



SMOKEFREE
NURSES

Smoking in New Zealand!

What are we doing about it?

AUTHORS:

This work was proudly produced for you by 2014 University of Auckland 3rd Year Nursing students:

Jane Koo



Stephanie Africa



Rumbidzai Chinyanganya



INSIDE THIS NEWSLETTER:

Introduction

Study Summaries & Clinical Utility

A Word from two Authors

Final Remarks

We have come a long way since tobacco smoking was a social norm. As we all know, there has been a lot of international research that has been done on this topic. But what has been happening in our own back yard? This newsletter will put our own nursing colleagues in New Zealand under the spotlight in order to showcase some of the work and research that they have done, with the aim of creating a Smokefree Aotearoa by 2025. Some of these studies present the barriers and struggles that nurses in New Zealand encounter when implementing smoking cessation and suggest ways in which we can overcome these.

NURSE TARGETED STUDIES

Maori Nurses and Smoking: Conflicted Identities and Motivations for Smoking Cessation

Summary: This two part study sought to design and test a smoking cessation intervention aimed at reducing smoking and relapse amongst Maori nurses who smoke. 410 responses were received from a survey sent to Maori RNs, student nurses, and community health workers in the NZNO database who were both smokers and non-smokers. Key determinants of smoking stated by the respondents included stress associated with poverty, social norms within the whanau or community, and colonisation. The choice to quit was identified as a personal one, and respondents rejected current smoking strategies as too judgemental, for they fail to empower the client as the main ambassador in the journey to quit. Respondents identified strategies such as nurses as role models, addressing the social context behind initiating smoking, addressing social and individual needs, implementing global approaches to eradicate smoking, and removing triggers to smoke as useful future strategies for smoking cessation.

Clinical Utility: In this study, a sense of hypocrisy was felt by nurses who smoke. It created feelings of conflict in nurses which they felt stopped them from delivering effective smoking cessation advice to patients. In order to become better role models, and increase

increase the impact of smoking cessation advice on patients, nurses need to be supported to become and stay smokefree. Shame and embarrassment caused by judgement from other non-smoking health professionals creates a barrier for nurses in seeking support to quit smoking. Non-smokers need to realise that nicotine is addictive and judgement is one of many barriers that smokers face in quitting. By better supporting each other, and creating welcoming environments in which nurses feel they can seek help, this could increase quit attempts amongst all nurses and other health professionals who smoke.

Reference: Gifford, H., Walker, L., Clendon, J., Wilson, D., & Boulton, A. (2013). Maori Nurses and Smoking; Conflicted Identities and Motivations for Smoking Cessation. *Kai Tiaki Nursing Research*, 4(1), 33-38.

...

Maori Nurses and Smoking: What do We Know?

Summary: NZNO teamed up with Whakaue Research and Taupua Waiora to determine the smoking behaviours and attitudes towards smoking cessation of Maori registered and student nurses. They have found that Maori nurses and student nurses are over-represented in the high rates of smoking. However, these nurses have indicated a desire to quit smoking. Most nurses had attempted to quit, or had quit, but did not utilise the range of smoking cessation interventions available.

Clinical Utility: Maori nurses are at an advantaged position in providing smoking prevention and cessation intervention, especially

within the Maori population. However, due to stigma, nurses who smoke are not only having difficulty accessing mainstream smoking cessation interventions, but also there is a general feeling of inadequacy in fulfilling their roles as Smokefree Nurses. We need to give our colleagues a safe environment where they can access support without fear of stigma and in turn help them realise their potential in effectively working with their patients and whanau. Student nurses also require a tailored smoking cessation intervention to better equip them in providing effective service to their future clients.

Reference: Gifford, H., Wilson, D., Boulton, A., Walker, L., & Shepherd-Sinclair, W. (2012). Maori nurses and smoking: what do we know?. *The New Zealand Medical Journal*, 126(1384), 53-63.

A WORD FROM THE AUTHOR:



Dr Heather Gifford is a registered nurse and a passionate Maori researcher who experienced smoking first-hand and lost both her parents to smoking related cancers. She recognised a need to make a difference in New Zealand health inequalities by initiating studies that would allow an intervention to be formed, aimed at reducing smoking amongst Maori Nurses. She believes Maori nurses are a key group that encounter many 'teachable moments' to help eliminate smoking in New Zealand. Heather recognises that there needs to be more 'cutting edge' interventions for smoking possibly targeted at the retail end of tobacco makers in order to make a significant difference in smoking rates globally.

...

Preparing Undergraduate Nurses to Provide Smoking Cessation Advice and Help

Summary: A cross-sectional descriptive online survey sent to 17 schools of nursing in 2011, showed a lack of consistent and Ministry of Health approved smoking cessation methods. Education for students to provide effective smoking cessation, advice and help was insufficient nationally. Only five of the 14 nursing schools that responded taught the recommended ABC approach.

Clinical Utility: Poor education of nursing students leads to pitiable assessments of smoking cessation. Lack of knowledge of Nicotine Replacement Therapy is a barrier to providing effective smoking cessation treatment. Nursing schools are in an ideal situation of educating new and coming nurses on ways which we can target health inequities and priority populations, in order to reduce the prevalence of smoking in New Zealand. This gap has since been addressed. A survey of all 16 nursing schools in 2012 showed that all those who responded to this question teach the ABC approach (n=13).

Reference: Wong, G., & Stokes, G. (2011). Preparing Undergraduate Nurses to Provide Smoking Cessation Advice and Help. *Nursing Praxis in New Zealand*, 27(3), 21-30.

...

Mental Health Nurses' Beliefs about Smoking by Mental Health Facility Inpatients

Summary: The authors in this study received 104 nurse responses to an internet based survey, all nurses with differing years of experience. The aim was to assess the beliefs of mental health nurses about smoking habits by clients, nurses, and visitors in inpatient mental health facilities. Amongst these, 67% of those working in inpatient facilities were smokefree. Surprisingly, 72% of all respondents didn't support having completely smokefree inpatient facilities, with 42% stating they believed that smoking was of value in creating therapeutic relationships. 56% of these nurses believed that clients were less calm when cigarette access was removed, and having access to these helped to manage the symptoms of their mental illness. Although 87% of respondents believed that implementing smoking cessation was part of their nursing role, this study showed a greater acceptance of smoking habits from nurses who smoke, and a poor attitude of reducing smoking rates in the mental health setting.

Clinical Utility: It is well documented that people with mental illness have higher rates of nicotine dependency than the general public. This study outlined the grave importance of supporting nurses in the clinical setting to understand the difference between symptoms of nicotine withdrawal and mental illness. Also, there needs to be a push for nurses to be supported in becoming smokefree in order for them to lead by example. The belief that smoking

'If we don't do something reasonably radical, New Zealand is not going to reach the goal of being smoke-free by 2025.'
-Heather Gifford



in this setting is useful in creating therapeutic relationships is likely doing more harm than good as it is de-skilling nurses by discouraging the use of interpersonal skills in patient interactions.

Reference: Connolly, M., Floyd, S., Forrest, R., & Marshall, B. (2013). Mental Health Nurses' Beliefs about smoking by Mental Health Facility Inpatients. *International Journal of Mental Health Nursing*, 22(4), 288-293.

PUBLIC AND COMMUNITY TARGETED STUDIES

Diabetes Management by Primary Health Care Nurses in Auckland: A Cross Sectional Study

Summary: Barbara Daly found that there is a general lack of understanding amongst the nurses of the risk factors associated with diabetes-related complications. The majority of PHC nurse respondents identified obesity and high blood glucose levels as the major risk factors for type 2 diabetes, however, cardiovascular risk factors, particularly smoking, were less identified. Of the specialist nurses in the study, only 43% identified smoking as a modifiable risk factor for diabetes-related complications.

Clinical Utility: Assessment of smoking status of every patient must become an integral part of a nursing consultation. The knowledge base and understanding of nurses on the effect of smoking on diabetes-related complications must also be strengthened. Perhaps, further on-the-job training and education is needed to further consolidate nursing skills and knowledge. Like a carpenter needs his tools, nurses need a solid knowledge base to provide effective service.

Reference: Daly, B. *Diabetes management by primary health care nurse in Auckland: a cross sectional study* (Published thesis). University of Auckland, New Zealand.

A WORD FROM THE AUTHOR:



Dr Barbara Daly undertook this study after conducting research that showed smoking was not targeted during diabetes consultations. She hoped that this study would help to 'identify and highlight any gaps in the practice of nurses'. Her recent travels to Turkey and Greece revealed a culture of chain smoking in these areas, with no controls on tobacco usage. This highlighted to her the improvements that New Zealand has undergone. Barbara states that although there has been a significant reduction in the number of youth smoking, further action is required by the government to see a similar reduction amongst adults.

Smoke-free New Zealand Prisons: Changes in Health perceptions of Male Prisoners Following a Smoking Cessation Programme: An Evaluative Study.

Summary: This thesis explored the changes in health perceptions of both Maori and non-Maori prisoners following a smoking cessation programme. One researcher carried out semi-structured interviews with a topic guide of health in prison after smoking and a quality of life questionnaire (SF-36) with 12 prisoners. 38 prisoners also completed two separate lung age tests. Four main themes emerged from the interviews: the increase in exercise tolerance with improvements in general health; an ability to taste food again; an acknowledgement of stress; and the reasoning behind beginning smoking. Maori prisoners rated their health significantly higher than non-Maori in the questionnaire. They perceived themselves to have better physical functioning and general health, more vitality, but also more bodily pain and role limitations from emotional causes. The interviewed prisoners acknowledged smoking was used to combat the boredom of prison life and had become a habit they wanted to stop but did not know how to. The lung age tests showed no meaningful differences between the two units, although 80% of the prisoners surveyed who completed all the tests, noted their lung ages had decreased and their physical health had improved.

Clinical Utility: The author concludes that while the smoking cessation was not voluntary, many prisoners have enjoyed the resulting improvement to their health. However, the literature indicates high relapse rates once released from prison. Assisting prisoners once they leave prison to remain smoke-free is a new challenge for health providers. Greater health resources still need to be targeted at communities where health deprivations exist. Continuing to offer smoking cessation resources to new prisoners to ease their addiction is the only way to keep the prisons smoke-free. Larger research studies into smoking cessation in prisons are also needed to validate and enlarge on the findings of this study.

Reference: Muir, S. H. (2012). Smoke-free New Zealand prisons: Changes in health perceptions of male prisoners following a smoking cessation programme: An evaluative study. Retrieved from <http://www.hiirc.org.nz/page/46053> [accessed on May 22nd, 2014].

...

Cigarette Smoking and the Frequency of Colposcopy Visits, Treatments and Re-referral.

Summary: This study identified whether female smokers referred to the colposcopy department at the Christchurch Women's Hospital (CWH) required more follow-up visits, treatments and re-referrals compared to the female non-smokers. It also examined whether Maori women and other ethnic groups were disproportionately

represented at the CWH colposcopy department. When compared to non-smokers, women who smoked were found to be three times more likely to need a third follow-up visit, and twice more likely to need further treatments to remove cervical abnormalities. Maori women were represented disproportionately at the CWH colposcopy clinic; 71% of Maori women attending the clinic were smokers compared to 44% of non-Maori women. Furthermore, it was found that Maori women were less likely to attend the colposcopy clinic than non-Maori women.

Clinical Utility: The results of this study confirm that there is clearly a strong need to continue with the smoking cessation programme in colposcopy and promote other smoking cessation interventions on site throughout New Zealand health care settings. This study highlights to health professionals and to women who undergo colposcopy, that treatment is more likely to be successful for patients who cease smoking. It also highlights the importance of smokefree education and highlights the need for Maori women to have services provided that will encourage attendance and smokefree behavior. The information obtained may also generate further research to assist in reducing inequalities that exist within a specific area of the New Zealand Health care sector.

Reference: Lamb, J., Dawson, S.I., Gagan, M.J., & Peddie, D. (2012). Cigarette smoking and the frequency of colposcopy visits, treatments and referral. *Nursing Praxis in New Zealand*, 29(1), 24-33.

...

Asian Smokefree Communities: Evaluation of a Community Focused Smoking Cessation and Smokefree Environments Intervention in New Zealand.

Summary: This Asian Smoke-free Communities (ASC) study showed the effectiveness of a community-focused smoking cessation and smoke-free environment interventions for Asian smokers in New Zealand. Korean and Chinese speaking coordinators delivered home, workplace or clinic-based interventions to support smokers with cessation and create opportunities for smoke-free environments with families. Clients received service for smoking cessation and/or smokefree environments. Overall, clients were satisfied with the service and found the culturally appropriate resources helpful. Appointment attendance and self-reported quit rates were high. All homes were smokefree after the intervention – an increase of 18% from pre-intervention levels.

Clinical Utility: There are significant barriers to the use of health services to Asian migrants. These include language, culture and not knowing how to access the health services. This study examined the appropriateness of using an Asian-specific service model to address these issues for Asian smokers. The results showed that the ASC service model was largely acceptable to its Asian clients. This suggests that the ASC model could be implemented both to address smoking cessation and second-hand smoke in other minority groups and to address other public health issues for Asian peoples.

Reference: Wong, G., Whittaker, R., Chen, J., Cowling, L., Lim, S., & Van Mil, J. (2010). Asian Smokefree Communities: Evaluation of a community focused smoking cessation and smokefree environments intervention in New Zealand. *Journal of Smoking Cessation*, 5(1), 22-28. doi:10.1375/jsc.5.1.22.

...

Association of Parent and Best Friend Smoking with Stage of Adolescent Tobacco Smoking.

Summary: The study found that susceptibility to smoking as a result of parental and best friend smoking increased progressively as the stage of adolescent smoking rises ('triers', 'experimenters', 'regular users' and 'dependent users'). There was a 6.3% susceptibility to smoking amongst never smokers, and a staggering 78.7% for daily smokers. Parental smoking was also associated to adolescents smoking earlier than other smokers, therefore, they are more likely to become daily smokers by the time they reach their mid-teens.

Clinical Utility: Due to tobacco smoking being associated with a plethora of diseases and illnesses, targeting one of the many root causes of adolescent smoking is imperative. By helping parents quit smoking we are not only helping the adults but we are also giving our adolescents a better quality of life by not exposing them to the grave consequences of smoking.

Reference: Scragg, R., Glover, M., Paynter, J., Wong, G., & McCool, J. (2010). Association of parent and best friend smoking with stage of adolescent tobacco smoking. *New Zealand Medical Journal*, 123(1326), pages 77-87.

Final Remarks

Establishing a smokefree New Zealand by 2025 and eventually a smokefree world is going to take a huge effort by all members of the global community. These studies show that nurse led research is valuable in creating a shift towards change, and we encourage all nurses to identify gaps and utilise research opportunities. By working together and recognising the barriers that can stand in the way of eliminating smoking as a public health issue, nurses can better their practices in the clinical setting in order for them to have the most impact for people who smoke.

Acknowledgements and special thanks to Michelle Yeoman and Smokefree Nurses for their dedication and support in the production of this newsletter.



Working Towards a Healthier New Zealand.

Phone: 09 921 9999 ext 7620

E-mail: smokefreenurses@aut.ac.nz