



Smoking Cessation Counselling

Results of a 2005 Survey of Quebec NURSES

Michèle Tremblay, Institut national de santé publique du Québec

Daniel Cournoyer, Institut national de santé publique du Québec

Daniela Jukic, Institut national de santé publique du Québec

Jennifer O'Loughlin, Institut national de santé publique du Québec, Université de Montréal



information



formation



recherche



coopération
internationale

INTRODUCTION

More than 13,000 men and women in Quebec (about 36 per day) die each year from tobacco-related diseases. Although the prevalence of tobacco use has declined in the past decade, there are still 1.6 million smokers in the province who inhale more than 4,000 chemical products each day, at least 50 of which are carcinogenic.

Since 2003, the ministère de la Santé et des Services sociaux du Québec (MSSS) has supported the implementation of the *Plan québécois d'abandon du tabagisme*. The objective of this province-wide program is to encourage smokers to quit, and to provide support for them in their efforts to quit. A range of free services have been implemented in Quebec progressively over the past four years, including a telephone helpline, a Web site on tobacco use cessation, and counselling services at smoking cessation centres located throughout the province.

In 2004, the MSSS mandated the Institut national de santé publique du Québec (INSPQ) to develop, in partnership with the Boards of six Professional Orders (i.e., Collège des médecins, Ordre des dentistes, Ordre des hygiénistes dentaires, Ordre des inhalothérapeutes, Ordre des pharmaciens and Ordre des infirmiers et infirmières), a project that encourages their members to become more actively involved in tobacco control. In the context of this project, nurses are urged to integrate smoking cessation counselling into their daily practice.

SURVEY

A survey of members of the Ordre des infirmiers et infirmières du Québec (OIIQ) was conducted between February and April 2005 to collect data on:

- Current cessation counselling practices,
- Factors associated with these practices,
- Interest in and needs for training to improve cessation counselling practices.

A simple random sample of 500 nurses was selected from the 2004 OIIQ database. To be eligible, respondents had to have provided clinical care during the year preceding data collection.

METHOD

A self-administered questionnaire, available in French and English, was mailed out by the OIIQ in February 2005. It was accompanied by a cover letter signed by the OIIQ's Director of Development and Professional Support, and a researcher from the INSPQ. Two subsequent mailings were carried out in March and April 2005 targeting non-respondents. The response rate after three mailings was 52% and

therefore some caution is needed in generalizing these results to all nurses.

Descriptive analyses of the data collected were undertaken using SAS version 9.1. The relative frequencies are presented grouped together (e.g. answer categories "All" and "More than half" were grouped into a single category, "More than half").

FINDINGS

Assessing smoking status

The majority of nurses ask during the initial consultation whether or not their clients smoke. This practice differs according to the client's health condition (Table I).

For more than half of clients who smoke:

- 47% of nurses note the smoking status in the client's file,
- 20% of nurses evaluate whether or not the client is ready to quit smoking.

TABLE I

Proportion of nurses who ascertain the smoking status of their clients according to type of client

Type of Client	Nurses (%) ascertain smoking status of...	
	More than half of clients	Half of clients or fewer
Clients on their first visit	62	38
Clients with smoking-related symptoms or diseases	56	44
Clients who were smokers at the last visit	45	55
Clients without smoking-related symptoms or diseases	44	56

Counselling practices

Tables II and III describe counselling practices among nurses for two types of smokers. Thirty-eight percent of nurses advise quitting smoking to more than half of clients who smoke, but are not ready to quit (Table II).

And forty-five percent of nurses ask more than half their clients who smoke and are preparing to quit, how many cigarettes they smoke per day (Table III).

When they offer cessation counselling during a client visit, 42% of nurses undertake an intervention that lasts more than three minutes.

TABLE II

Proportion of nurses who provide counselling for smokers who are not ready to quit, according to specific type of intervention*

Intervention	Nurses (%) provide intervention...	
	For more than half of smokers	For half of smokers or fewer
Discuss the effects of smoking on health	32	68
Discuss clients' perceptions of the pros and cons of smoking	25	75
Discuss clients' perceptions of the pros and cons of quitting	24	76
Express concerns about the client's smoking	29	71
Advise clients to stop smoking	38	62
Offer print educational material on smoking or cessation	15	85
Offer an appointment specifically to discuss cessation	4	97
Discuss the effects of second-hand smoke on the health of relatives and friends	22	78

* Percentages are rounded off and therefore may not total 100.

TABLE III

Proportion of nurses who provide counselling for smokers who are preparing to quit, according to specific type of intervention

Intervention	Nurses (%) provide counselling...	
	For more than half of smokers	For half of smokers or fewer
Ask about the number of cigarettes smoked each day	45	55
Discuss previous quit attempts	30	70
Discuss worries about cessation	18	82
Discuss strategies to quit smoking	23	77
Discuss withdrawal symptoms	18	82
Advise setting a quit date	15	85
Ask whether clients smoke their first cigarette within 30 minutes of waking	7	93
Offer print educational material on smoking or cessation	13	87
Refer clients to cessation resources available in the community	7	93
Recommend nicotine replacement therapy (gum, patch or inhaler)	21	79
Recommend Zyban (bupropion)	5	95

Nurses' opinions

Several questions solicited nurses' opinions on quitting smoking, on cessation counselling and on smokers' interest in quitting. The majority of nurses agreed (either somewhat or completely) with the following statements:

- It is extremely difficult to quit smoking,
- Support from friends and family is an important factor in quitting,
- Physiological dependence on tobacco is an important barrier to quitting,
- Rituals associated with cigarettes are important barriers to quitting,

- Nicotine patches, nicotine gum and Zyban (bupropion) should be covered by health insurance.

Half of nurses agreed (either somewhat or completely) with the following statements:

- Advice from nurses will increase motivation to quit among smokers,
- Counselling smokers to quit is interesting work.

They disagreed (either somewhat or completely) with the following statements:

- When a client has been smoking for many years, it isn't worth the trouble to try to quit,

- When we advise smokers to quit smoking, we risk losing them as clients.

Opinions were divided in regard to the following statements:

- Most of my clients who smoke want to quit,

- My clients who smoke are interested in discussing cessation with me.

Perception of role

The nurses surveyed believe that they have a major role to play in cessation (Table IV).

TABLE IV

Level of agreement among nurses on their role in helping smokers quit, according to specific type of intervention*

Intervention	Agree somewhat or completely (%)	Neither agree nor disagree (%)	Disagree somewhat or completely (%)
Nurses should ask their clients if they smoke	88	10	2
Nurses should advise clients to quit smoking	75	21	4
The therapeutic plan should include cessation counselling	62	31	7
Nurses should know about resources available that can help clients quit	96	3	1
Nurses should make appointments with their clients who smoke specifically to help them quit	68	24	7

* Percentages are rounded off and therefore may not total 100.

Perception of barriers

Nurses identified numerous barriers to cessation as very or extremely important:

- Lack of interest among clients 84%
- Clients' resistance to advice 79%
- Lack of time 76%
- Difficulty following up 73%
- Lack of knowledge about cessation counselling 69%
- Lack of knowledge about medication for cessation 68%

- Lack of impact of counselling on clients 68%
- Cost of medication 65%
- Lack of compliance among clients 63%
- Lack of community resources to which clients can be referred 63%
- Lack of print educational material 63%
- Difficulty assessing client's readiness to quit 60%
- Inadequate office space 46%
- No reimbursement for cessation counselling 21%

Perception of skills

The survey ascertained nurses' perceptions of their skill levels in terms of providing cessation counselling (Table V).

TABLE V

Perceptions among nurses of their skill levels to undertake cessation counselling

Skill	Agree somewhat or completely (%)	Neither agree nor disagree (%)	Disagree somewhat or completely (%)
I have the skills to help my clients quit smoking	43	22	35
I am able to tailor smoking cessation counselling to the specific needs of my clients	58	23	19
It is easy for me to initiate a discussion about quitting with my clients	54	25	21
I am able to ascertain the level of addiction of my clients	49	25	26
I think that I can influence my clients to quit smoking	32	38	30

Interest in training

The survey found that 59% of nurses are interested in updating their knowledge on smoking cessation

and would like tools to help them provide advice to their clients who smoke (Table VI).

TABLE VI

Level of interest among nurses in training to update cessation counselling skills, and in specific tools to assist with counselling*

Training/tools	Very or extremely interested (%)	Somewhat interested (%)	Slightly or not at all interested (%)
Inventory of resources	85	12	3
Educational material for smokers	84	12	4
Print materials	73	20	7
Smoking cessation guidelines	66	22	12
Articles on smoking cessation in the journal <i>Perspective infirmière</i>	62	24	14
Conferences on smoking cessation counselling	57	29	14
Interactive workshops	56	26	18
System to better identify clients who smoke	55	30	15
Audiovisual materials	55	32	13
Articles on smoking cessation on the OIIQ Web site	43	26	32
Internet-based training	34	34	32

* Percentages are rounded and therefore may not total 100.

COMMENTS

To our knowledge, this survey is the first ever in Quebec to describe cessation counselling practices among nurses. The results suggest that nurses believe they have a very important role in encouraging smokers to quit, and in supporting them in their efforts to quit. Nurses are interested in professional development opportunities – very few reported that they had received training either during (4%) or after (8%) their studies. The results show that few nurses

have optimal cessation counselling practises - only 23% discuss smoking cessation strategies with more than half of their clients who are ready to quit.

Nurses identified numerous barriers to providing cessation counselling, including lack of interest in quitting among smokers, resistance to advice among smokers, and lack of compliance with advice provided. Despite these barriers, it should be remembered that the majority of smokers do want to quit smoking to be liberated from an addiction that

they did not choose to begin with (Fiore, et. al., 2000)¹.

Nurses also identified the cost of medication and lack of resources as barriers to providing cessation counselling. However, Quebec is the only province in Canada to provide reimbursement for prescribed pharmacological aids for withdrawal symptoms. In fact, the province has been doing so since 2000. Moreover, the province has provided free services since 2003 to help smokers quit, including smoking cessation centres, a toll-free telephone helpline and a Web site on tobacco use cessation. These services should gradually make up for the lack of resources noted by the nurses.

Nurses reported that their lack of knowledge about counselling and about medication limits their ability to provide effective cessation counselling.

A challenge for the coming years will be to meet the needs of nurses in terms of training. Training may allow nurses to feel more competent in providing counselling and it may allow them to optimize their counselling practices. The OIIQ, in partnership with the INSPQ, is committed to meeting this challenge.

Finally, the difficulty in following up with smokers and the lack of time to provide counselling, may be issues that need review in terms of professional practice standards.

REFERENCE

1. Fiore, M.C., Bailey, W. C., Cohen, S. J., et al. 2000. *Clinical Practice Guideline: Treating Tobacco Use and Dependence*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service.

SMOKING CESSATION COUNSELLING — RESULT OF A 2005 SURVEY OF QUEBEC NURSES

Authors:

Michèle Tremblay

Institut national de santé publique du Québec

Daniel Cournoyer

Institut national de santé publique du Québec

Daniela Jukic

Institut national de santé publique du Québec

Jennifer O'Loughlin

Institut national de santé publique du Québec,
Université de Montréal

**Institut national
de santé publique**

Québec



This document is available in its entirety in electronic format (PDF) on the Institut national de santé publique du Québec Web site at: <http://www.inspq.qc.ca>.

Reproductions for private study or research purposes are authorized by virtue of Article 29 of the Copyright Act. Any other use must be authorized by the Government of Québec, which holds the exclusive intellectual property rights for this document. Authorization may be obtained by submitting a request to the central clearing house of the Service de la gestion des droits d'auteur of Les Publications du Québec, using the online form at <http://www.droit.auteur.gouv.qc.ca/en/autorisation.php> or by sending an e-mail to droit.auteur@cspq.gouv.qc.ca.

Information contained in the document may be cited provided that the source is mentioned.

LEGAL DEPOSIT 2ND QUARTER 2007
BIBLIOTHÈQUE ET ARCHIVES NATIONALES DU QUÉBEC
LIBRARY AND ARCHIVES CANADA
ISBN 13 : 978-2-550-49489-8 (PRINTED VERSION)
ISBN 13 : 978-2-550-49490-4 (PDF)

© Gouvernement du Québec (2007)