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ORIGINAL ARTICLE

Opinions of clinical nurses–regular smokers- in relation to the intention of smoking cessation

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ABSTRACT

Background: Greece maintains one of the highest rates of smoking globally, especially among health professionals. Smoking is considered a chronic relapsing condition, whose treatment is often difficult.

Aim: The aim of the present study was to investigate the intention of quit smoking among clinical nurses-regular smokers in primary and secondary health care settings.

Material and method: The sample of the study consisted of 252 clinical nurses -all regular smokers- selected among 470 nurses working in the hospitals included in the study. A questionnaire with closed type questions was used to assess the intention to seek for medical help and quit smoking. The level of statistical significance was set at $p = 0.05$.

Results: Smokers ratio in the study sample was 252/470 (53.6%). Women account for 71.8% of the sample. Mean age of participants was 37.90±10.4 yrs. 43.4% had tried at least once to quit smoking, while 14.2% was decisively oriented towards smoking cessation. The majority would appeal to a specialist and use medication. Men, with a statistically significant difference in comparison to women, stated that they spend a lot of money to buy cigarettes. A greater percentage of married individuals reported that they feel guilty in the eyes of their social milieu.

Conclusion: A large percentage of health professionals are regular smokers and a small percentage think about quitting. Despite smoking cessation desire, which is expressed by a vast rate of smokers, appealing to well documented medical procedures remains doubtful.

Key words: Smoking, quit, nurse, intention.

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INTRODUCTION

The World Health Organization (WHO)[1] has classified smoking in dependencies (Withdrawal symptoms from tobacco: Category Subdivision F17.2 in the International Classification of Diseases, Tenth Revision (ICD-10). One of the ICD-10 diagnostic criteria on substances dependence is the continuous use of the substance despite knowledge that persistent or recurrent physical or psychological problem is likely to be created or deteriorated by the substance itself. The severity of smoking dependence is reflected in the fact that only 1 / 3 of those who quit smoking without behavioral or pharmacological intervention remain abstinent for at least 2 days and less than 5% are eventually the ones who are successful in any effort of smoking cessation. The following facts are impressive examples of how powerful the addiction is: after lung cancer surgery almost half of patients resume smoking, 38% start to smoke again while they are still hospitalized following heart attack and 40% smoke again after laryngectomy.[2] It is also a fact that smokers, although in general are aware of the harmful effects of smoking, they consider it as a component of their personality and refuse to quit.[3]

Pharmacological smoking cessation therapies are currently available, based on the administration of drugs with antidepressant properties, such as bupropion.[4] However, despite their perceived effectiveness, it is noted that counselling, coupled with the expressed desire of the smoker to quit, play the leading role. It has been shown that even if the health care professional devotes less than five minutes on counselling, e.g. in a visit to the clinic, this limited amount of time is beneficial.[5] This highlights the extremely important role that nurses and other health care professionals can play, apart from physicians, in the mobilization of the smoker to quit smoking. However, smoking rates among nurses and health care professionals in general, are considered as rather high. This raises questions on the success of the antismoking campaign. Indeed, as noted by other studies, Greece ranks first in the dismal percentage of smokers among European countries, with health care professionals keeping the primacy.[6] The aim of this study was to investigate the intention to quit smoking in nurses-regular smokers employed in primary and secondary health care.

Material and Method

The study sample was 252 clinical nurses - regular smokers, taken from a total of 470 nurses employed in respective hospitals. Those who smoked every day, regardless of the number of cigarettes, were considered as regular smokers. The participants were nurses from Hospitals and Health Centers of Central Greece and Attica.

A questionnaire with closed-ended questions was used as a research tool, developed by the research team, based on questionnaires used for the same purpose in international surveys. It consisted of two parts: the first one included questions concerning demographic features and general health status, while the second part included 16 questions related to an individual's intention to quit smoking and seeking medical assistance for this purpose. The answer to these questions comprises 3 possibilities with the following gradation: "Yes" and the equivalent answers, "A FEW TIMES", and "NO" and the equivalent answers.

Statistics

Initially, frequency tables were created for all variables and then variables were collapsed to the uniform presentation of results with emphasis on the group of smokers who responded quite positively on the intention to quit and seeking help from specialists. For the statistical analysis, x^2 was applied with Yates correction for four-fold tables (X^2_c). The level of statistical significance was set at p=0.05. Statistical analysis was performed with SPSS 17.0 software.

Results

Women accounted for the 71.8% of the sample. 48.6% of all participants were married (Table 1). Nurses were mostly concerned about the severe risks associated with smoking (at a rate of 90.4%) and were thinking about the benefits of quitting (86.8%). Most of them thought that the cost of cigarettes was high (55.4%) and felt guilty when they smoked in front of friends and relatives, but also to themselves (79.1%). 59% was wishing, even slightly, to stop smoking and 85.9% was thinking about stopping. 65.1% had tried to quit in the past and 54.7% was somewhat or very determined to do so. 54.3% had no confidence in him/herself that he/she would finally stop smoking in the next attempt, while 50.4% appeared vulnerable to relapse. 69.9% would consult a specialist on methods to quit smoking, but 55% would not be using a documented medical treatment (Table

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2). The majority of university graduates / postgraduate degree holders said they would use a documented medical help to stop smoking (Table 3).

Discussion

According to the results of this survey, the percentage of smokers within the health care professionals is quite high and close to 60%. Several studies find high rates of smokers among professionals in science disciplines.[7,8] The rates are particularly high among teachers, ranging between 40% and 46%, thereby testing the success of anti-smoking campaign in all educational levels.[9] Although recent research in the U.S. showed that 6% of physicians and 13% of nurses are smokers [10] -low rates, but not negligible- other surveys in western European countries raise these rates close to 45%.[7] According to the National Action Plan for Health, 31% of doctors and 57% of nurses on average state they are smokers, with women showing higher rates than men.[8]

The percentages of female smokers have increased significantly in recent years, as a part of the grand total of smokers. For this reason, female smokers have attracted the interest of tobacco companies and health care professionals. Although the proportion of adults who smoke decreased steadily over the last 20 years in both sexes, research suggests that the incidence of smoking among women has probably risen. Women appeal more to psychological reasons to justify smoking, which they consider as a means of managing stress, a part of the socialization process, and a way to maintain a low body weight as well.[11,12]

According to this investigation, although smokers are aware of the severe health risks and worry about them, are not likely to search for and turn to a documented medical treatment. It has been found that social pressure and cost are key reasons that can push a smoker to think about stopping, while the importance of his/her educational level is controversial.[13] It has been found that a high degree of alertness at all educational levels, in order to convince young people not to start or even quit smoking, and a redefinition of health care professionals training are necessary.[14] It is suggested that the anti-smoking campaign must be tailored to the educational level of smokers and focus on people with lower educational level.[15]

Smoking is now considered a chronic relapsing condition, while treatment is often difficult. Among smokers, about 70% have thought about quitting at least once, 35% try to quit smoking at least once a year, but only 6% of them

manage to maintain abstinence from smoking.[16,17] It is noted that several conditions can trigger once again the need for tobacco, even after long periods of abstinence. These may be related to the individual need for control of weight gain, control of psychiatric disorders (mood changes, reduction of stress) and chronic pain.

The importance that smokers attribute to the unbearable cost of their custom is reflected in the overall burden that smoking puts on society. Beyond the devastating consequences on health which are already known, smoking comprises a significant burden on family budget and exerts indirect economic effects on the entire community. The overall economic burden of smoking is related to the loss of working hours due to illness (even from non-malignant diseases such as chronic bronchitis which is common in smokers), the burden on pension funds from hospitalization, early retirements and withdrawal of productive workforce from the economy. Every smoker who consumes daily a package worth of 3 €, spends every year 1100 € and approximately 50.000 € for all his/her life. A UK survey showed that the total annual costs attributed to smoking are approaching the amount of 5 billion pounds. Smoking is responsible for 100,000 deaths annually, which account for 30% of deaths in men and 11% of deaths in women, approximately.[18,19] Although many studies focus on the incidence of smoking and its harmful effects, few studies deal with the profile of the smoker and his/her intention to quit. This study provides information about the personality of the smoker and his/her world view, which will help the health care professional to understand his/her behavior and help him/her in his/her effort to stop smoking.[20] Just because it is a dependence that we are dealing with, the strengthening of smoking cessation clinics, and the implementation of strict measures taken in recent years by the state, must be supported. Perhaps the sanctions against health care professionals who smoke should be particularly stringent.

Conclusions

Outlining the profile of the health professionals who smoke and especially women, we observe that despite their desire to quit, manifesting by a large percentage of smokers, the appeal to documented medical cessation methods remains uncertain. The social causes, which in many cases led to the initiation

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of smoking, appear to be the likely motive for the cessation, rather than quitting due to the awareness of harmful consequences, with which health care professionals are also well familiarized. The reservation expressed towards drug treatment makes the need for proper public information on smoking cessation clinics and assistance for discontinuation offered by pharmaceutical substances even more urgent.

REFERENCES

1. World Health Organisation (WHO). Tobacco or health: a global status report. Geneva: WHO. 1997.

2. Singer S, Keszte J, Thiele A, Klemm E, Tδschner R, Oeken J, et al. [Smoking behaviour after laryngectomy]. Laryngorhinootologie 2010; 89(3):146-50.

3. Marselos M, Fragides Ch. Knowledge and attitudes of Greek pupils towards smoking Mat Med Greca 1989; 17(2):101-110 (article in Greek)

4. Balbani AP, Montovani JC. Methods for smoking cessation and treatment of nicotine dependence. Braz J Otorhinolaryngol 2005; 71(6):820-7.

5. Okuyemi KS, Nollen NL, Ahluwalia JS. Interventions to facilitate smoking cessation. Am Fam Physician 2006; 74(2):262-71.

6. Vardavas CI, Kafatos A. Greece's tobacco policy: another myth? Lancet 2006; 367(9521):1485-6.

7. Smith DR, Leggat PA. A comparison of tobacco smoking among dentists in 15 countries. Int Dent J 2006; 56(5):283-8.

8. National Action Plan , Ministry of Health , Athens 2008.

9. Sichletidis LT, Chloros D, Tsiotsios I, Kottakis I, Kaiafa O, Kaouri S, et al. High prevalence of smoking in Northern Greece.Prim Care Respir J 2006; 15(2):92-7.

10. Hughes JR. The future of smoking cessation therapy in the United States. Addiction 1996; 91(12):1797-802.

11. Beletsioti - Stika P. Woman and smoking NOSILEFTIKI 2006; 45(4):450–457.

12. Gritz ER, Nielsen IR, Brooks LA. Smoking cessation and gender: the influence of physiological, psychological and behavioural factors. J Am Med Womens Assoc 1996; 51(1-2):35-42.

13. Aubin HJ, Peiffer G, Stoebner-Delbarre A, Vicaut E, Jeanpetit Y, Solesse A, et al. The French Observational Cohort of Usual Smokers (FOCUS) cohort: French smokers perceptions and attitudes towards smoking cessation. BMC Public Health 2010; 10:100.

14. Chatkin J, Chatkin G. Learning about smoking during medical school:

are we still missing opportunities? Int J Tuberc Lung Dis 2009; 13(4):429-37.

15. Willemsen MC, Van der Meer RM, Schippers GM. Smoking cessation quitlines in Europe: matching services to callers' characteristics. BMC Public Health 2010; 10:770.

16. Hughes JR, Gulliver SB, Fenwick JW, Valliere WA, Cruser K, Pepper S, et al. Smoking cessation among self-quitters. Health Psychol 1992; 11(5):331-4.

17. Anderson JE, Jorneby DE, Scott WJ, Fiore MC. Treating tobacco use and dependence: an evidence-based clinical practice guideline for tobacco cessation. Chest 2002; 121(3):932-941.

18. Shearer J, Shanahan M. Cost effectiveness analysis of smoking cessation interventions. Aust N Z J Public Health 2006; 30(5):428-34.

19. Nicotine Addiction in Britain: a report of the Tobacco Advisory Group of the Royal College of Physicians. London:Royal College of Physician; 2000.

20. Pırez-Stable EJ, Fuentes-Afflick E. Role of clinicians in cigarette smoking prevention. West J Med 1998; 169(1):23-9.

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ANNEX

Table 1. Demographic characteristics of the sample

	N	%
Gender		
Male	71	28,2
Female	181	71,8
Total	252	100,0
Marital status		
Unmarried	6	2,4
Married	12	4,8
Divorced	3	1,2
Widowed	25	10,0
Cohabitation	123	48,6
Separated	83	33,1
Total	252	100,0
Level of education		
TEI degree	205	81,3
University degree	38	15,1
Postgraduate studies	9	3,6
Total	252	100,0

Table 2. Responses of participants in selected questions from the questionnaire

Are you concerned about severe health risks which accompany smoking?	Yes		Sometimes		Never		Total	
	N	%	N	%	N	%	N	%
	111	44,2	**116**	**46,2**	24	9,6	251	100
Are you considering the advantages of quitting smoking?	Often		Sometimes		Never		Total	

	114	**45,6**	103	41,2	33	13,2	250	100
How much money do you spend on cigarettes?	A lot		Quite a lot		A few		Total	
	59	23,7	**138**	**55,4**	52	20,9	249	100
Does it bother you to rely on smoking?	Yes		In a way		No		Total	
	118	**47,4**	90	36,1	41	16,5	249	100
Do you feel guilty or feel bad when you smoke in front of friends and family?	Yes		Sometimes		Never		Total	
	64	25,8	**102**	**41,1**	82	33,1	248	100
Feel guilty or bad about yourself when you smoke?	Constantly		Sometimes, when I smoke too much		Never		Total	
	30	12,0	**169**	**67,9**	50	20,1	249	100
How much do you want to stop smoking?	Very much		A little		Not sure		Total	
	71	28,5	76	30,5	**102**	**41,0**	249	100
How often do you plan to stop smoking?	Often		Sometimes		Never		Total	
	92	37,1	**121**	**48,8**	35	14,1	248	100
Have you ever tried to quit smoking?	Yes		Several times		No, never		Total	
	108	**43,4**	54	21,7	87	34,9	249	100
How determined are you to quit smoking?	Very much		A lot		Not at all		Total	
	34	13,7	102	41,0	**113**	**45,4**	249	100
How much confidence do you have on yourself that you will stop smoking permanently the next time you try?	Very much		A lot		Not sure		Total	
	35	14,2	78	31,6	**134**	**54,3**	247	100
On the next attempt to quit smoking, if deviated and smoke for a night, you'd	I will insist on this effort		I'm not quite ready - perhaps I should think		What is the point? I will keep smoking		Total	

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think:			about quitting					
	93	37,5	**125**	**50,4**	30	12,1	248	100
Would you consult your doctor, pharmacist or a specific support program for smoking cessation?	Yes		Perhaps		No		Total	
	73	29,3	**101**	**40,6**	75	30,1	249	100
Are you thinking of setting a quit date?	Yes		Sometimes		No		Total	
	43	17,6	88	35,9	**114**	**46,5**	245	100
Do you know the incentives that make you want to smoke and are you willing to try to avoid them?	Yes		Not sure		No		Total	
	141	**56,6**	78	31,3	30	12	249	100
Would you consider to use a documented medical treatment, nicotine replacement therapy or other medication to help you stop smoking?	Yes		No, I prefer not to use any treatment		I don't want to quit		Total	
	112	**45,0**	**112**	**45,0**	25	10	249	100

Table 3. Correlation between education level and use of specialized methods of smoking cessation.

	Level of education		
	TEI degree	**University degree /Postgraduate studies**	**Total**
Possibility of using specialized cessation methods			
YES	44	23	67
NO/I don't want to quit	169	16	185
Total	213	39	252
X_C^2=26,79 p<0,001			