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Smoking cessation interventions in nursing practice: association with smoking status, education, and attitudes

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Introduction: Smoking is a major public health problem, and nurses play a key role in delivering smoking cessation interventions. Despite their proven effectiveness, these interventions are used only to a limited extent in everyday practice[1]. This study aimed to examine the association of nurses' smoking status, education, attitudes, and opinions with the delivery of smoking cessation interventions.

Patients and Methods: A cross-sectional study was conducted in May 2024 among members of the Croatian Nursing Council (CNC) using an anonymous online questionnaire distributed by the CNC via email. The questionnaire covered smoking status, education, opinions on counselling, attitudes towards smoking among nurses, frequency of delivering interventions, and the number of patients counselled in the previous week. Data were analyzed using the t-test, the x^2 test, and Pearson correlation.

Results: A total of 552 nurses participated (90.4% women; age 42.0 ± 12.8 years); 60.9% reported that they smoked currently or had smoked in the past, and 42.8% were current tobacco users. The mean frequency of delivering interventions was low to moderate (2.64 ± 0.74). In the previous week, 51.3% of respondents had not counselled any patients, and 32.8% had counselled one or two patients. Only 2.9% of respondents had attended counselling training in the past year, and 23.0% had covered this content during their formal education. Respondents trained during their formal education delivered interventions more frequently (2.97 ± 0.73 vs. 2.55 ± 0.71; $p < 0.001$; $d = 0.58$). More frequent delivery of interventions was associated with more positive opinions on counselling ($r = 0.41$; $p < 0.001$) and with attitudes towards smoking among nurses ($r = 0.24$; $p < 0.001$). Smoking status was not associated with the number of patients counselled ($x^2(3) = 4.27$; $p = 0.233$).

Conclusion: Nurses rarely delivered smoking cessation interventions, and education in this area was poorly represented. Education during formal training and more positive opinions on counselling were associated with more frequent delivery of interventions, whereas smoking status was not. The findings indicate the need for more systematic inclusion of this content in nursing education and continuing professional development.

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LITERATURE

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