Evaluating the Methods of Tobacco Cessation

Latonda S. Paymon, DNP, FNP-C
2021 Fourteenth National Doctors of Nursing Practice Conference
Background of the Problem

- 7 million deaths are tobacco-related
- 1 million deaths occur because of secondhand smoking
- 22% of world population is considered a smoker
- Healthy People 2020 goals to reduce youth tobacco smoking, raising tobacco taxation, establishing laws to reduce tobacco exposure
Purpose Statement

The purpose of this study is evaluate the use of motivational interviewing (MI) with the Smoking Abstinence Self-efficacy Questionnaire (SASE-Q) to determine how self-efficacy and tobacco use are related.
Motivational Interviewing (MI)

- MI has the strongest body of evidence for positive cessation outcomes
- MI is a cost-effective approach to tobacco education (Epku & Brown, 2015)
  - According to Clinical Guidelines (2008) “Return on investment” (ROI) for cessation in employment environments is positive
- There is a lack of follow-up for patients who do want to quit, MI can be done at the visit (Bartsch et al., 2016; Martinez et al., 2017)
  - Current study being done on delivering cessation education to all smokers, they can choose to opt out (Faseru et al., 2017)
  - Incorporates patients in the process of dismantling and explaining negative behaviors.
  - Involves responding with empathetic statements and reassurance
Data Collection Tools

• SASE-Q
  • 6 questions
  • Rank 0-4: 0 is no confidence, 4 is complete confidence
  • Pre & Post-intervention questionnaire
• Score of 24 reveals very high likelihood of achieving smoking self-efficacy (Spek et al. 2013)
• SPSS to perform descriptive and inferential statistics
The Smoking Abstinence Self-efficacy Questionnaire (SASEQ)

1. You feel agitated or tense. Are you confident that you will not smoke?
2. You are (very) angry. Are you confident that you will not smoke?
3. You are in a café, at a party, or paying a visit. Are you confident that you will not smoke?
4. You feel (very) sad. Are you confident that you will not smoke?
5. Someone offers you a cigarette of your own brand. Are you confident that you will not smoke?
6. You see someone enjoy smoking. Are you confident that you will not smoke?

The scores for the subsequent responses are the following:

Certainly = 4
Probably = 3
Neutral/don’t know = 2
Probably not = 1
Certainly not = 0
## Interval Variables

**Table 3.**

*Pre-and post-mean, and standard deviation for interval level variables (N = 12)*

<table>
<thead>
<tr>
<th></th>
<th>Pre-intervention</th>
<th></th>
<th>Post-intervention</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
<td>$SD$</td>
<td>$M$</td>
<td>$SD$</td>
</tr>
<tr>
<td>Questionnaire Score</td>
<td>12.67</td>
<td>3.68</td>
<td>17.75</td>
<td>5.43</td>
</tr>
<tr>
<td>Cigarettes daily</td>
<td>15.75</td>
<td>5.75</td>
<td>9.33</td>
<td>7.71</td>
</tr>
<tr>
<td>Change in Cigarettes</td>
<td>------</td>
<td>------</td>
<td>-6.42</td>
<td>8.18</td>
</tr>
</tbody>
</table>
Conclusion

- Tobacco use has a pronounced impact on patient health outcomes
- Decreased tobacco use and increased self-efficacy was achieved
- The SASE-Q was a quick evaluation of smoking self-efficacy
- MI is a cost-effective intervention that all health professionals can be trained to use
References


References