Hospital Nurse Counseling of Patients Who Smoke

ADAM O. GOLDSTEIN, BA, ASTRID HELLIER, RN, MSN, SANDRA FITZGERALD, RN, MSN, TERESA S. STEGALL, AND PAUL M. FISCHER, MD

Abstract: Smoking-related diseases comprise a large portion of hospital admissions. This paper reports the attitudes and behaviors of a group of hospital-based nurses toward counseling patients on smoking cessation. The majority of nurses do not counsel patients who smoke. Counseling practices vary with the smoking status of the nurse. Barriers to increased nursing participation in counseling efforts include the lack of counseling training and physician failure to utilize nurses in this role. (*Am J Public Health* 1987; 77:1333–1334.)

Introduction

The United States Surgeon General has identified cigarette smoking as America's greatest cause of preventable death and disease.[1] Studies indicate that hospitalized patients who smoke are more likely to comply with cessation advice at the time of an acute illness.[2,3] The hospital setting is therefore an important site for health care professionals to provide smoking cessation counseling.

While the physician's role in counseling patients who smoke has been well studied,[4–7] the role of the nurse in providing smoking cessation counseling has not been well documented.[8,9] The majority of research concerning nurses and cigarette smoking has concentrated on their high rates of smoking.[8–15] Several studies have shown that a majority of nurses believe it is their responsibility to counsel patients about smoking cessation.[12,14,16–19] However, the per cent of nurses who personally claim to counsel patients remains low.[16–19] The rate of nurses reporting that they are effective in counseling is even lower.[19] The relationship between the smoking status of nurses and their counseling efforts has not been well established. The effectiveness of nurses as smoking counselors and the barriers to counseling efforts also remain unexamined.

Methods

We conducted a study of nurse counseling in a university-based teaching hospital. The eligible participants included the 244 nurses working on the Medicine, Surgery, Obstetrics, and Psychiatry wards; other nurses were excluded.

Responses were collected using a 27-item self-report questionnaire which included demographic items, personal smoking status, attitudes about nursing roles in smoking cessation, current smoking counseling practices, barriers to increased smoking counseling, and the degree of physician-nurse cooperation in providing smoking counseling.

Results

The response rate was 69 per cent (N=168). The respondents were from the ward nursing services on Medicine (50 per cent), Surgery (40 per cent), Obstetrics (6 per cent), and Psychiatry (4 per cent). The response rates from each of those services was 65 per cent, 75 per cent, 71 per cent, and 60 per cent, respectively.

Fifty-eight per cent of the respondents stated that they had never smoked cigarettes, 17 per cent had successfully quit, and 25 per cent classified themselves as current smokers. Seventy-five per cent of the current smokers reported that they would like to quit.

Ninety-five per cent of respondents believed that it was the responsibility of a nurse to counsel some patients who smoke. However, only 52 per cent believed that nurses should provide cessation counseling to all patients who smoke. The nurses reported even lower rates for their personal counseling practices. Only 35 per cent stated that they counsel all who smoke, while 15 per cent reported that they counsel no patients about smoking cessation.

When the data were compared to smoking status: 61 per cent of nonsmoking nurses but only 26 per cent of nurses who smoked believed that nurses should counsel all patients who smoke (95 per cent confidence intervals of difference, 19%, 51%); and 44 per cent of the nonsmoking nurses claimed to counsel all patients who smoke, compared to only 7 per cent of the nurses who were current smokers (95 per cent CI of difference 24%, 48%). Twenty per cent of the nonsmoking nurses "agreed" or "strongly agreed" with the statement that they were currently effective in smoking cessation counseling compared to only 5 per cent of the nurses who smoke (95 per cent CI of difference 05%, 24%). These associations were independent of whether or not the nurses reported having had any training in cessation counseling techniques. No other studied variables correlated with counseling practices (i.e., age, sex, race, level of training, years working, and area of patient care).

The respondents reported several barriers to smoking counseling. Of the nurses stating a reason, 43 per cent reported that they do not know how to counsel, 27 per cent said counseling is not rewarding, and 8 per cent felt that it takes too much time. Only 14 per cent of respondents reported ever receiving formal training in smoking counseling.

Seventy-one per cent of the respondents claimed that they had never been asked by a physician to counsel patients on smoking cessation, while 15 per cent stated that they were asked once a year or less. In response to an open-ended question about what actions the nurse would take if a physician were to write orders for smoking cessation, 69 per cent of the respondents indicated that they would attempt to carry out these orders, but 25 per cent stated that they would be unable to comply because they lacked the necessary skills. Only 6 per cent of nurses reported that they would not follow through with these orders.

Discussion

For the millions of Americans who continue to smoke, the beneficial effects of smoking cessation as well as the effectiveness of cessation interventions have been well documented.[20] However, counseling patients about smoking cessation remains a neglected factor in the treatment of hospitalized patients.[21]

Address reprint requests to Paul M. Fischer, MD, Associate Professor, Department of Family Medicine, Medical College of Georgia, Augusta, GA 30912. About the co-authors: Goldstein is a student at the College; Hellier is Assistant Professor, School of Nursing; Fitzgerald is a Thoracic Surgery Clinical Specialist; and Stegall is a Research Assistant with the Department of Family Medicine; all at the Medical College of Georgia. This paper, submitted to the Journal December 3, 1986, was revised and accepted for publication May 19, 1987.

© 1987 American Journal of Public Health 0090-0036/87$1.50

Nurses comprise the single largest health professional group.[7] Within a hospital setting, nurses spend the most time with patients.[22] The support and caring attitudes of nurses are often cited as therapeutic processes in a patients's recovery from illness.[23] Nurses may therefore have an important role in helping patients to quit smoking.

The present study is limited in that only one study site was surveyed. In addition, 31 per cent of eligible participants were non-respondents and characteristics of this population other than their nursing specialty are not known. If there had been a substantially higher rate of smokers among the non-respondents, it is likely that the observed differences between the nonsmoking and smoking nurses would have been greater than that which was found.

Consistent with other studies,[14,16,17] however, the great majority of nurses in this study felt a responsibility to counsel at least some patients who smoke. Yet, only 52 per cent of the nurses believed that nurses should counsel all patients who smoke, and only 35 per cent stated that they actually counsel all patients. These data support the conclusion that the majority of hospital nurses are not currently practicing health education for patients with regard to smoking cessation.

The data also support the hypothesis that hospital nurses who smoke feel less compelled to counsel all patients who smoke, counsel less aggressively, and are less effective in their counseling efforts. Barriers to nurse counseling appear to be the perception that counseling is not effective, the lack of nurse training in this area, and the failure of physicians to request this care.

These data have important implications for hospital administrators, nursing professionals, and physicians. Efforts to convince hospital nurses who smoke to quit should be vigorously pursued: three-fourths of the nurses who were current smokers indicated that they wanted to quit smoking.

Almost one-half of the respondents stated that they avoid counseling because they do not know how to do it. Only 14 per cent had received formal training in smoking counseling skills. If nurses lack these skills, they cannot be expected to offer this patient service or to feel effective in performing it. Clearly this is an area for the nursing profession to address.

Despite low rates of smoking counseling practices and low feelings of effectiveness, over two-thirds of the respondents reported that they would comply with a physician's request to provide cessation counseling to patients who smoke. If physicians and nurses work together in counseling patients who smoke, each will reinforce the others' efforts. In this respect, physicians need to become aware of the willingness of hospital nurses to counsel patients who smoke.

The hospital nurse is an unidentified resource to help patients quit smoking. Future efforts to increase nursing participation in this area are greatly needed.

ACKNOWLEDGMENTS

Special thanks to Beth Goldstein, MD, and John W. Richards, MD, for their help and support in reviewing this manuscript, to Karina Redmon for assistance in preparing the manuscript, and to Harry Davis for his statistical review of the data.

REFERENCES

1. US Department of Health, Education, and Welfare: The Health Consequences of Smoking: Cancer. Surgeon General's Reports. Washington, DC: Govt Printing Office, 1964, 1971, 1979–1984.
2. Pederson LL: Compliance with physician advice to quit smoking: A review of the literature. Prev Med 1982; 11:71–84.
3. Burt A, *et al:* Stopping smoking after myocardial infarction. Lancet 1974; 1:304–306.
4. Wells KB, *et al:* Do Physicians preach what they practice? JAMA 1984; 252:2846–2848.
5. Wechsler H, *et al:* The physicians' role in health promotion: A survey of primary care practitioner. N Engl J Med 1983; 308:97–100.
6. American Cancer Society: Survey of Physician Attitudes and practices in early cancer detection. Cancer J for Clinicians July/August 1985; 35:197–213.
7. Garfield L, Stellman S: Cigarette smoking among physicians, dentists, and nurses. Cancer J for Clinicians, American Cancer Society, January/February 1986; 36:2–8.
8. Elkind A: Nurses' smoking behavior: review and implications. Int J Nurs Stud 1980; 17:261–269.
9. Spencer J: Nurses and cigarette smoking: A literature review. J Adv Nurs 1983; 8:237–244.
10. Dalton J, Swenson I: Nurses: The professionals who can't quit. Am J Nurs August 1983; 83:1149–1151.
11. Kneeshaw M: Smoking cessation in nurses: A report on a self-selected population at the Presbyterian Hospital in New York City. Occup Health Nurs July 1985; 33:338–342.
12. Rosen C, Ashley M: Smoking and the health professional: Recognition and performance of roles. Can J Public Health 1979; 69:399–406.
13. Wagner T: Smoking behavior of nurses in Western New York. Nurs Res 1985; 34:58–60.
14. Morra M, Knobf M: Comparison of nurses' smoking habits: The 1975 DHEW survey and Connecticut nurses, 1981. Public Health Rep 1983; 98:553–557.
15. Feldman B, Richard E: Prevalence of nurse smokers and variables identified with successful and unsuccessful smoking cessation. Res Nurs Health 1986; 9:131–138.
16. Faulkner A, *et al:* Nurses as health educators in relation to smoking. Nurs Times 1983; 79:47–48.
17. Spencer J: Nurses' cigarette smoking in England and Wales. Int J Nurs Stud 1984; 21:69–79.
18. Eyres S: Public Health Nursing Section: Report of the 1972 APHA smoking survey. Am J Public Health 1973; 63:846–852.
19. Sanders D, *et al:* Practice nurses and antismoking education. Br Med J 1986; 292:381–384.
20. Multiple Risk Factor Intervention Trial Research Group: Multiple risk factor intervention trial; Risk factor changes and mortality results. JAMA 1982; 248:1465–1477.
21. Ho Anthony M-H: Reducing smoking in hospitals. JAMA 1985; 253:2999–3000.
22. Smith J: The challenge of health education for nurses in the 1980s. J Adv Nurs 1979; 4:531–543.
23. Dennig K, Prescott P: Florence Nightingale: yesterday, today, and tomorrow. ANS 1985; 7:66–81.
24. Mechanic D, Aiken L: A cooperative agenda for medicine and nursing. N Engl J Med 1982; 307:747–750.
25. Stevens B: Nurse/physician relations: A perspective from nursing. Bull NY Acad Med 1984; 60:799–806.

Copyright of American Journal of Public Health is the property of American Public Health Association and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.