

Tobacco Use, Exposure to Second Hand Smoke and Cessation Training among Nursing Students: Thailand Global Health Professions Student Survey, 2006–2011

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Abstract: The purpose of this study was to describe the smoking status of nursing students, their exposure to secondhand smoke, and training on tobacco cessation advisement, as well as comparison with the Global Health Professions Student Survey in 2006 in Thailand. The school-based survey was carried out between September and October 2011, involving 1,845 third-year nursing students in Thailand. The results indicated that prevalence of tobacco use among nursing students was quite low (1.9% in 2006 and 1.7% in 2011) and did not change during 2006-2011. Reduction of prevalence of cigarette smoking (1.1% in 2006 to 0.5% in 2011) was noted between 2006 and 2011. However, the prevalence of other types of tobacco products increased from 1% in 2006 to 1.9% in 2011. The prevalence of exposure to secondhand smoke at home did not change between 2006 and 2011; however, improvement in secondhand smoke exposure in public places was observed (59.4% in 2006 to 50.7% in 2011). There was a significant increase in the proportion of nursing students that reported they received formal training in smoking cessation approaches in their school training (from 12% in 2006 to 29.7% in 2011). However, there was no significant increase in the percentage of nursing students who reported having learned that it is important to educate patients who want to quit. This warrants efforts to be continued and further strengthened by integrating smoking cessation training in nursing curricula.

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Key Words: Smoking cessation training; Health professionals; Nursing students; Tobacco use.

Introduction

Tobacco use prevails as the leading cause of disease and premature death across the world today. This ‘global tobacco burden’ falls most heavily on developing countries, in which 84% of the world’s 1.3 billion smokers currently reside.¹ The World Health Organization (WHO) estimates that tobacco use causes approximately 5 million deaths each year, and it is expected that this number will rise to more

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than 8 million deaths, with 70% occurring in developing countries, by the year 2030.² Students of the health professions, including nursing, have been found to play an important role in the cessation and prevention of tobacco use.^{3,4} Despite involving nursing students as the largest group of healthcare professionals in tobacco control, only a few studies have collected information on tobacco use, exposure to second-hand smoke (SHS), and cessation counseling training among these students. These studies used various sampling methods, questionnaires, and data collection procedures, but very few were conducted in low- or middle-income countries.^{5,6} The WHO and the U.S. Centers for Disease Control and Prevention have attempted to overcome these limitations by developing and implementing the Global Health Professions Student Survey (GHPSS)⁷ that includes individual surveys for dental, medical, nursing, and pharmacy students.

In Thailand, the GHPSS was first conducted in 2006 among seven groups of health professional students (medicine, nursing, dentistry, pharmacy, medical technology, physical therapy, and public health). The results indicated that, overall, the current prevalence of cigarette smoking is 2.3% (men 6.4% and women 0.9%), and that the prevalence was lower in nursing students (1.1%; men 10.7% and women 0.5%) than in other health professional students. The majority of nursing students expressed positive opinions toward tobacco control policies, such as cigarette smoking being banned from public places, or health professionals serving as role models for their patients. In addition, most health professional students, especially nursing students, had learned about the harmful effects of smoking; however, only 16.6% of all students, and 12.7% of nursing students had learned cessation approaches to use with their patients.⁸

The results of the 2006 GHPSS yielded strong social movements among health professional alliances in tobacco control, including the Nurses Network on

Tobacco Control of Thailand (NNTCT). Capacity building activities for tobacco control, especially smoking cessation counseling, have been arranged by networks of health professionals such as the NNTCT, who have provided short training courses for nurses and other health professionals. These courses are aimed at improving knowledge and skills in smoking cessation and tobacco dependence treatment for patients. However, data describing the impact of these interventions has not yet been published.

The interventions by the NNTCT mentioned above could be taken to reflect Thailand's obligation to implement tobacco control policies enacted under the WHO Framework Convention on Tobacco Control (FCTC), the world's first public health treaty on tobacco control. The treaty embodies a coordinated, effective, and urgent action plan to curb tobacco consumption, and lays out cost-effective tobacco control strategies for public policies. One important feature of the WHO FCTC is the call for countries to develop tobacco control surveillance systems (Article 20). The GHPSS data, along with continued monitoring of these indicators, is necessary to ensure the success of tobacco control policy interventions.

As mentioned earlier, following the dissemination of the 2006 GHPSS results, Thailand implemented a variety of tobacco control interventions by health professional networks, including the NNTCT. The GHPSS Nursing 2011 repeat is helpful in monitoring the effectiveness of tobacco control interventions and for planning future plan and intervention for health professionals in Thailand.

A variety of studies have recognized the role and educational preparation of nurses in patient cessation of tobacco use.⁹ As the most trusted health professionals, who frequently come into contact with smokers and their families during their clinical practice,^{9,10} nurses play an important role in addressing patient smoking. To promote the involvement of the nursing

profession in tobacco control, it is important to explore the nursing students' own tobacco use, attitudes towards tobacco control, exposure to SHS, training, and education in tobacco control. Given the above background, this report presents results on the formal training of students in tobacco use cessation obtained from the 2011 Nursing GHPSS and compares results with those from the 2006 survey.

Literature Review

Nurses Network on Tobacco Control of Thailand:

After the World Health Organization announced the World No Tobacco Day 2005 theme of "Tobacco and Health Professionals", the Nurses' Association of Thailand (NAT) launched the Nurses Network on Tobacco Control of Thailand (NNTCT) in the same year. The Network aims to promote nurses' awareness of, and roles in tobacco control. The NNTCT is working collaboratively with the Thai Health Professional Alliance Against Tobacco, and is funded by the Thai Health Promotion Foundation (Thai Health). Examples of important activities supported by the NNTCT include capacity building workshops across Thailand, and a project to develop smoking cessation guidelines for inpatients. During the past five years, the NNTCT has implemented major action plans including strengthening nurses and women as healthy role models, creating opportunities for Thai youths to be a part of tobacco control, and reinforcing smoking cessation services in hospitals and mobile counseling clinics in the local communities. All of these action plans share one critical aim: to raise current nurses' capacity to curb the tobacco epidemic, while preparing the next generation of nurses to be able to do the same. The tobacco control curriculum created by nursing educators consists of eight modules: *the tobacco epidemic; harmfulness of active and passive smoking; tobacco prevention;*

tobacco cessation; cessation techniques among special populations; tobacco control laws; collaborative networking; and tobacco industry tactics and marketing.

During 2010 to 2012, the NNTCT proposed four project plans that involve a) hospital nurse leaders; b) community nurse leaders; and c) nurse education leaders building a smoke-free society; along with knowledge management of nurses' roles for tobacco control. There have also been three proposed sub-project plans: sub-project 3.1 integrates tobacco control into undergraduate nurse education programs; sub-project 3.2 aims to strengthen nursing student networks to help build a smoke-free society; and sub-project 3.3 addresses the development of a smoke-free society in colleges and universities.¹¹

The Global Health Professional Student Survey (GHPSS): The GHPSS is part of four surveys conducted by the Global Tobacco Surveillance System, which include also the Global Youth Tobacco Survey, the Global School Personnel Survey, and the Global Adult Tobacco Survey.^{7, 12, 13} The GHPSS is a school-based survey of third-year students pursuing advanced degrees in dentistry, medicine, nursing, or pharmacy. It has a standardized methodology for selecting participating schools and classes, in addition to uniform data processing procedures.^{7, 12, 13} To date, the GHPSS has been carried out throughout the six regions of WHO member states: the Americas, African, South-East Asian, European, Eastern Mediterranean, and Western Pacific regions. Further data results, listed by country and year, are available on the website of the U.S. Centers for Disease Control and Prevention (CDC) (www.cdc.gov/tobacco/global). Usually, the GHPSS focuses on third-year students of the four previously mentioned health professions.

During 2005 to 2009, the Nursing GHPSS was conducted in 39 countries and one site (the Gaza Strip/West Bank), and covered all six WHO regions of the Americas, African, European, Western Pacific,

Eastern Mediterranean, and South-East Asian regions.¹³ A secondary data analysis by Warren and colleagues¹³, which used data from the 2005–2009 Nursing GHPSS, reported that current smoking prevalence ranged from 0.5% in Uganda to 43.9% in Jordan. Moreover, it is reported that over 60% of the students were exposed to second-hand smoke in public places in 23 out of 39 sites. In addition, less than 40% of the students reported having received formal training in cessation counseling.

The Nursing GHPSS in Thailand. The Nursing GHPSS was first conducted in 2006 involving 1,594 third-year students. It was reported that approximately 14% of the nursing students reported ever smoking cigarettes, and the current cigarette smoking prevalence was 1.1% (male 9.6%, female 0.6%). The majority of nursing students (97.5%) agreed that tobacco advertising should be completely banned, and 94.0% supported a ban on the sale of tobacco products to adolescents. The majority also favored the banning of smoking in all public places, including restaurants, pubs and bars. The results from this survey reflect not only nursing students' positive attitudes towards tobacco control policies, but also their positive attitudes on their role and responsibility to help patients stop smoking. Nine out of ten nursing students shared the opinion that nurses should serve as role models for their patients, and that they should provide patients with advice and information regarding smoking cessation. Nine out of ten nursing students also agreed that training in cessation techniques is important for health professionals. However, only one in ten nursing students (13.6%) reported that they had learned tobacco cessation techniques or approaches for use with patients.¹⁴

Methods

Research design: A school-based survey of third-year students was carried out during September

and October 2011. This study was part of the Thailand GHPSS 2011, which collected data from third-year nursing students.

Samples: The GHPSS has a standardized methodology for selecting participating schools and classes, in addition to uniform data processing procedures.^{7,12} While other professional student surveys in Thailand included censuses of students, the Nursing GHPSS was a sampling survey. Since there are more than 70 nursing schools throughout Thailand with varying numbers of students, a one-stage cluster sample design was used to produce a representative sample of third-year nursing students in Thailand. All nursing schools containing third-year students were included in the sampling frame. With assistance from technical staff at the U.S. Centers for Disease Control and Prevention (CDC),¹⁴ schools were randomly sampled, with probability of selection being proportional to school enrollment size. The selected nursing schools included both public and private institutes, and all third-year nursing students from the selected schools were eligible to participate in the study. The school response rate was 100%, and the student response rate was 91.2% from a total of 2,161 students.

Questionnaire: This survey employed the Global Health Professionals Survey (GHPS) core questionnaire, developed by the WHO, the CDC, and the Canadian Public Health Association. Permission to use the instrument was obtained through the Tobacco Control Research and Knowledge Management Center (TRC), the agency coordinator for Thailand identified by the WHO. The core questionnaire consists of 53 questions covering demographics, prevalence of cigarette smoking and use of other tobacco products, exposure to second-hand smoke (SHS), desire to quit smoking, and training received in patient counseling and cessation techniques.¹³ The 'translation and back-translation' method was used to translate the

English version of the core questionnaire into a Thai version. The translations were then evaluated for their suitability and readability. In addition, 18 questions related to student activities, tobacco products, and tobacco control measures in the Thai context were added to the questionnaire package. These additional items were validated by health professional researchers of the TRC. Examples of the questions were “During your training, have you ever received any formal training in smoking cessation approaches to use with patients?” and “Have you ever participated in tobacco control activity campaigns outside of your school?”

Data collection: Prior to its initiation, approval to conduct the study was obtained from the Ethics Review Committee for Research Involving Human Research Subjects, Health Science Group, Chulalongkorn University and from each site of data collection. Participant consent was obtained for this study, and student participation was entirely voluntary. In addition, permission to conduct the study was obtained from the deans or directors of all sample nursing schools. The GHPSS for the nursing profession was conducted at the selected schools during regular class sessions in 2011. Each participant received both a consent form and an information sheet describing the purpose and content of the survey, and addressing the confidentiality of information. When informed consent was granted, the data collectors distributed the anonymous, self-administered questionnaire and an answer sheet able to be scanned to each participant in the class.

Data analysis: The 2011 Nursing GHPSS used uniform data processing procedures that were guided by the CDC and WHO. A weighting factor was applied to each student’s record to adjust for non-response and variation in the probability of selection at both school and student levels. Weights have also been associated with each questionnaire to reflect the likelihood of sampling

each student, and to reduce bias by compensating for differing patterns of non response. In this report, the results of the 2011 GHPSS of the nursing profession are presented comparatively with the 2006 GHPSS. It should be noted that the survey in 2006 employed the same methodology as the 2011 GHPSS. SUDAAN, a software package developed for the statistical analysis of correlated data, was used to calculate weighted prevalence estimates, and standard errors (SE) using 95% confidence intervals (CI) were calculated from these estimates.¹⁵ Estimates were treated as significantly different if their CIs did not overlap.

Results

The sample size for GHPSS was 1,845 in 2011 and 1,594 in 2006. Among the total sample population in the 2011 GHPSS, 94.9 % were females and 5.1 % were males. The majority of the participants were aged between 19 and 24 years (97.7%), and only 0.9% were older than 24 years. Similarly among respondents in the 2006 GHPSS, 92.8% were female and 7.2% were male. The majority of participants in the 2006 GHPSS were between 19 and 24 years old (96.2%).

Tobacco use among nursing students

The overall current use of any tobacco products did not change among the third-year nursing students between 2006 and 2011 (1.9% and 1.7% respectively). While the prevalence of cigarette smoking decreased from 1.1% to 0.5%, current use of other tobacco products increased from 1.0% to 1.9 % (Table 1).

SHS exposure among nursing students

The prevalence of exposure to secondhand smoke (SHS) at home did not change between 2006 and 2011. However, SHS exposure in public places decreased significantly (59.4% in 2006 to 50.7% in 2011) (Table 1).

Table 1 Prevalence of Current Tobacco Use and Exposure to Secondhand Smoke among Third-year Nursing Students in Thailand

	GHPSS 2006 % (95% CI) (n = 1,594)	GHPSS 2011 % (95% CI) (n = 1,845)
Prevalence of current tobacco use Current cigarette smokers		
Total	1.1 (0.6–2.3)	0.5(0.2–1.1)
Male	9.8 (4.4–20.3)	6.6 (2.6–15.7)
Female	0.5 (0.2–1.5)	0.2 (0.0–0.9)
Current users of tobacco products other than cigarettes		
Total	1.0 (0.6–1.6)	1.9 (1.1–3.4)
Male	4.4 (1.3–14.2)	6.1 (2.4–14.5)
Female	0.7 (0.3–1.6)	1.7 (0.9–3.1)
Current users of any tobacco products		
Total	1.9 (1.3–2.7)	1.7 (1.0–2.8)
Male	11.7 (6.4–20.5)	6.6 (2.6–15.5)
Female	1.1 (0.6–1.9)	1.4 (0.8–2.4)
Exposure to second hand smoke		
In the past 7 days, had someone smoked in their presence and their home	28.6 (24.6–32.9)	22.7(19.4–26.5)
In the past 7 days, had someone smoked in their presence other than in their home	59.6 (53.8–65.2)	50.7 (49.5–51.9)

Curriculum and Training

The majority of students disclosed that they were taught about the health effects of smoking during their college training, and almost three-quarters of the students (72.3%) indicated that they had discussed the reasons why people smoke during training. In addition, more than 80% of the students had learned about the importance of documenting tobacco use history as part of general medical history. Learning tobacco cessation techniques or approaches to use with patients was reported as low as 12.45% in 2005 but improved to 29.7% in 2011. Besides, almost two-thirds of the students (63.7%) had learned the importance of providing educational materials supporting smoking cessation to patients who desire to quit; however, this did not change between 2006 and 2011 (Table 2).

In addition, 71.1% of the students indicated that they had heard of using nicotine replacement therapy (NRT) in smoking cessation; however, less than half of the students (46.4%) had heard of using antidepressant medications, such as Bupropion, for smoking cessation. The 2011 GHPSS also indicated that about 53% of the students had heard of using herbs in tobacco cessation (Table 2).

Students' Participation in Tobacco Control Activities

Approximately half of the students indicated that they participated in tobacco control activities at their schools, both on-campus (49.0%) and off-campus (46.8%). Only 21.4% indicated that they had heard about the marketing tactics of tobacco companies. There was no change in both the students' tobacco control activity participation, and their awareness of tobacco industry tactics between the 2006 and 2011 surveys, as shown in Table 2.

Table 2 Receiving training in smoking cessation and participating in tobacco control activities among the 3rd-year nursing students in Thailand

	GHPSS 2006	GHPSS 2011
	% (95% CI)	% (95% CI)
	(n = 1,594)	(n = 1,845)
Percent of nursing student answering “Yes”		
Being taught about the dangers of smoking	96.0 (93.1 – 97.7)	92.0 (85.3 – 95.8)
Discussed in any of your classes the reasons why people smoke	80.1 (77.0 – 82.9)	72.3 (65.9 – 77.9)
Learned that it is important to record smoking status	84.2 (80.1 – 87.5)	81.2 (74.1 – 86.7)
Received any formal training in smoking cessation approaches	12.4 (9.8 – 15.7)	29.7 (19.7 – 42.2)
Learned that it is important to provide educational materials to patients who want to quit	51.1 (47.1 – 55.0)	63.7 (53.5 – 72.7)
Heard of using NRT in tobacco cessation programs	63.1 (58.0 – 68.0)	71.1 (64.5 – 76.9)
Heard of using medications in tobacco cessation programs	34.8 (29.9 – 40.1)	46.4 (39.0 – 53.9)
Heard of using herbs in tobacco cessation programs	n/a	53.1 (47.5 – 58.7)
Participated in tobacco control activities on- campuses	35.9 (29.8 – 42.5)	49.0 (39.3 – 58.8)
Participated in tobacco control activities off- campus	41.9 (36.6 – 47.3)	46.8 (38.1 – 55.6)
Ever heard of the marketing tactics of tobacco industry	17.6 (14.0 – 21.9)	21.4 (17.2 – 26.2)

Discussion

Prevalence of tobacco use

Among Thai female nursing students the prevalence of tobacco use was 1.1%, no greater than that of women in the general population, as the 2011 Global Adult Tobacco Survey (GATS) reported that approximate 46.6% of men and 2.6% of women were current smokers.¹⁶ However, the prevalence of use of other type of tobacco appears to be higher than that reported in the 2006 GHPSS. Almost 2% of students were currently using other tobacco products and male students were more likely than females to use such products. These results were similar to those reported in previous studies; for example, a study by Warren and colleagues¹³ indicated that across all four sites of the South-East Asian region (Bangladesh, India, Sri Lanka, and Thailand), the current use of other

tobacco products was approximately 8% or less. One of the other types of tobacco products commonly used by students today is ‘hookah’ (also known as waterpipe), which can be falsely perceived as being less harmful than cigarettes. Tobacco use threatens the health of current nursing students, and negatively influences the future nursing workforce to deliver effective tobacco prevention and cessation interventions when they begin their clinical practice.⁶ Therefore, eliminating tobacco use among health professionals should be the eventual goal of tobacco control activities. It is necessary to first identify the students who currently smoke, and then to provide assistance in order to motivate them to try and quit.

Exposure to second-hand smoke (SHS)

It can be noted that SHS exposure has decreased slightly. The decrease in SHS exposure in public places could be explained by the implementation of the project

“towards 100% smoke-free environment Thailand” funded by WHO and the Bloomberg Foundation. In Thailand, individuals are legally protected from the harms of SHS under the Nonsmoker’s Health Protection Act B.E. 2535 (1992).¹⁷ It should also be noted that during 2006 – 2011, two Notifications of Ministry of Public Health were issued. Since 2010, the latest Public Health Ministry’s notification¹⁸ has prohibited smoking in all indoor public and work places and other open-air public places such as open-air restaurants and market places. Likewise, the creation of smoke-free environments by health education institutions sends a clear message to educators, students, patients, and clinicians about the harmful effects of tobacco.¹⁹ Nursing education institutions should therefore be encouraged to comply with the law and promote social awareness of the dangers of SHS.

Curriculum and Training

The majority of students in this study had some knowledge of the devastating health effects of tobacco use, and more than eight out of ten students had learned that it is important to record the current smoking status of their patients. Nursing students should be trained to provide effective, accurate, and accessible advice to patients in all aspects of health. Even though previous studies provide strong evidence for the importance of nurses’ involvement in the delivery of tobacco cessation advice,^{20, 21} this survey showed that future nurses may not be adequately prepared to assist smokers to quit. Only approximately three out of ten students (29.7 %) were reportedly trained in counseling and helping patients to stop using tobacco. One possible explanation for the small percentage of students being trained in smoking cessation counseling could be the lack of trained nurse faculties. The nursing instructors may also have felt less confident in teaching their students in clinical practice. In addition, previous studies have shown barriers in promoting tobacco dependence treatment in nursing education, including clinical learning opportunities.^{22, 23}

The results of this study are consistent with a study by Kalampakorn and colleagues²³, which examined the teaching of tobacco control in Thai baccalaureate nursing programs. Their study found that the majority of nursing programs provided content on the health effects of tobacco (90.7%) and second-hand smoke (73.3%). However, less than 40% of the nursing schools included content in cessation counseling, tobacco control strategies, or the role of nurses in tobacco control.

Nevertheless, it should be noted that the percentages of tobacco control content in nursing curricula are still higher than those reported in the 2006 GHPSS (12.0%).¹⁴ These differences could possibly be attributed to the efforts of the NNTCT in strengthening both the training of nursing students to provide tobacco cessation counseling, and their awareness of their roles in tobacco control. In addition, these results were consistent with findings from previous GHPSS studies, conducted across ten countries, in that few nursing students (21.2% – 35.1%) received formal training in smoking cessation techniques.¹² Similarly, the cross-country GHPSS data among nursing students showed that less than forty percent had received formal training, in 30 out of 39 sites.¹³ Thus, action is urgently required to integrate content on the skills required for delivering effective smoking cessation interventions into some existing courses, such as adult nursing or community nursing courses. Empirical evidence suggests that a theory-based training in tobacco cessation counseling can significantly affect nurses’ confidence and increase the frequency of self-reported tobacco cessation counseling.²⁴ Innovative educational programs that facilitate inclusion of evidence-based smoking cessation content into nursing curricula would be an effective strategy in enhancing nursing students’ skills to help smokers quit. The study by Shishani and others examined the effects of online education and simulation on nursing students’ knowledge and self-confidence in smoking cessation skills. Their results revealed a significant

gain in students' knowledge and skills in advising, assessing, assisting, and arranging follow-ups as a result of the training.²⁵

With regard to complementary and alternative smoking cessation techniques, less than three-quarters of the students had heard of using nicotine replacement therapy, antidepressant medications, or herbs in tobacco cessation attempts. Therefore, undergraduate nursing programs might be encouraged to include details on these complementary pharmacological treatments for tobacco dependence, in either a separate course, or in supplemental courses that are specifically relevant to tobacco issues.

Almost half of the students involved in this study had participated in tobacco control activities at their schools, both on-campus (49.0%) and off-campus (46.8%). These results showed no change in students' participation in such activities, and their awareness of tobacco industry tactics, when compared with the GHPSS results from 2006. It should be noted the NNTCT has offered funding support to nursing schools, which enables them to encourage students to participate in tobacco control activities. It is possible that the financial support for tobacco control activity is limited. No change in students' awareness of tobacco industry tactics could be explained by the fact that this topic was taught only in 16.2% of nursing schools.²³

Conclusion

In conclusion, the major findings from this study indicate no significant change in tobacco use prevalence among nursing students, but a reduction in their reported exposure to SHS in public places. In addition, formal training in smoking cessation for nursing students has improved considerably. No significant changes were observed in students' participation in tobacco control activities on campus and off-campus as well as their perception of marketing strategies of tobacco companies. The findings from this study could prove to be extremely useful in

formulating and strengthening the training of nursing students to provide effective tobacco cessation counseling to their patients, and promoting nurses' awareness of and their roles in tobacco control.

Thailand's participation in the GHPSS addresses the first element of MPOWER (*to monitor tobacco use and prevention policies*). In addition, the GHPSS asks students a range of questions that span many of the remaining elements of MPOWER. The resulting data is critical to gauge Thailand's progress toward fully implementing the elements of MPOWER among its youth. The information provided by the GHPSS can address several provisions of the WHO's Framework Convention on Tobacco Control (FCTC) that relate to the role of health professionals, including the nursing profession, in tobacco control policies.

Implications and Recommendations

As Thailand has ratified the WHO Framework Convention on Tobacco Control (FCTC), it is essential that the nursing school administrators, collaborating with the NNTCT and the Tobacco Control Research and Knowledge Management Center (TRC), consider using the standard GHPSS protocol as a monitoring system in the nursing profession. There is still a critical need to focus on the space for smoking cessation training in nursing curricula. Additional research is necessary to improve the evidence base for effective tobacco-related curricula and to ensure that nurses who are trained in cessation are later effective in supporting patient cessation. If all Thai nurses were equipped to identify smokers and help them quit smoking, they could together save millions of lives.

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Disclaimers

The views expressed in this article are solely those of the authors and do not necessarily represent the official position, policy or view of the World Health Organization or the Centers for Disease Control and Prevention or the GATS partner organizations.

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การใช้ผลิตภัณฑ์ยาสูบ การสัมผัสควันบุหรี่มือสองและการอบรมเพื่อช่วยเลิกบุหรี่ในนักศึกษาพยาบาล: การสำรวจข้อมูลนักศึกษาวิชาชีพสุขภาพในประเทศไทยเพื่อการควบคุมยาสูบ, 2549 – 2554

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บทคัดย่อ: การศึกษาเชิงสำรวจครั้งนี้มีวัตถุประสงค์เพื่อบรรยายการสูบบุหรี่ การได้รับควันบุหรี่มือสอง การได้รับการอบรมในการช่วยเลิกบุหรี่ในนักศึกษาพยาบาลโดยเปรียบเทียบกับผลของโครงการสำรวจนักศึกษาชั้นสูงสุขภาพระดับโลก ในปี พ.ศ. 2549 การสำรวจโดยใช้สถานศึกษาเป็นฐานในการสุ่มตัวอย่างครั้งนี้ดำเนินการระหว่างเดือนกันยายน – ตุลาคม พ.ศ. 2554 โดยมีกลุ่มตัวอย่างเป็นนักศึกษาพยาบาลชั้นปีที่ 3 จำนวน 1,845 คน ผลการศึกษาพบว่า ความชุกการบริโภคยาสูบของนักศึกษาพยาบาลค่อนข้างต่ำ (ร้อยละ 1.9 ในปี พ.ศ. 2549 และ 1.7 ในปี พ.ศ. 2554) และไม่เปลี่ยนแปลงมากนักในช่วงเวลาระหว่าง พ.ศ. 2549 และ พ.ศ. 2554 โดยพบว่าอัตราการสูบบุหรี่ชิกาแรตลดลง อย่างไรก็ตามการบริโภคผลิตภัณฑ์ยาสูบประเภทอื่นเพิ่มขึ้น จากร้อยละ 1 ในปี พ.ศ. 2549 เป็น ร้อยละ 1.9 ในปี พ.ศ. 2554 การได้รับควันบุหรี่มือสองที่บ้านลดลงเล็กน้อย แต่การได้รับควันบุหรี่มือสองในที่สาธารณะลดลงอย่างมีนัยสำคัญ (ร้อยละ 59.4 ในปี พ.ศ. 2549 เป็น ร้อยละ 50.7 ในปี พ.ศ. 2554) การสำรวจครั้งนี้พบการเพิ่มขึ้นของสัดส่วนของนักศึกษาที่รายงานว่าได้รับการอบรมการช่วยเลิกบุหรี่ในช่วงโม่งเรียน (จากร้อยละ 12 ในปี พ.ศ. 2549 เป็นร้อยละ 29.7 ในปี พ.ศ. 2554) นอกจากนี้ยังพบการเพิ่มขึ้นของสัดส่วนนักศึกษาที่ได้รับการสอนเรื่องความสำคัญของการให้เอกสารความรู้เกี่ยวกับการเลิกบุหรี่สำหรับผู้รับบริการที่ต้องการเลิกบุหรี่ ผลการศึกษาสะท้อนให้เห็นว่าการพัฒนาการเรียนการสอนเกี่ยวกับการช่วยเลิกบุหรี่ในหลักสูตรการศึกษาพยาบาลยังต้องทำอย่างต่อเนื่อง

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