

Nursing Interventions in Smoking Cessation

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**Annotated Bibliography**

**Rice, V. H., Hartmann-Boyce, J., & Stead, L. F., (2013). Nursing interventions for smoking cessation. Cochrane Database Syst. Rev, 12.**

Health care professionals along with nurses motivate and advised individuals to improve quality of life by smoking cessation. These advises are more handy if occurred through nurse intervention as nurses play a vital role in the recovery of patients and a relationship is generated between a nurse and the patient. Main objective of this study is to identify the effectiveness of nursing interventions in smoking cessation. Cochrane Tobacco Addiction Group, specialized register and CINAHL were selected to get the required data. This search was conducted in June 2013 through randomized trials of smoking cessation by nursing interventions or visits by health professionals' follow-ups in last six months at minimum.

The data was extracted by two authors independently and major outcome measure to be observed was not smoking for at least six months after the follow-up or nurse interventions. The rates were validated biochemically. Results were studied statistically by using Mantel-Haenszel fixed-effect and outcome were reported as risk ratio (RR) with 95% confident interval (CI). This study shows the positive results as nursing intervention helps to reduce the smoking in individuals but these interventions have to be prolonged and consistent as patients may start smoking if these interventions are brief or inconsistent. Nursing intervention is more effective than any other method to stop smoking in patients with the history of tobacco consumption. Patients with coronary artery bypass graft surgery showed highest had the highest rate of quitting as compared to other patients.

Nurses have the higher impact on patients thus can play a vital role to stop smoking in patients who are discharging from the hospital. Nurse interventions considered a great success in

controlling smoking in the patients with the history of smoking, but cessation also depends upon the reason of hospitalization.

**Efraimsson, E. Ö., Fossum, B., Ehrenberg, A., Larsson, K., & Klang, B. (2012). Use of motivational interviewing in smoking cessation at nurse-led chronic obstructive pulmonary disease clinics. Journal of advanced nursing, 68(4), 767-782.**

Tobacco use is a major public health problems, because all its forms are additive and either consumption or exposure to tobacco smoke are lethal, and is considered the leading cause of preventable morbidity and mortality in developed countries, serious consequences also social, economic and environmental level. Smoking cessation appears to be the only way to decrease the mortality and morbidity associated with smoking, so it is recommended that all health professionals in the various contexts of their practice, identify smoking with their customers and that all smokers is the subject of a brief counseling.

The absence of promoter nursing intervention of smoking cessation aimed at smoker's hospitalized in a health clinic, a hospital in the southern part, motivated the development of the "Quit Smoking", which is implemented since 2009 and aims to promote smoking cessation through the implementation of activities to ensure an effective nursing intervention based on scientific evidence.

Of the 101 smokers with potential to change, could enable 52% for a change at the behavioral level, observable through their verbal production (53 people). About 46 people (46%) expressed their desire to quit smoking and identified strategies to achieve. The mental health specialist nurse is assumed as drivers care manager from smoking cessation, mobilizing himself as a therapeutic tool in helping relationship, under the influence of theoretical nursing.

**Robson, D., Cole, F., Jalasi, S., Boojarut, B., Smith, S., Thompson, S., ... & Haddad, M.**

**(2013). Smoking cessation and serious mental illness: a service evaluation of a drop-in stop smoking clinic on an acute in-patient unit. Journal of clinical nursing, 22(3-4), 405-413.**

This study aims to evaluate the results of intensive therapeutic support queries of smoking cessation (CAICT) in two health centers to identify associated factors and before results found, suggest action points. We conducted a retrospective study of documentary analysis, being study population consisted of all users with attendance records up to 12 months in CAICT. Data collection was carried out by consulting the records of Clinical cases of users, in which the first query was at least 12 months. Information was collected regarding the socio-economic characteristics, history smoking, lifestyles, level of nicotine dependence, degree of motivation, made treatment and evolution of the therapeutic results of users. For quantitative variables, were presented absolute frequencies and measures of central tendency and dispersion. We used the chi-square test or Fisher's exact test to compare the proportions and the test One-way ANOVA test for the interval variables.

Smoking is considered a serious public health problem, constituting one of the leading preventable causes of morbidity, disability and mortality. It is a most of the major causes of premature death and development of numerous diseases, including most importantly neoplasms in several locations, diseases of the respiratory and cardiovascular disorders. The involvement of health professionals from the smoking is crucial; time greatly increases the chances of success. The vast majority of interventions of health professionals should involve motivational strategies to stop smoking because it was shown that only 10% of smokers planned to leave smoking next

month, 30% in the next six months, 30% do not know when they want quit smoking and 30% have no plans to quit smoking.

The professionals health should in their daily activity make a brief intervention, whose impact individual seems to have been modest, but their widespread application already has a significant impact in terms of public health. There is evidence that the intensive supportive intervention is more effective than brief advice. The present study was designed with the aim of evaluating the results the therapeutic CAICT over the 12 month follow-up, has been demonstrated in previous studies, this assessment is an important indicator to evaluate the usefulness of this intervention.

**Rigotti, N. A., Clair, C., Munafò, M. R., & Stead, L. F. (2012). Interventions for smoking cessation in hospitalised patients. Cochrane Database Syst Rev, 5.**

Smoking can lead to nicotine dependence and health issues. Smoking cessation can reduce the risk of diseases related to smoking. Some examples of smoking cessation is the health benefits, methods for quitting smoking, and programs that help. And nurses play a vital role in controlling smoking through continuous intervention.

As health care evolves and changes, the roles of nurses in controlling health care of individuals have expanded greatly. The goal of this study is to prevent smoking from reoccurring. In order to reach these goals, prevention levels have been defined and healthcare professionals take an active role in the implementation of positive changes in clients' lifestyle. On each level of the health promotion continuum, the nurse has to keep in mind the clients' cultural and educational background to develop mutually agreed- upon goals. These positive changes improve the quality of the clients' and families lives.

This study shows the behavioral interventions initiate during stay in hospital and at least persist for four weeks after the discharge helps to control smoking cessation. These interventions were conducted irrespective of the patient history and clinical diagnosis. Brief interventions were not as effective as continuous interventions were. Target of smoking cessation can be achieved through nursing interventions if followed persistently.