Evaluation of Tobacco Cessation Classes
Aimed at Hospital Staff Nurses

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Tobacco use leads to significant known health risks (U.S. Department of Health and Human Services [USDHHS], 2004). Tobacco-related diseases such as heart disease, chronic obstructive pulmonary conditions, stroke, and lung cancer can cause death or disability (Narsavage & Idemoto, 2003). Patients may still benefit clinically from tobacco cessation even when suffering from chronic conditions such as heart and lung diseases. Hospitalization can be an optimal time to assist smokers and tobacco users in cessation efforts because of increased health motivation by patients. According to Katz, Goldberg, Smith, and Trick (2008), of 2,684 hospitalized patients who were active smokers, 60% expressed a desire to quit smoking.

Active interventions provided by healthcare professionals, including nurses, can enhance the success rate of tobacco cessation among patients (Fiore et al., 2000; Lancaster, Silagy, & Fowler, 2000). Although these interventions can increase the odds of a patient quitting (Rice & Stead, 2001), hospital nurses may be ill-prepared to provide their patients with tobacco cessation counseling (McCarty, Zander, & Hennrikus, 2001). Few programs are available to empower nurses to provide tobacco cessation education to patients, and few nurses have been exposed to such content in their professional education (Wewers, Kidd, Armbruster, & Sarna, 2004).

Studies indicate that nurses lack knowledge related to tobacco cessation strategies or do not use the strategies with their patients. Nurses with a personal history of smoking described a lack of knowledge about tobacco cessation counseling among their nurse colleagues, leading to a lack of support for those trying to quit (Bialous, Sarna, Wewers, Froelicher, & Danoa, 2004). In a survey of 1,690 hospital nurses in China, most reported having some knowledge of health effects from tobacco use, but seldom or never practiced counseling strategies that involve assistance or arranging follow-up counseling for smokers (Chan, Sarna, Wong, & Lam, 2007). A comparison of attitudes and practices for tobacco cessation counseling by provider type found that nurses did not differ from physicians or nurse practitioners on attitudes, but they were less likely to practice cessation counseling compared to those two populations (Kviz et al., 1995).

Based on the published literature, very few programs have been developed to target healthcare providers, including nurses, about tobacco cessation counseling, despite the fact that healthcare professionals who receive training are more likely to intervene with tobacco use. Efficacy of tobacco cessation programs is measured by the number of nurses who received training and the number who provided counseling compared to those who did not receive training. It is well recognized that active interventions provided by healthcare professionals, including nurses, about tobacco cessation counseling, are quite effective in helping patients quit smoking. Active interventions include providing education, intervening with tobacco use, and referring patients to appropriate counseling services, including programs, community support groups, and medications. Active intervention programs are more effective in helping patients quit smoking than passive intervention programs. Active interventions are more likely to be delivered by nurses than physicians or nurse practitioners.

Purpose/Objectives: To evaluate a three-hour smoking cessation program and its effect on nurse knowledge, counseling behaviors, and confidence in counseling behaviors.

Design: Program evaluation.

Setting: A Magnet®-designated, 500-bed community hospital in Southern California.

Sample: 107 nurses.

Methods: Program content included behavior counseling and pharmacotherapy along with role playing. Investigator-developed self-report surveys were completed on the day of the class and at 3, 6, and 12 months.

Main Research Variables: Short- and long-term changes in nurse knowledge, attitudes, and behaviors about tobacco cessation efforts.

Findings: Knowledge significantly increased from baseline to post-test. Counseling skills improved. Nurses who completed all surveys exhibited no significant changes about asking patients to quit smoking but did demonstrate significant changes at three months regarding advising patients, assessing quit readiness, and providing assistance. Changes were maintained over the year. Nurses’ average ability to counsel patients was rated “good or very good” after one year. At 3, 6, and 12 months, most respondents reported providing cessation counseling or referrals to at least one patient.

Conclusions: These findings support tobacco cessation programs for bedside nurses as useful in enhancing nurse confidence in patient-counseling skills.

Implications for Nursing: Study findings demonstrated benefits to using the developed curriculum. Additional research is needed on tobacco cessation programs for hospital nurses, particularly with longitudinal outcomes and actual nurse behaviors.

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