

Building Capacity for Illness-Specific Tobacco Cessation among Nurses and Clinical
Psychologists in Turkey

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Abstract:

The overall goal of this project was to extend the reach and depth of smoking cessation training within the healthcare system in Turkey. In order to achieve this goal, our aim was to create a cadre of nurses and psychologists certified in tobacco cessation who are able to introduce illness-specific as well as general cessation training within their own practice-based communities and sub-specialties. Importantly, we have worked to mobilize a network of healthcare professionals trained to advance evidence-based tobacco cessation in Turkey. Our multi-disciplinary research team comprised of U.S. and Turkish scientists have a long track record of carrying out research and training in tobacco cessation and have been dedicated to the development and implementation of culturally sensitive cessation tailored to the needs of the Turkish population.

Project Objectives:

- 1) To adapt evidence-based cessation training materials to Turkey's cultural context through a process of formative research;
- 2) To conduct Training of Trainers programs in illness-specific and general cessation skills for nurses and psychologists;
- 3) To produce illness-specific cessation videos modeling tobacco cessation skills for use in trainings and quit guides for laypersons to be used in clinic-based cessation counseling;
- 4) In Year Two, to provide assistance to health professionals trained in Year One to train other professionals in both their own hospitals and in their professional organizations as a means of promoting cessation as a normative part of clinical practice in Turkey;
- 5) To provide leadership in the fields of nursing and psychology in smoking cessation as a foundation for a larger smoking cessation movement within Turkey's healthcare sector.

Background

Turkey is a middle income country with a high prevalence of smoking among both men (44%) and women (18%). While Turkey was among the first countries in the world to ratify the WHO Framework Convention on Tobacco Control and has some of the most advanced tobacco control laws in the world, it ranks among the top ten countries in the world in tobacco use and is one of the top five producers of tobacco. Notably, the majority of smokers in Turkey are heavy daily smokers consuming an average of 20 cigarettes per day (males) and 16 cigarettes per day (females) (GATS 2012).

While smoking is a major health concern for the Turkish population as a whole, there is also a high prevalence of smoking among those working in the health professions. A collaborative study conducted by WHO, CDC, and the Turkish Ministry of Health found that the prevalence of smoking was 31% among general practitioners and 30% among nurses and midwives (GATS 2012). Another 15% of both groups reported being former smokers. While smoking rates among health professionals are gradually reducing in Turkey, it is clear that they are an important target audience for tobacco control efforts. It is well established that in order for a downward shift in tobacco use to occur, health care providers need to be at the forefront of tobacco cessation efforts. In order to do so, they need to both quit using tobacco themselves and ask patients about tobacco use as a routine part of their practice. At present, skill-based tobacco cessation curriculum is not routinely offered in nursing colleges in Turkey. Similarly, clinical psychologists receive no training in tobacco-related issues and cessation. As a result, they do not serve as cessation agents for their own patients nor are they a resource for referral from other health professionals (Bowman et al. 2013).

In the past few years, the Ministry of Health in Turkey has opened general cessation clinics around the country. As of 2013, there were approximately 300 cessation clinics in Turkey that provide services to those interested in quitting and general practitioners have obtained some cessation training. While this is clearly a significant step in the right direction, three issues are worth noting. First, given the 20 million smokers in the country, there is a large gap in the availability of cessation services and much scope for further development. Second, cessation training for healthcare professionals in Turkey has largely focused on physicians, not on nurses or psychologists. Third, cessation training to date has focused on providing general, not illness-specific cessation counseling targeted at special risk populations. Establishing the relevance of cessation messages requires explaining to patients how smoking may be related to the cause of their health condition, how it may influence its course and exacerbate symptoms, and how cessation will improve prognosis.

Addressing Gaps in Cessation Training

Our project was developed to address existing gaps in cessation training in several ways. First, our cessation training focused on training nurses in five subspecialty areas of medicine for which smoking or secondhand smoke are important risk factors for disease and contribute to serious illness complications and co-morbidity. The five health problems that we focused on occur across the lifespan and in both genders: CVD, diabetes, pediatric illnesses, reproductive health, and respiratory illnesses. Focusing on specific illness/health conditions was considered important for two reasons. First, patients and the general public do not currently associate most of these health

conditions with smoking. For example, while there are over 5 million people with diabetes in Turkey, there is little awareness that diabetes patients who smoke have twice the risk of premature death compared to non-smoking diabetes patients.

The training of nurses and psychologists in Turkey was designed to focus on how to establish the relevance of quit messages as frames of interaction by linking current health problems to smoking. Nurses and psychologists obtained training in basic motivational interviewing techniques that were designed to enable them to deliver patient-centered cessation counseling tailored to a patient's stage of readiness to quit. Beyond learning the 5 As, nurses and psychologists received training in how to assess stages of readiness to quit and engage in non-confrontational dialogue about the 5Rs. This prepared them to deal with patients who express ambivalence about quitting. To the extent possible, the training was designed to fit Turkish culture, social norms, gender roles, and communication patterns. Cultural specific counseling has prepared clinicians to deal with biosocial, psychological, and social challenges to quitting, such as ways of managing culturally salient withdrawal symptoms and cues associated with craving, cigarette refusal skills in social contexts, and so on.

Methods

This multi-method study was carried out in Istanbul, Turkey. First, members of the research team reviewed nursing curriculum from four prominent nursing schools to ascertain whether tobacco-related information and smoking cessation skill training was incorporated in their training. Key informant interviews were conducted with health professionals involved in tobacco cessation training for doctors (n=4) to determine if the training had been tailored to Turkish culture. A well-established cessation clinic in

Istanbul located in a large public respiratory hospital became a case study site where data was collected on how the clinic functioned (flow, referrals to the clinic, patient load, etc.), the role of doctors in providing cessation services and the role of nurses in supporting cessation efforts. Tobacco education materials (including pamphlets, posters, etc.) available in this and other cessation clinics were gathered to understand what types of messages patients were currently receiving. Changes in cessation clinic activity due to shifts in administrative and health care policy were monitored.

During this formative phase, we also conducted one-on-one interviews with smokers (n = 28) to better understand attitudes toward quitting and challenges they faced during quit attempts. Interview findings were useful in identifying common challenges people faced when trying to quit and were incorporated into the nursing training. Two focus groups with smokers (n=18) were also carried out to understand how smokers perceived cessation messages delivered to them by healthcare professionals as a means to assess response and level of understanding. Interviews and focus groups were transcribed, coded, and analyzed to identify key themes. Ethical clearance for the study was obtained from the Ethics Committee of Kadir Has University, Turkey.

In 2015 and 2016, multiple two-day cessation training workshops were conducted for nurses from five specialty areas (diabetes, respiratory, cardiology, pediatric, and reproductive health) from eight hospitals in Istanbul. Nurses were trained in the systemic harms of tobacco and evidence-based counseling skills, basic motivational interviewing skills, ways of establishing the relevance of cessation for

patients with different health conditions, and how to respond to common challenges identified during interviews.

Following the 2-day training, nurses returned to their routine work schedules in their respective hospitals and clinics. Two months later, sixteen site visits were made to nurses' workplaces (private and public hospitals and women's health clinics). Thirty nurses were debriefed in small group settings to reflect on their experience delivering brief cessation counseling to patients. Information obtained during debriefing sessions and site visits were used to enhance future trainings and identify logistical challenges to implementing cessation in different patient care settings.

Members of the research team participated in two national tobacco control policy implementation and evaluation meetings that informed our understanding of the history and content of cessation services in Turkey. One of our nurse team members participated in several meetings on revising the national diabetes education curricula and nursing curricula enabling us to better identify emerging opportunities for integrating cessation in nursing school and in-service education.

Results: Challenges to Involving Nurses in Cessation Counseling

During debriefing sessions and observations at hospitals and clinics, we identified several major challenges to involving nurses in cessation counseling. First, interview data suggest that patients and the general public perceive health care provider smoking to be very common. A major contributing factor is that nurses and doctors are often restricted to smoking around the entrance to their hospital or in the open areas of the hospital cafeteria where smoking is still allowed. This makes their smoking highly

visible to patients, giving rise to a statement that we heard repeatedly, “Almost all nurses and doctors smoke.” Perceptions of high smoking rates among doctors and nurses negatively impacts patient’s interest in cessation counseling and undermines the credibility of nurses to counsel patients. Patients commonly made comments to the effect that if smoking really was so harmful, doctors would not be smoking.

A second challenge that contributes to the high prevalence of nurses who smoke are subtle incentives for nurses to smoke in their work environment. One of the few ways a nurse can currently take a break is to take a smoking break. This affords them time out, even if just a few moments to relax and socialize. Nurses valued these breaks and saw being a non-smoker as a disadvantage. Another reason for smoking is that nurses are assigned night shifts about three times per week and they smoke to stay awake and alert.

A third challenge was encountered while recruiting nurses from public hospitals for our free tobacco cessation training sessions. We were met with a lack of motivation to participate, as there was little incentive for nurses to gain new skills as this would not result in career advancement or a salary increase. Nurses already felt overworked and feared that cessation might be added to their already long list of required duties. Similar to the waning interest of doctors in cessation due to the pay-for-performance model, nurses also questioned the importance of counseling patients in smoking cessation, with several stating, “We don’t get anything extra, why should we do it?”

A fourth challenge expressed by the nurses whom we trained was a lack of support from doctors about the need for patients to quit smoking. Without doctors directly asking and advising a patient to quit, nurses had low credibility when making

this suggestion. For example, some patients, even those with serious respiratory and heart problems, challenged the nurse's cessation advice, stating that their doctor had not told them to quit or had told them that smoking at low levels was acceptable. A worst case scenario was when some doctors condoned low level smoking. Nurses reported to us that doctors not trained in smoking cessation gave patients incorrect information, supporting the idea of a "safe level" of smoking (i.e., 3-4 cigarettes a day). This was especially common among obstetricians and gynecologists who offered this advice to pregnant smokers and doctors in mental hospitals condoning patient smoking as a means to keep calm and not act up. It became clear that the cessation messages of both nurses and doctors needed to be coordinated with nurses following up on doctor's advice even if their advice was cursory.

A fifth challenge was related to referral. If a patient's stage of readiness to quit warranted intervention and the patient requested medication, there needed to be clear lines of communication and follow-up by a doctor as only doctors can prescribe free pharmacotherapy in Turkey through national health care insurance. With fewer doctors actively involved in cessation and a waning supply of free drugs, referrals become problematic. Nurses were reluctant to suggest that patients purchase nicotine replacement products (NRT) available in pharmacies over-the-counter for fear of possible drug interactions.

Positive Outcomes, results and future Opportunities for Positive results of Engaging Nurses, nurse involvement in Cessation

During debriefing, several nurses who were able to ~~routinely~~ engage routinely in smoking cessation counseling expressed increased job satisfaction regardless of

whether they had achieved significant quit rates among patients. Job satisfaction was linked to their being tasked with being the first to imparting important information to patients about the link between their health problem and smoking. They also noted that talking about a patient's smoking was an entry point to delivering patient-centered care as it opened up discussions about a patient's life and not just treatment issues. Patients responded well to nurses wanting to know more about their lives and stressors. Regardless of whether the patient quit or were only able to reduced their daily cigarette consumption, nurses felt they were having a positive impact on their future as well as their present health status. While

This increase in job satisfaction was also part of a feeling of empowerment felt by these nurses. As their personal contact with patients increased, they felt more empowered as nurses as well. pPrevention is an ve services are regarded as an integral part of nurse training, ing care but yet, in the present high-paced, performance-driven healthcare system, the patient-centered, human side of their job has been reduced severed. Delivering cessation services to their patients gave nurses them back and that integral part of their professional identity and empowered them as nurses in general.

Several opportunities for including nurses in tobacco cessation in Turkey were identified. First, in the past decade, Turkey has increased the number of undergraduate nursing programs and as a result, there has been a significant rise in the number of nurses in the country. TRecently, the Ministry of Health has recently endorsed the inclusion of the negative health effects of smoking and cessation counseling in the family health physicians and nurse training courses. This presents an opportunity to

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~~exposes~~, increasing numbers of undergraduate nurses in Turkey to information about the harm of tobacco use ~~will learn about the health effects of tobacco use as well as~~ and an opportunity for them to gain basic cessation counseling skills during ~~their nursing~~ training sessions linked to ~~as part of a broader focus on~~ preventive and promotive health.

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Another opportunity for training nurses in Turkey has arisen with ~~ob/gyn nurses,~~ midwives, and pediatric nurses. Recently, in an attempt to curb the relatively high infant mortality rate of the nation and in line with the current pro-natalist stance of the government, ~~nurses and midwives working in primary healthcare units are incentivized~~ ~~provided a monetary incentive ?~~ to closely monitor all pregnant and postpartum women in their communities to ensure the continued health and wellbeing of their infant. Project QTI is following up ~~on this~~ ~~recognizes this as an opportunity to train~~ ~~to train~~ ob/gyn nurses in the harms of tobacco and cessation counseling. ~~As these nurses have a~~ ~~unique opportunity to form close and repeated contact with pregnant and nursing women and have opportunities to counsel them in quitting as well as in the importance of having a smoke-free home. Pregnant and postpartum women who smoke may not feel comfortable attending a cessation clinic. Routine clinic and home visits,~~ ~~so this~~ ~~provide~~ ~~offers them~~ a more discrete and tailored way of obtaining assistance in quitting.

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A third opportunity has arisen with regard to diabetes nurses and their patients. In 2016, the Ministry of Health, following WHO guidelines, has established "diabetes schools" in all healthcare settings that employ diabetes nurses. ~~Attendance at this~~ program, led by a diabetes nurse educator, ~~This program, which is mandatory for all~~ diabetes patients (and caregiver, if desired) and provides training in diabetes

management and life style modification, led by a diabetes nurse educator. The program is an opportunity for diabetes nurses trained in tobacco cessation to reach a large number of patients and inform them about the harms of tobacco use. health effects of smoking. Once patients who smoke are identified, nurses can offer them more intensive cessation counseling. Nurses have repeated contact with these patients across the duration of the program, so they can continue to assist them in all lifestyle modifications. Nurses who have been ~~Once they receive~~ trained in motivational interviewing and behavioral interventions for smoking cessation, can apply their skills in other areas of the skill set garnered in one arena (i.e., cessation counseling) can be utilized for other types of behavioral change, such as dietary behavior and physical activity.

Teachable moment...Patients are at their most receptive when they are receiving healthcare and both diabetes nurses and nurses working with pregnant and postpartum women need to maximize the potential of these contacts (While, 2014).

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