

# An International Partnership for Nursing Education on Tobacco Dependence Treatment

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## OBJECTIVE:

The goal of this collaboration was to build capacity among nurses in the Czech Republic (CZ) and Poland (PL) to implement evidence-based interventions with all patients who smoke.

## BACKGROUND:

	Current cigarette smoking			
	Adult		Youth	
	Male	Female	Male	Female
Czech Republic	32.7	25.3	28	33.1
Poland	36.7	24.2	15.7	12.1

Tobacco use is the largest preventable cause of death in both CZ and PL; it remains a serious public health problem.

It is annually responsible for 16,000 (CZ) and 67,000 (PL) deaths.

Evidence suggests that interventions by nurses, following the 5As framework are effective in increasing quit rates. The 5As include: Asking about smoking status, Advising patients to quit, Assessing willingness to quit, Assisting with a quit plan, and Arranging for follow-up. A high proportion of nurses smoke in both countries, between 20% – 35%, which may negatively impact the frequency of their interventions.

## APPROACH:

300 nurses in PL and 200 nurses in CZ were recruited via nursing and tobacco websites and by selected hospitals' administrators. Nurses completed a Web-based survey assessing frequency of their smoking cessation interventions according to the 5As, before, and 3-months after viewing e-learning courses. After completing the baseline survey, nurses were provided, via e-mail, with a link to the 2 webcasts. Data collection started on 8/03/14 in CR and 8/29/14 in PL.

Project-specific pages on the ISNCC website held educational materials: country-specific resources and two 30-minute webcasts per country addressing the nurses' role in tobacco dependence treatment, and tobacco dependence treatment in oncology settings.



The valid and reliable, *Helping Smokers Quit* survey, including informed consent, was adapted and translated into Czech and Polish. Surveys were uploaded to the UCLA Clinical & Translational Science Institute's REDCap software® website.

## RESULTS

Table 1. Nurses' demographic & professional characteristics (N = 607)

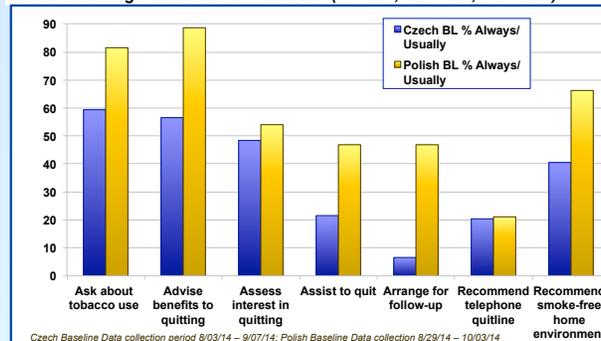
Characteristics	CZ (n=369)	PL (n=238)
	Mean (SD)	Mean (SD)
Age (years)	42.99 (9.46)	40.56 (10.54)
Years since nursing school graduation	21.20 (10.78)	17.94 (11.56)
	n (%)	n (%)
• Female	353 (97.25%)	217(91.18%)
<b>Smoking</b>		
• Never Smoker	209 (56.95%)	153 (64.83%)
• Previous Smoker	87 (23.71%)	64 (27.12%)
• Current Smoker	71 (19.35%)	19 (8.05%)
<b>Educational level</b>		
• Bachelor's degree or higher	112 (30.68%)	197 (82.78%)
<b>Clinical practice setting</b>		
• Oncology	47 (12.74%)	10 (4.33%)
• Psych	13 (3.52%)	65 (28.14%)
• Ob/Gyn	13 (3.52%)	9 (3.90%)
• Med/Surg/Rehab/Ambulatory	255 (69.11%)	125 (54.11%)
• Critical care/trauma	41 (11.11%)	22 (9.52%)

The final baseline sample was 238 nurses in PL and 369 in CZ (Table 1). Current smoking was 8% in PL and 19.4% in CZ., about 25% were former smokers in both countries.

Frequency of providing smoking cessation interventions according to the 5As was measured on a 5-point scale (never, rarely, sometimes, usually, always). For analysis, usually/always responses were collapsed to indicate consistency of delivering the intervention in accordance to evidence-based practice (Fig.1).

Over half of nurses in CZ consistently Asked (59%) about smoking status and Advised (57%) patients to quit; less than half (48%) Assessed willingness to quit, 22% Assisted with a quit plan, but only 7% Arranged for follow up.

FIGURE 1. Nurses' consistent delivery of smoking cessation interventions before watching 2 educational webcasts (N = 607, CZ = 369, PL = 238)



In PL, a greater percentage of nurses consistently Asked (82%) about smoking status, Advised (89%) patients to quit, Assessed (54%) willingness to quit, 47% Assisted with a quit plan, and 47% Arranged for follow-up. Referral to a quitline, a resource supporting abstinence available in both countries, was reported by approximately 1 in 5 nurses in both countries.

## DISCUSSION:

Similar to our experience in United States and China, these baseline data demonstrate a potential to grow nurse involvement in providing evidence-based tobacco dependence treatment in CZ and PL. The impact of the availability of the distance learning, web-based educational program on nurse performance of the 5As will be evaluated post-implementation.

## CONCLUSIONS:

As countries move towards implementation of the World Health Organization's recommendations to address tobacco dependence, and develop strategies to reach the United Nation's target of reducing tobacco use by 30% in 2025, initiatives to engage nurses in tobacco control are essential. Efforts are also need to reduce smoking among nurses.

This project provided a model for the 'Eastern Europe Nurses' Centre of Excellence for Tobacco Control' project (2013-2016), a collaboration between nurses from UCLA, UCSF, ISNCC, the Czech Republic, Hungary, Romania, Slovenia, and Slovakia. Translating evidence into practice through a web-based educational program could inform other countries interested in fighting the tobacco epidemic as well as other risk factors for non-communicable diseases.



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### Eastern Europe Helping Smokers Quit (EE-HSQ) Working Group

ISNCC, Sarah McCarthy, ISNCC Executive Director; and Tobacco Control Task Force Chairs: Dr. Linda Sarna, Professor, UCLA School of Nursing and Dr. Stella Bialous, UCSF school of Nursing

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