of patients piloted the program and were given evaluations after and were followed after their inpatient stay to measure compliance and effectiveness of education so that the committee could make necessary changes.

Unfreezing can occur by a deliberate action of a driving force and is defined as "the awareness of an opportunity, need or problem for which some action is necessary". Unfreezing was initiated by the nursing staff due their realization and request of the need for better education on smoking cessation. Nurses on the floor stepped up and helped to be the driving force for a needed change by volunteering for the committee or taking the education classes offered to help roll out the new education protocol. The voice is given to the nurses at the bedside but the power is in the end the committees to hold and decide on changes and ways to continue to better the education.

Small resistances came from nurses who had personal issues with tobacco abuse and or a select few nurses who were resistant to any form of change but was over all widely accepted and appreciated. The privately owned hospital is not lacking on funds and or resources to provide better patient care and support better patient outcomes so financial issues are not a problem. A committee should be set up then met several times and decide on printed materials and what resources to include as well as an outline to help guide the bedside nurses when teaching the cessation to the patients. Once the material is in place, 5 classes should be set up and made mandatory for nurses to attend one hour session to be educated on the new materials.

The teaching sessions for nurses should be designed not only to educate them on the new system but to inspire them to help patients to a healthier way of living. Attributes of nurses who are positive change agents like commitment to a better way, courage to challenge norms, going beyond the role and taking initiative, being self-motivated and committed to the change were all discussed to help transform their wonderful suggestions that brought this change about into actual behaviors and success in the patients.

Conclusion

Knowing the importance that past studies placed on inpatient bedside counseling in the success of smoking cessation, it was imperative that the nurses not only be trained to council at the bedside but to follow up as well with patients. Recent studies have supported the role of nurses in delivering smoking cessation counselling. A clinical trial involving nurse case managed tobacco cessation counselling for inpatients in a hospital setting showed that patients receiving counselling intervention were more likely to be successful in their smoking cessation by 28% compared to those receiving pharmacotherapy which were only 16% successful. Another study indicated that intensive nursing counselling with telephone follow-ups was more effective than brief counselling and providing educational materials alone. Educating nurses of these hard fact of patient success based on the program we were initiating was important to keep the plan moving and the desired education behaviors intact at the bedside.

The recognition embedded within the education program is tied to the patient surveys and success. Nurses should be rewarded bucks (the hospital standard of rewards already in place) to buy allocated items. In addition, nurses recognized as having a successful patient outcomes will be later asked for input and offered a chance at a leadership position within the committee and program.

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