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EFFECTIVENESS OF NURSE-LED SMOKING CESSATION PROGRAMS

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Abstract

Approximately 50% of smokers succumb to diseases directly caused by smoking. Cessation of smoking may mitigate these issues. Smoking cessation therapies include a range of methods aimed at assisting smokers in effectively quitting. Research indicates that hospitalization is a valuable chance for nurses to assist patients in quitting smoking due to the implementation of No Smoking policies. The objective of this research was to elucidate the role of nurses in the design and execution of nursing interventions pertaining to smoking cessation. A comprehensive literature review was conducted using various databases including Web of Knowledge, ProQuest, Medscape, MedlinePlus, Ovid SID, Magiran, PubMed, and Science Direct. The search covered the period from 1990 to 2015 and focused on the following keywords: role of nursing in smoking cessation, nursing intervention in smoking cessation, smoking cessation, smoking quitting, and interventions planned by nurses. The majority of research used various approaches, such as manuals, booklets, brochures, training materials, and printed instructional materials, as well as audio and video files. Several research included nicotine replacement strategies, including the use of nicotine skin patches, nicotine chewing gum, or bupropion. In addition, 17 investigations were undertaken by telephone to follow up with patients after they were discharged from the hospital. Nurses' interventions for smoking cessation are crucial in facilitating effective smoking cessation among patients. Nurses may use a range of interventions based on the patient's specific state and diagnosis of various illnesses.

Keywords: nursing in smoking cessation, nursing intervention, smoking cessation, smoking quitting, nurses, review.

1. Introduction

Smoking is a method by which individuals are susceptible to a range of illnesses, including several types of cancer, which may eventually lead to death. Smoking is a known cause of cancer and several health issues. According to multiple sources (Centers for Disease Control and Prevention 2010; Edwards 2004; Health and Services 2012), 87% of lung cancers

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are directly linked to smoking. The number of fatalities and impairments caused by smoking is rising on a daily basis (Rice & Stead 2008; Rice et al. 2013). According to statistics, around 50% of smokers succumb to diseases caused by smoking (Patient Trusted Medical Information and Support 2015). Smoking causes the death of 440,000 individuals in the United States every year (Fung et al. 2005; Meenan et al. 1998; Newhouse et al. 2011, Whyte et al. 2006). World Health Organization data indicates that smoking is responsible for one death every 8 seconds worldwide. Furthermore, as stated in a study by the World Health Organization, smoking is responsible for more than 3 million fatalities per year. According to estimates, the number of persons affected is projected to increase to 6 million each year by 2012 and then to 8 million by 2030 (Chaney & Sheriff 2012; Peto et al. 1996; WHO 2011, 2015; Wipfli 2012).

2. Smoking cessation therapies

Cessation of smoking is advantageous for smokers of all ages and levels of tobacco use (Canv 2012). Smoking cessation therapies include a range of methods aimed at assisting smokers in effectively quitting. The consultation processes include several methods for quitting smoking, including individual or group sessions, use of nicotine replacements, hypnotism, acupuncture, behavioral programs, and the use of drugs such tricyclic antidepressants. Utilizing a mix of these strategies often yields more results than relying on a single process alone. The optimal approach to stop smoking include prioritizing self-care and seeking guidance and support from a healthcare practitioner. Healthcare professionals, such as doctors, dentists, nurses, and others, may provide valuable assistance to smokers by offering support and encouragement (Centers for Disease Control and Prevention 2015; Fiore et al. 2008; Schwartz 1992).

Meanwhile, nurses may be much more efficient as the primary caregivers due to their extended duration of patient interaction (Sarna 2014). Moreover, research indicates that being hospitalized might provide a valuable chance to cease smoking, since smoking is prohibited by rules and the importance of nursing in this matter is emphasized (Newhouse et al. 2011).

Nurses play a vital role in urging smokers to stop. While nurses may not have extensive time for counseling patients on smoking cessation, they may nevertheless be influential by just recommending that patients stop smoking (Borrello 2010; Chaney & Sheriff 2012). Given that smoking is widely acknowledged as a significant risk factor for the development of several illnesses, and that stopping smoking may effectively decrease or eliminate associated health issues, three key concerns arise: Can hospitals provide an appropriate environment for those who are motivated to stop smoking and give them with the necessary support to effectively quit smoking? Can hospitals be prioritized above other health or counseling centers located elsewhere? Based on past research on the beneficial influence of nurses' complete involvement in patient care, is it more successful to implement smoking cessation programs via targeted nursing interventions?

Several studies have examined the effects of nursing interventions on smoking cessation. These studies suggest that nurses play a significant role in helping patients quit smoking and influencing their decision to quit (Rice & Stead 2008; Sarna 2014). The studies included various methods such as manuals, pamphlets, brochures, printed educational materials, audio files, video

files, and recommendations to prevent relapse. Several studies utilized nicotine replacement methods, including nicotine skin patches (Canga et al. 2000; Chouinard & Robichaud-ekstrand 2005; Lee et al. 2013, 2015; Quist-paulsen & Gallefoss 2003; Simon et al. 1997), nicotine chewing (Chouinard & Robichaud-ekstrand 2005; Quist-paulsen & Gallefoss 2003; Ratner et al. 2004; Simon et al. 1997; Taylor et al. 1990), and the medication bupropion (Lee et al. 2015; Meysman et al. 2010; Ratner et al. 2004; Simon et al. 1997). The last follow-up visits conducted by nurses took place either at the patient's home (Chouinard & Robichaud-ekstrand 2005; Ratner et al. 2004), at an outpatient clinic (Griebel et al. 1998), or in the hospital (Canga et al. 2000; Gies 2005; Quist-paulsen & Gallefoss 2003; Simon et al. 1997; Smith et al. 2011; Taylor et al. 1990).

Based on the analysis of all the research, smoking cessation was initiated during the hospitalization period. While the majority of patient volunteers were enlisted and encouraged to stop smoking, several studies suggest that smoking cessation therapies should be provided to all patients, coupled with motivating strategies like positive reinforcement (Bolman et al. 2002). They think that the rate of smoking cessation tends to be greater in these circumstances. Volunteers who are motivated to stop smoking after leaving the hospital tend to consider the first advice given during nurse consultations, which might potentially inspire them to quit smoking. On the other hand, those who lack motivation to quit smoking may not give much thought to these recommendations.

The salient aspect of these studies was that patient inclusion criteria were based on smoking status, and follow-up data was collected by self-reporting. Two studies requested a close relative to provide information on the patient's smoking status (Miller et al., 1997; Taylor et al., 1990). However, most studies employed safer methods than relying on patients' self-report. These methods included measuring the level of carbon monoxide in exhaled air (Gies 2005; Lee et al. 2013, 2015; Meysman et al. 2010; Taylor et al. 1990; Wakefield et al. 2004), measuring the levels of cotinine in saliva (Simon et al. 1997; Smith et al. 2011), cotinine measured in serum (Taylor et al. 1990), or nicotine metabolites in urine (Canga et al. 2000; Chouinard & Robichaud-ekstrand 2005; Hanssen et al. 2009; Quist-paulsen & Gallefoss 2003; Simon et al. 1997; Wakefield et al. 2004).

A constraint of the current research was the limited range and availability of electronic databases at the institution. Another constraint was the incorporation of research only authored in the English language. Furthermore, this analysis did not include other studies conducted using other methodologies, such as analytic review. However, it is worth noting that randomized clinical trials are considered the most dependable and highly recommended kind of evidence. This search revealed that it was the first systematic study conducted in Iran on the involvement of nurses in smoking cessation therapies.

Although there have been many studies on the role of nurses in helping people stop smoking and demonstrating their capacity to develop and carry out interventions, it is still necessary to give further training for nurses and acquaint them with the particular guidelines for this crucial function. Despite being seen as crucial and powerful members of the medical team,

nurses are ineffective in their approach to treating smokers using a range of tactics. Performing evidence-based practices is essential in order to enhance nurses' familiarity with approaches for reducing illness consequences.

3. Summary

Nurses, being the primary caregivers in hospitals, possess the skills and expertise to effectively design and execute strategies aimed at helping individuals stop smoking. Therefore, it may be inferred that the provision of smoking cessation counseling by nurses during hospitalization is crucial in facilitating smoking cessation. According to the findings, it is more effective to have nurse consultation in addition to other treatments like pamphlets, brochures, or instructional films. This helps with reviewing information and offering positive reinforcement approaches. To ensure the continuation of the smoking cessation process, it is advisable for a nurse to do a minimum of six telephone follow-ups with patients, particularly during the first weeks after their departure from the hospital.

A smoking cessation program is suggested to be developed, which will focus on effectively using smoking cessation strategies based on the client's specific characteristics such as length of smoking, annual intake, education level, and family situations. This guide should include side interventions such as books, brochures, videos, audio files, as well as positive reinforcement treatment and nicotine replacement therapy. The selection of these interventions should be based on the specific needs and preferences of the clients.

Moreover, it is crucial to do research on the efficacy of consulting and engaging in group discussions with the individual closest to the patient in order to assess the cost-effectiveness of therapeutic activities. A previously overlooked aspect in prior research was the significance of the primary caregiver's involvement in the patient's care. However, the involvement of supportive coworkers may also play a crucial role in assisting the patients and achieving more accurate cessation reports. Additional research should be undertaken to ascertain the efficacy of other approaches, including consultation and group discussion. The current research establishes recommendations and practical treatments that are highly suggested for nurses to assist patients in successfully quitting smoking.

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