

Nurses Caught in the Middle of Psychiatric Patients' Smoking

Debra Scharf RN MN

October 2009

Smoking Rates



Consequences



WARNING
CIGARETTES CAUSE MOUTH DISEASES

Cigarette smoke causes gum diseases and tooth loss.

Health Canada



WARNING
CIGARETTES CAUSE LUNG CANCER


Every cigarette you smoke increases your chance of getting lung cancer.

Health Canada



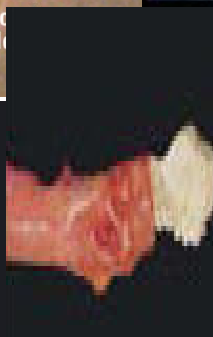
SMOKING CAUSES BLINDNESS

Health Authority Warning



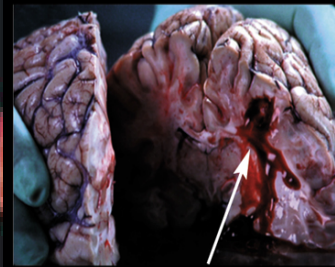
SMOKING CAUSES PERIPHERAL VASCULAR DISEASE

Health Authority Warning



SMOKING CLOGS YOUR ARTERIES

Health Authority Warning



Human brain with stroke

WARNING
CIGARETTES CAUSE STROKES

Tobacco smoke can cause the arteries in your brain to clog. This can block the blood vessels and cause a stroke. A stroke can cause disability and death.

Health Canada

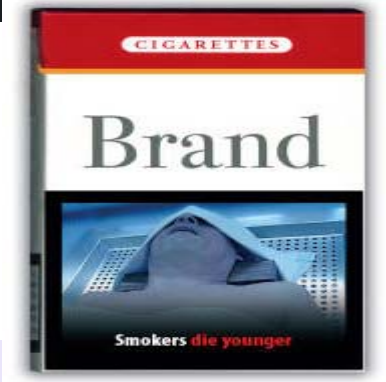


WARNING
CIGARETTES CAUSE LUNG CANCER

85% of lung cancers are caused by smoking. 80% of lung cancer victims die within 3 years.

Health Canada

lung cancer



CIGARETTES

Brand

Smokers die younger



WARNING
CIGARETTES LEAVE YOU BREATHLESS

Tobacco use causes crippling, often fatal lung diseases such as emphysema.

Health Canada

Beliefs

- Self medication
- Patient management
- Cannot quit

Control Policies

- Psychiatric units exempted
- Smoking ban little impact on smoking cessation
- Implementation of the policies responsibility of nursing staff
- Little preparation provided (Williams & Zeidonis, 2004)

Question

How do mental health/psychiatric nurses currently perceive their role with respect to psychiatric patients' smoking behaviors?

Qualitative Study

- Interpretive inquiry method
- Occurred at the Capital Health Authority of Edmonton between January 2008 and April 2008
- RN/RPN – recruited from 5 psychiatric units within authority
- Semi-structured interviews used for data collection

Participants

- 12 nurses
- 7 RPN
- 5 RN
- All female
- Age ranged from 25 - 69 years of age
- Clinical psychiatric experience 2 - 35 years
- 3 were current smokers

Data Analysis

- Transcripts coded according to topics and then analyzed
- A second analysis - categories and results integrated into themes
- Inter-rater reliability - second reviewer read interview transcripts

Findings

- Protection from second hand smoke

“I have mixed feelings about it. I appreciate not having to breathe in smoke but there are times when I feel it is about the people’s rights.”

“Most of the patients accept the policy, even the hard core smokers unless they are totally psychotic.”

Outside Smoking Ban

- Little or no enforcement
- Ground privileges synonymous with smoking privileges

“The policy is not working. Patients are still smoking at the front and back doors and everywhere. That is the part that I don’t agree with. My own idea would have been to have a place where the patients can go on the hospital grounds, like in the middle of winter where are they going to go?”

Smoking Privileges = Extra Work

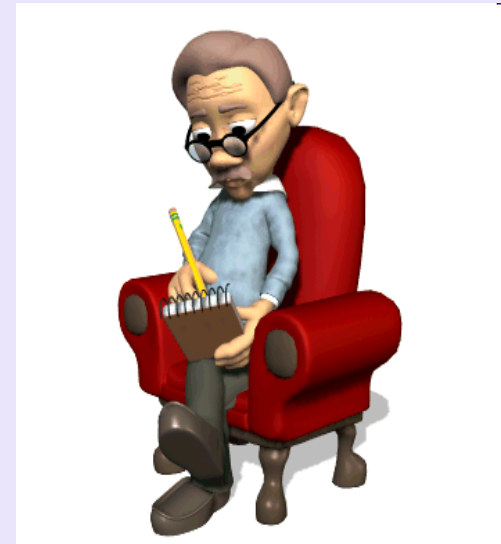
“If they have ground privileges that means they can go outside and smoke but we keep their lighter and cigarettes. It’s a locked drawer so somebody has to do this and there are days when we spend a lot of time opening and closing that drawer.”

“If they have smoking privileges their cigarettes are locked up with their lighters and they have to be given out maybe three times an hour.”

Inconsistency between Psychiatrists



"At one site almost every doctor orders full NRTs without batting an eye, and at another hospital there is a bit of a bad attitude, you have to write it yourself after calling the doctor because they say whatever."



"The doctor doesn't give them Ground privileges and then they go smoke in the bathroom and we have to intervene."

"It causes more conflict than anything else I can think of."

Patients' Smoking

“I explain they are on close observation and not allowed off the unit and offer them NRTs. I apologize and they are accepting of that. If you seem empathetic with them it helps.”

“When patients first come in it takes up a lot of time because they keep asking for cigarette privileges.”

“We tell them they have to adjust their smoking and discuss with the doctor their options like being placed on general observation.”

“Patients are at the desk constantly asking for smoking privileges.”

“Some nurses express that they are not here to police someone's smoking, but to help them get better.”

It Affects the Relationship

“We get irritable having to deal with cigarettes constantly and NRTS and they get tense with us.”

“It adds another layer of tension to our relationships.”

“We end up in a power struggle in a situation of having control over someone’s cigarettes, but sometimes it is beneficial to the patient in the long run.”

Roles

- **Nurses' Perceptions of Roles**
 - Manage patients' budget
 - Monitor nicotine withdrawal symptoms
 - Provide pharmacological aids
 - Police the unit
 - Manage disruptive behaviors related to patients' smoking

Roles

“The issue of borrowing, stealing, and begging forces us to keep their cigarettes at the desk and give them out one at a time if they request it.”

“Nurses end up mediating when patients borrow cigarettes from each other and some how; the nurse ends up in the middle.”



Empathy

“We have to figure out something where people are comfortable when they come on the unit in terms of smoking, so whether that is better NRTs or more free flowing NRTS.”

“I think it is a hard thing for them to quit when they are first admitted. It just adds to their anxiety.”

“I think it the final assault on their rights to be able to do something for themselves.”

“Some accommodation should be made. Having a cigarette will de-escalate whatever is going on for them. Take them outside to have a smoke.”

Implications

- **Nurses had positive attitudes about the idea of smoking bans, the reality was that patients generally continued to smoke.**
- **Nurses themselves were caught between the often conflicting expectations of patients, psychiatrists and hospital policy.**

Implications

- Responses were often emotional rather than evidence based.
- Nurses felt “caught in the middle” was a repeated theme.

Conclusion

- Policy and practice have not yet come together
- There is an absence of adequate protocols for management of patients' smoking which has left nursing staff frustrated
- Nurses need a clearer role definition

Questions?

