A Motivational, Gender-Sensitive Smoking Cessation Resource for Family Members of Patients With Lung Cancer

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Lung cancer causes more deaths among women and men of all ethnicities than any other type of cancer in the United States (Centers for Disease Control and Prevention, 2011) and worldwide, and most of these deaths are caused by smoking (World Health Organization, 2015). Tobacco use is the most important and modifiable risk factor influencing the prevalence and occurrence of lung cancer (World Health Organization, 2015). The majority of patients diagnosed with lung cancer have a history of smoking cigarettes (Park et al., 2012). Tobacco use tends to cluster in families (McBride & Ostroff, 2003). The intergenerational effects of smoking are significant, and children of adults who smoke are as many as four times more likely to smoke (den Exter Blokland, Engels, Hale, Meeus, & Willemsen, 2004; Vuolo & Staff, 2013). For this reason, lung cancer and tobacco use may be viewed as a family health issue.

Patients with lung cancer often quit around the time of their diagnoses; however, these patients who have recently quit are highly vulnerable to relapsing (Park et al., 2012) and less likely to quit or stay quit when family members continue to smoke (Schnoll et al., 2002). The family members of patients diagnosed with lung cancer may state that they feel more motivated to quit smoking (Butler, Rayens, Zhang, & Hahn, 2011); however, previous research indicates that a lung cancer diagnosis in the family does not consistently motivate family members who smoke to quit (Bottorff, Robinson, Sullivan, & Smith, 2009; Robinson, Bottorff, Smith, & Sullivan, 2010; Robinson, Bottorff, & Torchalla, 2011; Sarna et al., 2006). In a study with patients undergoing thoracic surgery and their partners, most patients set a quit date to stop smoking before surgery, but only