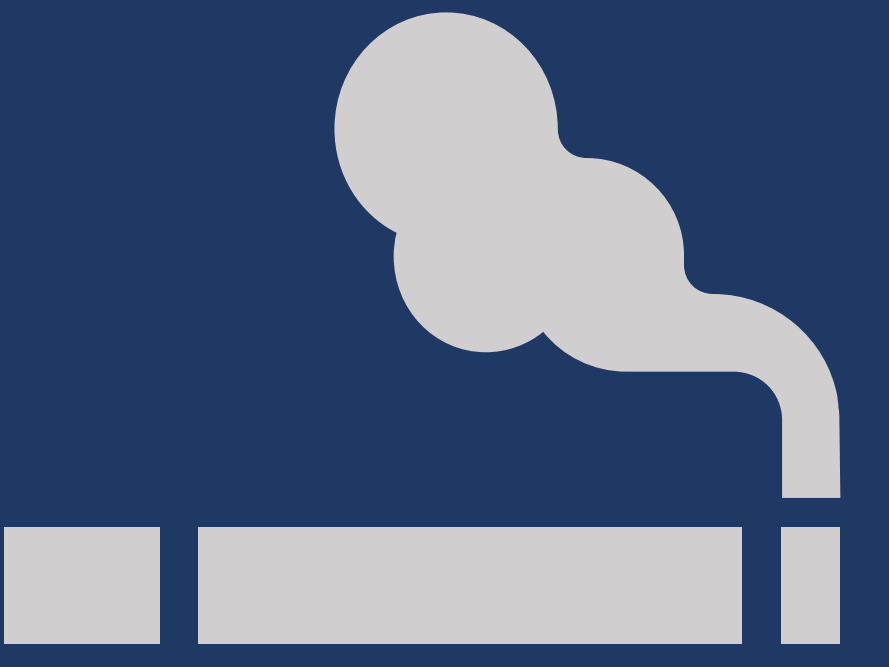


# Nursing practice on smoking cessation for hospitalized patient with cardiovascular diseases in Japan

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## BACKGROUND & SIGNIFICANCE

- Cardiovascular disease (CVD) in Japan has increased and has created the largest number of inpatients and outpatients when compared to other diseases (Ministry of Health, Labor and Welfare, 2010a).
- Cigarette smoking is the strongest risk factor for CVD and Smoking cessation reduces; Mortality (Hajek, Taylor, & Mills, 2002; Reid et al., 2003; Honjo et al., 2009; Iso et al., 2005; Kinjo et al., 2005), Morbidity (Reid et al., 2003), Hospital readmissions (Hajek et al., 2002), Restenosis after catheter revascularizations and coronary artery bypass surgery (Reid et al., 2003).
- Smoking cessation may return an individual's risk to the level of those who have never smoked (Reid et al., 2003)
- ICN (2012) encourage nurses to integrate smoking cessation as part of their regular nursing practice.
- Cardiovascular nurses carry the key role to provide counsel the patients with CVD to any support for patient quit smoking.

## PURPOSE

- To describe the nurses' awareness of smoking and smoking cessation support for hospitalized patients with cardiovascular diseases
- To describe the actual smoking cessation support that the nurses are implementing in daily their practice in cardiovascular wards
- To identify the nurses' learning needs that help to providing better smoking cessation support for the hospitalized patients with cardiovascular diseases

## METHODS

- This is a qualitative descriptive design.
- A convenient sample of nurses who have 3-10 years of nursing experience and in addition, the nurses required at least one year of nursing experience in cardiovascular ward were recruited from three general hospitals in Japan.
- A semi-structured small group interview with open-end question method was used to collected data.
- The questions were 1) when are you aware of (paying attention to) patients' smoking status in daily practice, 2) and how those implementation are like, and 3) what would you like to know about smoking or smoking cessation support in order to provide better care for the hospitalized patients with cardiovascular diseases.
- The data were collected from March 2016 to January 2017.
- This study was approved the instruction review broad and ethics committees of three participating hospitals in Japan.
- The set of data from interviews was analyzed through coding and categorization by content analysis method.

## RESULTS

- The characteristics of 24 nurses are shown in tables 1, 2, and 3.
- The nursing practice regarding smoking or quit smoking for cardiovascular patients were characterized by 1) the clues to assess the smoking status for the patients, 2) the contents of assessment of smoking history or smoking pattern, and 3) any strategies that the nurses utilize while they provide any nursing smoking cessation intervention for patients.
- The clues to assess the smoking status for the patients were 1) chief assessment at the hospitalization, 2) smelled like smoke, 3) when the review the education leaflet with patients, and 4) when patients mutter about quit smoking.
- The contents of assessment of smoking history or smoking pattern were 1) status of smoking, 2) years of smoking, 3) number of smoking per day, 4) number of smoker(s) who live with household, and 5) the past quit attempt of smoking.
- The main strategies that the nurses utilize while they provide any nursing smoking cessation intervention for patients were 1) provide information how smoking harm your health, 2) inform smoking cessation program in outpatient setting, 3) reinforce quit smoking after physician' advice, and 4) involve family members for reinforcement of smoking cessation after discharge.
- The berries to provide any smoking cessation intervention for hospitalized patients with cardiovascular diseases were 1) difficulty to allocate time to smoking cessation intervention besides the other teaching subjects such as medication, fluid intake, or food consumption, 2) short period of hospitalization or transfer the stepdown unit, 3) not confident to provide smoking cessation counseling for patients, 4) hesitate to press a patient for quitting smoke without built trustable relationship, and 5) pay too much attention to patients' intention to smoke.
- In addition, nurses' recognized their own learning needs were 1) acquiring communication skills and counseling skills, especially to deal with the difficult patents and 2) acquiring knowledge about benefits of quit smoking especially for cardiovascular health, 3) acquiring knowledge about smoking cessation practice, 4) knowing actual patients' experiences of struggling, and 5) information about any smoking cessation resources that will be available after discharge

**Table 1 Months of experience**

Characteristics	n=24	%
1.Educational background		
Type of School		
Advance from high school nursing course	2	8
Vocational school	12	50
Associate degree course	3	13
Bachelor's degree course	7	29
2.Months of experience		
Average Clinical Experience		
25-34m	4	19
35-49m	5	24
50-69m	6	29
70-89m	3	14
90-115m	4	19
Unknown	3	14
Average cardiovascular ward habits experience		
18-20m	2	8
21-29m	4	17
30-34m	7	29
35-44m	3	13
45-60m	5	21
Unknown	3	13

**Table 2 Educational background**

Type of School	n=24	%
Advance from high school nursing course	2	8
Vocational school	12	50
Associate degree course	3	13
Bachelor's degree course	7	29



**Table 3 Division of working unit (n=24)**

Types of wards	Specialty/ Ward/ Unit
Internal	General, Gastroenterology, Diabetic, internal secretion, Urology, dermatology, Respiratory, Renal, Neurology
Surgical	General, Cerebral, Gastroenterology, Orthopedics, Plastic, Oral
Neonatal & Pediatric Med-Surg	General, Cardiac
Recovery/Intensive Care	General Intensive Care
Others	Operating Room, Rehabilitation Unit, Convalescent Wards in a General Hospital, Geriatric Health Services Facility

## DISCUSSION

Cardiovascular nurses in Japan can assess smoking status at the hospitalization, during hospitalization, and before discharge. They utilize the main strategies that provide information, reinforce quit smoking after physician' advice, and involve family members for reinforcement of smoking cessation after discharge. However, the counseling did not utilize quite often, it is necessary to train the skill. Noteworthy, cardiovascular nurses wanted to know about actual patients' experiences of struggling, which imply that nurses care patients' withdrawal symptoms as one of the discomfort symptoms that their usual assess.

## CONCLUSIONS

The finding identified characteristics of nursing smoking cessation intervention for hospitalized patients with cardiovascular disease in Japan. The berries to provide smoking cessation intervention in inpatients setting and the nurses' requests that help to providing better smoking cessation support were identified.

## ACKNOWLEDGEMENT

This study was supported by Grant-in-Aid for Scientific Research ( C ) JSPS KAKENHI Grant Number 15K11599 (Principal Investigator Ayako Okada ). I would like to also acknowledge all the cooperators and research corporation facilities who cooperated in the research.