Effects of Tobacco Cessation Counseling Training on Thai Professional Nurses' Self-efficacy and Cessation Counseling Practices

Sunida Preechawong, Krongjit Vathesathogkit, Sangduean Suwanratsamee

Abstract: This one-group, pretest-posttest, quasi-experimental design aimed to examine the effectiveness of tobacco cessation counseling training on Thai nurses' self-efficacy and tobacco cessation counseling practices. A sample of 76 professional nurses was randomly recruited from three hospitals involved in the smoke-free hospital campaign, initiated by the Action on Smoking and Health Foundation in Thailand. The participants received a six-hour program on tobacco cessation counseling that was based on recommendations from Clinical Practice Guidelines on treating tobacco use and dependence, within the context of Bandura's self-efficacy theory. Self-efficacy for tobacco cessation counseling and cessation counseling practices were assessed using three self-administered questionnaires prior to receipt of the counseling cessation program, and 3 and 6 months after the program was completed. Data were analyzed with descriptive statistics and repeated measures analysis of variance. The findings showed the mean score of self-efficacy for tobacco cessation counseling was about the same prior to receipt of the counseling program and 3 months after completion of the program, but was significantly higher 6 months after completion of the program. The mean score of cessation counseling practices was found to significantly increase over time. The findings suggested a theory-based training program in tobacco cessation counseling can significantly increase nurses' confidence and provision of counseling.

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Key words: Tobacco cessation counseling; Self-efficacy; Nurses

Introduction

Smoking is one of the main risks to the public's health that leads to as many as 36 serious diseases (i.e. chronic obstructive pulmonary disease, coronary heart disease, and cancer).[1] The World Health Organization (WHO) has reported tobacco use kills more than five million people a year and, unless urgent actions are taken, the death

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toll will increase to more than eight million a year by 2030.[2] The 2009 Global Adult Tobacco Survey (GATS) Thailand revealed 23.7% (12.5 million persons) of the adult population were smokers.[3] Article 14 of the WHO Framework Convention Tobacco Control (FCTC) demands signatory parties to "take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence." [4, p. 13] By ratifying the FCTC of the WHO, Thailand has an obligation to implement tobacco control policies enacted under this treaty.

Since nurses are practicing in a multitude of clinical settings throughout the world, they have abundant opportunities to expand their roles in tobacco control. Empirical evidence has shown smoking cessation advice, provided by nurses, significantly increases abstinence rates.[5] However, involvement in tobacco cessation counseling of Thai nurses is limited due to barriers, such as lack of counseling skills and inadequate knowledge.[6]

Recently, there has been an increasing interest in tobacco control in Thailand, including interest in increasing tobacco dependence treatment. Capacity building efforts in smoking cessation counseling have been arranged by networks of health professionals. For instance, the Thai Health Professional Alliance against Tobacco has offered short training courses on knowledge and skills on smoking cessation for health professionals, including nurses, to increase the delivery of tobacco dependence treatment.[7] Nevertheless, data describing the impact of these programs has not been published and their effectiveness has not been established.

Smoke-free workplace policies are a critical component of successful strategies to encourage smoking cessation.[8] The Thai Non-smoker's Health Protection Act, 1992, banned smoking in indoor public places, including health facilities.[9] However, the Public Health Ministry did not issue a regulation to totally ban smoking in health care facilities until June 2010.[10] Thus, the Action on Smoking and Health Foundation (ASH) Thailand, in 2007, initiated the Smoke Free Hospital (SFH) campaign within a number of hospitals throughout the country.[11, 12] The SFH campaign sought to: (a) support enforcement of the Non-smoker's Health Protection Act, 1992; (b) develop a smoke-free hospital model that will facilitate involvement of all health personnel in promoting tobacco cessation; and (c) raise health professionals' awareness about their roles in tobacco control.

At the beginning of the SFH campaign, five hospitals, with a strong history of involvement in tobacco control, were invited to participate. The participating hospitals were expected to: a) provide cessation services to help hospital personnel quit smoking; b) designate smoke-free areas to comply with the Non-Smokers Health Protection Act, 1992;[9] c) develop a system to build the capabilities of health professionals in the treatment of tobacco use and dependence; and d) integrate the provision of brief cessation counseling into daily practice.[11] To help participating hospitals fulfill these requirements, ASH Thailand offered health professionals the short training course, "Tobacco Cessation Education." Thus, the purpose of this study was to evaluate the effect of this theory-based smoking cessation program on the self-efficacy and tobacco cessation counseling practices of professional Thai nurses.

Literature Review

Training on tobacco cessation counseling: Thai nurses, as in other countries, are well trusted health professionals and have multiple contacts, over time, with patients in a variety of health care settings. Thus, nurses are viewed as having a number of opportunities to assist tobacco users to quit smoking. Previous studies have shown nurses

often are insufficiently prepared to assist smokers to quit because nursing curricula regarding tobacco cessation, in Thailand[13] and other countries, [14, 15] have been inadequate. For example, a study of 342 nurses found 55% of the participants needed additional training in tobacco control. Their first and second most commonly desired topics were how to help patients stop smoking (70.2%) and how to implement smoking cessation guidelines (65.2%).[6] In preparation for delivering tobacco cessation counseling in clinical practice, it was necessary to build competency among the health professionals, especially the nurses.

Existing studies have revealed the importance of evidence supporting best strategies for helping people to stop smoking as described in the '5 As' approach delineated in the United States Public Health Service (PHS) Clinical Practice Guidelines on Treating Tobacco Use and Dependence.[16-19] The '5 As' approach consists of: (a) *asking* about tobacco use at every opportunity; (b) *advising* all smokers to quit; (c) *assessing* the tobacco user's willingness to quit; (d) *assisting* the tobacco user with a specific cessation plan; and, (d) *arranging* follow-up contacts.[19] The literature also reveals the positive impact of training on increasing tobacco cessation counseling. In a small study (n =15), Barta and Stacy examined the outcome of a theory-based smoking cessation training program.[16] As a result of participating in a 2-hour session on the '5 As', nurses demonstrated greater improvement in self-efficacy and practices related to smoking cessation counseling from pre-test to follow up. In addition to the limitations of a small sample, the duration between pre-test, post-test and follow-up were not detailed. Another quasi-experimental study reported home care nurses, after receiving a one-day training program on smoking cessation counseling strategies, were significantly more likely to engage in the '5 As' strategies to help people quit smoking.[17]

Self-efficacy for tobacco cessation counseling: A common theory used in research on tobacco cessation training is Bandura's Self-efficacy Theory. Self-efficacy is defined as one's perception of confidence in his/her ability to successfully carry out specific tasks or behaviors.[20] Cabana and colleagues' cross-sectional study of 457 pediatricians found that previous training in smoking cessation counseling was correlated with pediatricians' beliefs in their capabilities to encourage parents of asthmatic children to quit smoking.[21] A quasi-experimental study that evaluated the effects of a one-day training in smoking cessation counseling also reported significant changes in homecare nurses' self-efficacy to counsel smokers to quit smoking.[17] Likewise, Garg and colleagues' secondary analysis of the effects of an office-based counseling intervention on self-efficacy in smoking cessation advice skills of pediatricians and family physicians revealed that, compared to the pre-intervention scores, self-efficacy scores for smoking cessation counseling for both types of health care providers were significantly increased post-intervention.[22] Even though self-efficacy is recognized as an important determinant of provider tobacco cessation counseling behavior, a limited number of studies have examined nurses' self-efficacy for counseling.[16] Based on the above information, it would be expected that the more confident nurses feel about their tobacco cessation counseling skills, the more likely they would be to provide cessation counseling to their patients.

Method

Ethical Considerations: Approval to conduct the study was obtained from the Ethics Committee of the primary investigator's academic institution. Each potential subject received an information sheet describing: the purpose of the study; what would be involved in participating; confidentiality and anonymity

issues; and, involvement was voluntary and one could withdraw at anytime without repercussions. Individuals consenting to take part in the study were asked to sign a consent form.

Design and Sample: This study was part of the Smoke Free Hospital (SFH) Project, initiated by ASH Thailand in 2007. A one-group, pre-test post-test, quasi experimental design was undertaken to evaluate the impact of a training workshop on improving nurses' tobacco cessation counseling. Inclusion criteria were: a) being a registered nurse holding first-class licensure; b) working either on an inpatient or outpatient clinical unit, and c) being able to attend an entire 6-hour tobacco cessation counseling workshop. Ninety nurses (30 from each of three of the five hospitals that were part of the SFH campaign) were randomly recruited to take part in the study. However, only 76 of the 90 nurses successfully completed the requirements of the study (response rate = 84%). The participants primarily were female nurses who: had an average age of 39 years; had worked an average of 16 years as a nurse; had worked as a staff nurse; held a bachelor of science degree in nursing; had not previously had a training program in smoking cessation counseling; and, did not smoke (See **Table 1**). It should be noted that at the time of this study, designated smoking areas were allowed in the three study site hospitals.

Table 1 Demographic Characteristics of the Sample (n = 76)

Variables	n	%
Gender		
Female	75	98.7
Male	1	1.3
Age (years)		
21 – 30	15	19.7
31 – 40	26	34.2
41 - 50	31	40.8
51 – 60	4	5.3
	Mean = 39.0	(SD = 7.7)
Number of years in the nursing profession		
< 11 years	22	28.9
11 – 20 years	31	40.8
> 20 years	23	30.3
	Mean = 16.0	(S.D. = 8.1)
Educational background in Nursing (*n=74*)		
Bachelor degree in nursing	61	82.4
Master degree	13	17.6
Ever received training in tobacco cessation		
Yes	15	20.3
No	59	79.7
Primary position (*n=75*)		
Staff nurse	70	93.3
Nurse Practitioner	5	6.7
Current smoking		
Yes	1	1.3
No	74	98.7

Training Program: The tobacco cessation counseling program was provided, in a conference room at each of the three hospital study sites, by the same experienced tobacco cessation nurse counselor. The program was based on recommendations from the Clinical Practice Guidelines,[19] within the context of Bandura's Self-efficacy Theory. The six-hour workshop style program, based on a patient-centered approach to smoking intervention, was presented, via use of lectures and discussion methods, to registered nurses and other health professionals who were interested. The specific content in the program included: (a) harmful effects of tobacco products; (b) smoking cessation interventions and counseling (focusing on how to integrate the '5 As' into daily clinical practice); and (c) motivational interviewing techniques. A brainstorming session was provided, at the end of the workshop, for participants to discuss and determine the appropriate tactics to use when approaching smokers in their respective settings.

Data Collection Procedure: Following informed consent, and prior to receiving the tobacco cessation counseling program, participants were asked to complete three self-administered questionnaires (baseline assessment). Following the baseline assessment, the program was delivered. After the program was completed, participants were informed they would be contacted, individually, by a data collector for completion of the same questionnaires 3 and 6 months after the training program. Data collection was carried out January – July, 2007.

Questionnaires: Demographic data were measured using a researcher-developed instrument that obtained each participant's characteristics. These characteristics included each participant's: gender; age; years of experience as a nurse; educational background in nursing; prior tobacco cessation training; primary practice position; and, current smoking practices.

Self-efficacy was assessed by 10-items specifically adapted to measure self-efficacy in providing tobacco cessation counseling. This instrument was modified from questions on a self-efficacy and behavior for smoking cessation counseling survey.[16] The self-administered questionnaire was designed to assess the nurses' perception of how confidently they could offer brief smoking cessation counseling in daily practice. The principal investigator (PI) made alterations in the wording of some of the items of the original questionnaire, to assure their appropriateness within the Thai context. For example, the statement, "assist the patient who wants to quit smoking the need for nicotine patches", was reworded to read, "offer the patient information about nicotine replacement therapy, if required." In addition, the PI added three items related to: providing information on the harmful effects of cigarettes; advising how to handle cigarette craving; and, giving self-help materials. An example of one of the new items was, "advise the patients about nicotine withdrawal symptoms and craving." Prior to use in the study, content validity of the revised questionnaire was ensured by three experts in smoking cessation interventions. Possible responses were rated on a five-point scale, ranging from "not at all confident" = 1 to "extremely confident" = 5. A total score, which could range from 10 to 50, was calculated by summing the response values across items. A higher total score suggested greater self-efficacy. The Cronbach's alpha coefficient for the instrument, in this study, was 0.89.

Nurses' tobacco cessation counseling practices were measured by way of a 10-item self-report questionnaire, which was a modification of the second part of the self-efficacy and behavior for smoking cessation counseling survey.[16] Based upon review of the literature, three items related to giving information on the harmful effects of smoking, handling nicotine craving, and self-help cessation

materials, were added to the original questionnaire. An example of a new item was, "educate the patients and relatives about the harmful effects of smoking." The questionnaire evaluated how frequently nurses provided brief tobacco-cessation counseling in their daily nursing practice via questions such as: "ask the patients on admission if they smoke." Prior to use, content validity of the revised questionnaire was ensured by three experts in tobaccos cessation intervention. Each item was rated on a five-point scale, ranging from "never" = 1 to "always" = 5. A total score, which could range from 10 to 50, was obtained by summing the response values across items. A higher score indicated a more frequent use of tobacco-cessation counseling. The Cronbach's alpha coefficient for this instrument, in this study, was 0.93.

Data Analysis: Descriptive statistics were performed for sample characteristics and the study variables. A repeated-measures ANOVA was conducted to evaluate the effectiveness of the tobacco cessation counseling program on self-efficacy for tobacco cessation counseling and cessation counseling practices over time (prior to the smoking cessation counseling program, 3 months after the program and 6 months after the program).

Results

Data from prior to receipt of the tobacco cessation counseling program (baseline), three months after completion of the program and six months after completion of the program indicated the nurses' self-efficacy significantly improved over time (See **Table 2**). The findings also showed the mean score of self-efficacy for tobacco cessation counseling was about the same from baseline to after 3 months of completion of the program, but significantly increased at 6 months after completion of the program. Furthermore, there were significant differences, in tobacco cessation counseling practices, between baseline and at 3 months after completion of the program and between baseline and at 6 months after completion of the program (See **Table 2**). However, no significant improvement in the scores for counseling practices was observed from the third month to the sixth month after completion of the program.

Table 2 Comparison of the Mean Scores, Over Time, of Self-efficacy in Providing Counseling and Smoking Cessation Counseling Practices (n = 76)

Variables	Baseline Mean (SD)	3rd month Mean (SD)	6th month Mean (SD)	F	*Post-hoc*
Self-efficacy in providing counseling	22.34 (.80)	24.40 (.79)	28.04 (.98)	17.33*	1 – 3* 2 – 3*
Tobacco cessation counseling practices	19.08 (1.05)	22.57 (1.09)	23.28 (1.08)	8.18*	1 – 2* 1 – 3*

* $p < .05$

Discussion

Nurses who participated in the tobacco cessation counseling program had significantly higher scores in self-efficacy, indicating better self-confidence in the delivery of tobacco cessation interventions. This finding is supported by prior research that found significant changes in self-efficacy in smoking cessation advice skills of pediatricians and family physicians after participating in the 60-90 minute training program.[22]

Because self-efficacy is behavior and situation specific,[23, 24] the lack of a significant change between the baseline self-efficacy score and the 3-month post-program self-efficacy score possibly was due to the nurses' need for a longer period of time to develop their sense of self-efficacy in regards to providing tobacco cessation counseling. A person can acquire self-efficacy from four sources: successful performance of an action (i.e. performance accomplishment); vicarious experience; social persuasion; and, emotional arousal.[24] It has been shown that performance accomplishment is the most powerful method for enhancing one's self-efficacy.[23] In this study, the nurses, during their daily clinical practice, made an effort to offer tobacco cessation counseling to their patients. Thus, the nurses' self-efficacy towards counseling most likely was strengthened, as time progressed, by their performance of tobacco cessation counseling.

In each of the three hospital study sites, there was at least one nurse who was responsible for tobacco cessation services. Thus, it is possible, in addition to the information received during the tobacco cessation counseling program; the nurses were able to further develop their self-efficacy by observing and modeling their actions after the practices of the hospitals' tobacco cessation nurses. During the sixth month after the program was offered, the project coordinator from ASH Thailand, along with the nurse who presented the intervention program (nurse interventionist), visited each hospital setting for the purpose of monitoring the hospitals' implementation of the smoke-free policy. These visits provided an opportunity for the participants to share their experiences in using the '5 As' approach in practice and to receive feedback from the nurse interventionist.

There were significant differences, in tobacco cessation counseling practices, between baseline and at 3 months after the counseling program and between baseline and at 6 months after the counseling program. However, no significant improvement in the scores for counseling practices was observed from the third month to the sixth month after the program. These findings are congruent with prior research. For example, Borrelli and colleagues[17] noted significant changes in nurses' home care counseling practices at 6 months post-training, after the nurses had received training in cognitive and behavioral smoking cessation counseling strategies. In addition, Bart and Stacy[16] found, significant changes, over time, among nurses in tobacco cessation counseling practice.

Study Limitations

This study is limited by: the single group design; use of a convenience sample and its inability to determine whether implementation of the counseling practices resulted in changes in the smokers' tobacco use behavior. Future investigation is needed to explore the most effective ways of translating evidence-based interventions into practice. Although promising, the effect of nurse training in delivery of tobacco cessation counseling requires further research to determine if the increase in self-efficacy and frequency of delivery of smoking cessation counseling resulted in changes in the smokers' intention to quit, reduction in cigarette consumption, quit attempts or smoking abstinence.

Conclusions

The findings of this study suggest that a theory-based training in tobacco cessation counseling can significantly affect nurses' confidence and increase the frequency of self-reported tobacco cessation counseling. Given the epidemic of tobacco use in Thailand, and the crucial role nurses play in providing tobacco cessation counseling, studies such as this one, have implications for designing and implementing effective training interventions.

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ผลของการอบรมเชิงปฏิบัติการต่อการรับรู้ความสามารถและการปฏิบัติในการคำให้ปรึกษาเพื่อเลิกสูบบุหรี่ของพยาบาลไทย

สุนิดา ปรีชาวงษ์, กรองจิต วาทีสาธกกิจ, แสงเดือน สุวรรณรัศมี

บทคัดย่อ: การวิจัยกึ่งทดลองแบบกลุ่มเดียว วัดก่อนและหลังการทดลองนี้มีวัตถุประสงค์เพื่อศึกษาประสิทธิผลของการอบรมการให้คำปรึกษาเพื่อช่วยในการเลิกสูบบุหรี่ที่มีต่อการรับรู้ความสามารถและการปฏิบัติงานของพยาบาลไทยในการให้คำปรึกษาเพื่อช่วยในการเลิกสูบบุหรี่ กลุ่มตัวอย่างคือพยาบาลวิชาชีพจำนวน 76 คนที่สุ่มมาจากโรงพยาบาล 3 แห่งในโครงการโรงพยาบาลต้นแบบในการแก้ไขปัญหาบุหรี่และสุขภาพ ซึ่งริเริ่มโดยมูลนิธิรณรงค์เพื่อการไม่สูบบุหรี่แห่งประเทศไทย กลุ่มตัวอย่างใช้เวลา 6 ชั่วโมงในการอบรมเชิงปฏิบัติการที่มีเนื้อหาเกี่ยวกับการให้คำปรึกษาในการเลิกสูบบุหรี่ ซึ่งนำทฤษฎีการรับรู้ความสามารถแห่งตนและข้อแนะนำจากแนวปฏิบัติในการดูแลรักษาภาวะติดบุหรี่มาประยุกต์ใช้ เก็บรวบรวมข้อมูลการรับรู้ความสามารถแห่งตนในการให้คำปรึกษาเพื่อการเลิกสูบบุหรี่และการปฏิบัติงานในการให้คำปรึกษาดังกล่าวทำโดยใช้แบบสอบถามชนิดให้ตอบด้วยตนเอง ก่อนการอบรมและหลังการอบรม 3 เดือน และ 6 เดือน ผลการวิจัยพบว่าคะแนนเฉลี่ยของการรับรู้ความสามารถแห่งตนในการให้คำปรึกษาเพื่อการเลิกสูบบุหรี่ก่อนและหลังรับการอบรม 3 เดือนไม่แตกต่างกันมาก แต่มีความแตกต่างอย่างมีนัยสำคัญหลังรับการอบรม 6 เดือน และพบว่าคะแนนเฉลี่ยของการปฏิบัติงานการให้คำปรึกษาเพื่อการเลิกสูบบุหรี่เพิ่มขึ้นอย่างมีนัยสำคัญตามระยะเวลา ผลการวิจัยแสดงว่าการอบรมเชิงปฏิบัติการเกี่ยวกับการให้คำปรึกษาเพื่อการเลิกสูบบุหรี่ที่มีการนำทฤษฎีที่เกี่ยวข้องมาประยุกต์ใช้ทำให้พยาบาลมีความเชื่อมั่นในความสามารถของตนเองด้านการให้คำปรึกษาเพื่อการเลิกสูบบุหรี่รวมทั้งปฏิบัติงานที่เกี่ยวข้องกับการช่วยให้เลิกสูบบุหรี่มากขึ้น

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คำสำคัญ: การให้คำปรึกษาในการเลิกสูบบุหรี่ การรับรู้ความสามารถ พยาบาล

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