

Psychiatric nurses' knowledge and practices towards patients' tobacco-related habits in Mental Health Hospitals in Greece

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ABSTRACT

INTRODUCTION This study aimed to investigate the knowledge, practices and belief of psychiatric nurses and nurses' assistants towards patients' smoking habits and clinical practice.

METHODS A questionnaire-based study was conducted among psychiatric nurses and nurses' assistants working in two major psychiatric hospitals in Athens from January to March 2015. The final sample consisted 297 psychiatric nurses and nurses' assistants who were current smokers and agreed to complete the anonymous questionnaire.

RESULTS The majority of nurses noted that the psychiatric patient (always 45.5%, sometimes 34.3%) should be excluded from the ban on smoking in hospitals. Various practices were noted among nurses concerning the assessment of patients' smoking history smoking habits and cessation plans. Nurses had some knowledge about the health effects of smoking (96%) and feel responsible to help their patient quit smoking (37.4%). However they proved to be unaware of the relation between smoking, psychiatric symptoms and psychotropic medication. The findings indicated that almost half of psychiatric nurses smoke in their work environment and are against the application of the anti-smoking law in psychiatric hospitals (42.4%), as they believe that psychiatric patients should be handled different from other patients even though they are aware of the dangers of smoking (56.6%).

CONCLUSIONS Our survey showed the existence of a number of misperceptions concerning psychiatric patients and a serious deficiency in knowledge on tobacco dependency and quitting. Mental health nurses should have a key-role in patient smoking cessation and should also act as role models for their patients. Future research should focus on the implementation of smoking cessation training programs focused on changing nurses' attitudes and beliefs towards their patients' addiction to tobacco.

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KEY WORDS

Psychiatric patients, nurses, cigarette smoking

Tob. Prev. Cessation 2016;2(February):3 <http://dx.doi.org/10.18332/tpc/61805>

INTRODUCTION

Following European and International standards, Greece has developed its legislation banning smoking inside hospitals and other health services since 2002, targeted on limiting smoking and protecting public health (law 3730/2008 and 3370/2005). According to the tobacco control legislation, smoking tobacco products are prohibited in all public or private healthcare services, enclosed or covered¹.

According to mental health care reform in Greece, psychiatric hospitals will be closed for their greater part and mental health care units will be integrated into general hospitals, during the following year (2014-2015), with psychiatric nurses integrated into the larger team of nursing staff². The psychiatric care reform is not yet completed. Due to the economic depression, an indefinite extension for the implementation of the psychiatric care reform program is in place. The situation of psychiatric hospitals remains the same and psychiatric nurses undertake

the majority of the daily workload. Despite the legislation, smoking has not been eliminated in Greek hospitals, especially in mental health care settings, and prevalence of smoking among healthcare workers is high. The highest rate of smokers was found among nurses, especially psychiatric nurses, the majority of which continues to smoke in hospital³. This situation will create a significant contrast between psychiatric nurses and clinical nurses concerning staffs' and patients' smoking habits and attitudes as smoke-free policy implementation in mental health settings has raised several concerns indicated in previous studies⁴. Additionally, psychiatric patients have the highest incidence of smoking among patients in general⁵. A study concerning personnel perceptions and smoking habits in Greek hospitals has shown that 57.8% of the nursing personnel and 34.5% of medical staff were found to be current smokers¹. Furthermore, Greece has one of the highest rates of smoking noted in 2012 to be 45% among men and 38%

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among women⁶. Previous research has shown that psychiatric nurses had the highest prevalence of smoking among the various specialties. Additionally, there is a general theory that nurses' attitudes towards smoking have an impact on patient's smoking behavior^{7,8}. Additionally it seems that mental health professionals who are currently smokers report less knowledge compared with ex and never-smokers and it seems that they systematically underestimate the dangers related to smoking both in their knowledge and in their behavior, and try to socially "normalize" smoking⁹.

Previous research noted that smoking is a part of psychiatric hospitals' culture and a change may be come only through high level negotiation with nursing staff¹⁰. Often nurses believe that smoking may be therapeutic for patients and this attitude may reinforce patient smoking behavior¹¹. A non-smoking policy in Greek mental healthcare settings requires a high level of cooperation with nursing staff. In Greek mental healthcare settings there is a lack of evidence on the beliefs, attitudes and practices of mental health nurses about smoking. Additionally, the upcoming psychiatric care reform will arouse legal and ethical implications of smoking, by staff and patients within general hospitals.

The aim of this study was to identify (a) mental health nurses practices towards their patients' smoking habits (b) their beliefs towards psychiatric patients' smoking practices and (c) their knowledge and attitudes towards smoking in general.

METHODS

Study Design and Sampling

The two large psychiatric hospitals in Athens, Greece that participated as the sampling frame permanently employ both registered nurses (RNs) with a 4-year education and nurses assistants (NAs) with a 2-year education in nursing (260 registered nurses and 486 nurses assistants respectively – a total of 746 nurses). Given the fact that psychiatric nurses' smoking status strongly influences patients' attitudes towards smoking and has an impact on the effective implementation of total smoking bans in psychiatric hospitals, the participants in the study were chosen to be nurses who are current smokers.

Participant smoking status was assessed at screening and the complete questionnaire was distributed only among nurses who were current smokers (320 nurses out of the 746, which represented the 34.8% of the total nursing staff). A total of 297 nurses agreed to complete the anonymous questionnaire. The final sample consisted of these 297 nurses (a 92% response rate), 100 RNs (37%), and 187 NAs (63%),

which represent 39.8 % of licensed nurses working full-time, in that hospital setting.

Questionnaire

An anonymous self-administered questionnaire specifically developed for this study, was constructed by the Department of Mental Health and Behavioral Sciences in The Faculty of Nursing, University of Athens. The questionnaire was pre-tested by a doctoral student among ten nurses and ten assistant nurses who were not included in the final study. Content validity was examined by two experts. The content validity index was 0.91. Cronbach alpha coefficient was 0.79.

The Questionnaire consisted of three parts. The first part referred to the mental health nurses' practices towards patients' smoking habits. The second part included mental health nurses' beliefs towards psychiatric patients' smoking practices and the third part referred to mental health nurses' knowledge and attitudes towards smoking in general. Respondents were able to choose an answer between "yes" "no" and "sometimes".

Ethics

Ethical approval was obtained by official approval from the two hospitals' ethics committees. The researcher informed the head nurse of each ward on the purpose of the study and the Nurse in Charge of the shift during which data was collected informed the nursing staff. Assurances were given to nurses on duty concerning confidentiality. Participation in the research was contingent on individual verbal consent.

Table 1: Demographic Characteristics (N=297)

Characteristics	N (%)
Sex	
Males	84 (28.3)
Females	213 (71.7)
Age	41.3 (7.0)
Years of experience	13.5 (6.8)
Position	
Registered nurse	100 (37.0)
Nurse assistant	187 (63.0)
Type of ward	
Open inpatient wards	82 (25.6)
Closed inpatient wards	44 (17.6)
Addiction wards	12 (4.8)
Community Centre	28 (11.2)
Acute wards	30 (12.0)
Hospices	54 (21.6)

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Statistics

We used a descriptive analysis to identify nurses' beliefs and attitudes towards smoking habits in psychiatric hospitals before the reform. Data were analyzed using the Statistical Package for Social Sciences (SPSS, version 16). Within the analyses, we detected no significant differences in response between RNs smokers and NAs Smokers, so we present the results as a single group.

RESULTS**Respondents' characteristics**

The demographic characteristics of the sample are presented in Table 1. Mental health nurses' practices and beliefs towards patients' smoking habits

Table 2 presents the various practices performed by nurses concerning engaging smokers with psychiatric comorbidities. The majority of nurses reported to assess the patients smoking status (45.5%) and smoking habits (52.5%). 4%). Nurses feel responsible for helping their patient quit smoking (37.4% yes, 28.3% sometimes). The main obstacles that they face to help their patient quit smoking is the patient him/herself (57.8%), the lack of time (23.6%), the lack of knowledge (7.2%), colleague pressure (7.2%) and the patients type of disorder (4.0%) (Table 2).

With regards to nurses beliefs the majority of nurses (56.6% yes, 24.2% sometimes) noted that psychiatric patient should be handled differently. They stated that smoking cessation may exacerbate psychiatric symptoms (45.5% yes, 48.5% sometimes) and may lead to an illness relapse (45.5% yes, 40.4% sometimes).

Mental health nurses' knowledge and attitudes

Nurses reported to have some knowledge on the health effects of smoking (96.0%). Almost half smoke at work (37.4% yes, 10.1% sometimes), while 36.4% disagree with the implementation of the antismoking law in psychiatric hospitals and 41.4% disagree with the bans on patients (Table 3).

DISCUSSION

The current paper reports a survey of beliefs and attitudes towards tobacco use and treatment among RNs and NAs in two large psychiatric hospitals in the greater Athens area, before their final closing down as a result of the deinstitutionalization of psychiatric patients. The majority of the respondents indicated their opposition to the smoke-free policy implementation in mental health settings after the psychiatric care reform and the closure of psychiatric hospitals. In this context it would be important to secure staff support for smoke free policies

Table 2: Mental health nurses' practices towards patients' smoking habits and beliefs towards psychiatric patients smoking habits, Athens Greece, 2015 (n = 297)

	YES N (%)	SOMETIMES N (%)	NO N (%)
Practices			
Assess smoking history	135 (45.5)	87 (29.3)	75 (25.3)
Assess passive smoking	63 (21.2)	66 (22.2)	168 (56.6)
Assess the patient's smoking habits	156 (52.5)	84 (28.3)	57 (19.2)
Explain to the patient what a cessation plan means	99 (33.3)	108 (36.4)	90 (30.3)
Assist patients to make a quit attempt	90 (30.3)	90 (30.3)	117 (39.4)
Feel responsible for their patient to quit smoking	111 (37.4)	84 (28.3)	102 (34.3)
Have obstacles in the effort to help their patients quit smoking	180 (60.6)	69 (23.2)	48 (16.2)
Beliefs			
Psychiatric patients should be handled differently	168 (56.6)	57 (19.2)	72 (24.2)
Psychiatric patients should be allowed smoking in the unit	135 (45.5)	60 (20.2)	102 (34.3)
Will you try to persuade psychiatric patient to quit smoking?	120 (40.4)	63 (21.2)	114 (38.4)
Will you organize a seminar on tobacco cessation inside the psychiatric unit?	183 (61.6)	81 (27.3)	33 (11.1)
Smoking cessation to psychiatric patient may provoke illness relapse	135 (45.5)	42 (14.1)	120 (40.4)
Smoking cessation may exacerbate psychiatric symptoms	135 (45.5)	18 (6.1)	144 (48.5)
Smoking use and cessation affects psychotropic medication therapeutic levels	60 (20.2)	157 (52.8)	80 (26.9)
Is there a smoking room for patients inside the unit?	159 (53.5)	123 (41.4)	15 (5.1)
Smoking establishes therapeutic relationship	135 (45.5)	60 (20.2)	102 (34.3)

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before the implementation of the reform, as shown by previous studies^{12,13}. These results should be taken into account given the fact that Greek mental health services are based to a great extent within the greater area of Athens¹⁴.

Various practices were noted among nurses concerning the assessment of patients' smoking history, passive smoking, smoking habits, cessation plans and tobacco dependency. As a result, none of the patients-smokers was given a diagnosis of nicotine dependence neither were they included in a smoking cessation plan¹⁵.

Nurses feel responsible to a great extent (37.4% yes, 28.3% sometimes) to help patients quit smoking but there are barriers that were noted such as the patient himself, issues of recognition, and the lack of time in their effort to implement a cessation plan. Other reasons included their belief that smoking may have a therapeutic effect on psychiatric symptoms and smoking as the patient's right¹⁶⁻¹⁹.

Research has shown that psychiatric nurses can act as a role model for patients in promoting smoking cessation and a significant number of nurses feel responsible for their patient to quit smoking. The majority of nurses felt capable to organize a seminar on tobacco cessation and to help their patient quit smoking despite their own smoking habits¹². This is very important knowing that psychiatric patients are among those with the greater risk of suffering from diseases and of premature death as a consequence of their smoking behavior²⁰⁻²¹. Nurses expressed various concerns related to smoke-free policy implementation in mental health settings especially with regard to psychiatric patients, a finding also

evident in other studies²². Analysis of the results showed that a significant number of nurses believed that smoking cessation might exacerbate psychiatric symptoms and provoke illness relapse. Nurses proved to be unaware of the relation between smoking, psychiatric symptoms and psychotropic medication, a remarkable deficiency concerning treatment decisions and nursing evaluation of patient's tobacco dependence. It is already known that tobacco use and tobacco cessation, both affect the therapeutic levels of psychotropic medication^{23, 24}. Nurses believed that smoking with the patient or allowing the psychiatric patient to smoke may establish a therapeutic relationship and reinforce certain behaviors, a result already shown in previous studies^{10, 25}.

Nurses believe that the antismoking law is unjust and violates human rights¹². Nurses' comments revealed that they believe smoking to be the right of the patient. The patient should decide by himself about smoking cessation and nurses' responsibility should be limited in providing information to the patient on what a cessation plan means as well as providing assistance to make a quit attempt²¹. Only 24.2% of nurses reported the existence of a smoking room inside their hospital, mainly a nurses' room or patient's lounge. The majority of nurses (79.4%) noted that the only solution to a smoking ban is the opening of a smoking room for patients. Some also support the opening of smoking spaces for staff as well^{26, 27}. In contrast to smoke-free policies in foreign countries that had closed down smoking rooms and reported subsequent beneficial results on patients' behavior, in this study nurses asked for the creation of smoking rooms for both patients and

Table 3: Knowledge and attitudes of mental health nurses towards tobacco use, Athens Greece 2015

	YES N(%)	NO N(%)	SOMETIMES N(%)
Knowledge			
Knowledge of the dangers of smoking	285 (96.0)	12 (4.0)	-
Knowledge of the dangers of smoking on mental health	219 (73.7)	27 (9.1)	51 (17.2)
Knowledge of the dangers of passive smoking	285 (96.0)	12 (4.0)	-
Knowledge on how to organize a seminar on tobacco treatment	114 (38.4)	93 (31.3)	90 (30.3)
Attitudes			
Do you smoke at work?	111 (37.4)	156 (52.5)	30 (10.1)
Is there a smoking room for nurses to smoke?	72 (24.2)	225 (75.7)	-
Do you believe that a smoking room for patients should exist?	236 (79.4)	61 (20.5)	-
Do you believe that a smoking room for nurses should exist?	187 (62.9)	25 (8.4)	85 (28.6)
Do you agree with the antismoking law in Psychiatric hospitals?	126 (42.4)	108 (36.4)	63 (21.2)
Should the law be applied to mental health professionals after the reform?	183 (61.6)	69 (23.2)	45 (15.2)
Should the law be applied to psychiatric patients in the general hospital after the reform?	102 (34.3)	123 (41.4)	72 (24.2)
Should the law be applied to mental health professionals in the general hospital?	123 (41.4)	99 (33.3)	75 (25.2)

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nurses²⁸. The two major Psychiatric hospitals included in this research will be closed in the following year (2014-2015) according to a reform in the Greek mental health care system focused on the deinstitutionalization of long-stay patients². Open and locked inpatient wards will be transferred to general hospitals. This will create an important issue concerning the possible exclusion of these wards from the antismoking law according to nurses' beliefs.

The most important finding in this research was that psychiatric nurses believe that psychiatric patients and mental health professionals should be excluded from the antismoking law when the psychiatric reform will be completed. They perceive that psychiatric patients should be treated differently even in the general hospitals. However, such an exclusion will cause an immediate struggle between various health care specialties and patients. Government health care policies should focus on this matter; the need to promote continued involvement of nursing staff in the implementation of the antismoking law for it to be efficacious^{4, 13, 28}. Additionally, nurses expressed their concerns for psychiatric patients hospitalized in closed wards. They fear that smoking bans will cause an increase of a black market of cigarettes within hospitals, a result already encountered previously²⁹.

Psychiatric nurses must be trained to assess patients' smoking habits and implement smoking cessation plans. They should change their attitude, by recognizing the addictive nature of smoking and by reinforcing any patients' quit attempt. Smoke-free policies need to include psychiatric nurses' role to promote an effective change in psychiatric patient smoking habits^{30, 31}. Indeed Cochrane Collaborative Reviews have shown that smoking cessation interventions work well among hospitalized patients³². Additionally, in studies concerning the training of nurses in the administration of a smoking cessation program, the intervention was shown to be efficacious and nurses are ideally positioned to deliver inpatient smoking cessation services^{33, 34}.

Limitations

In this study, we purposefully included only nurses who were current smokers, knowing that smoking status strongly affects their attitudes and beliefs towards smoking. The notion was that this group of nurses would be the main obstacles to the implementation of the antismoking law under the reformation changes. The results have confirmed the principle hypothesis and supported the belief that the implementation of the law requires a high level of negotiation with nursing staff. Hence the results are not generalizable to the entire population of nurses or representative of all nurses in Greece. Additionally,

in all of the questions, a significant number of nurses answered "sometimes". These answers need a further investigation

CONCLUSIONS

To our knowledge this is the first attempt to describe tobacco-related knowledge and practices among psychiatric nurses in Greece. Our survey showed the existence of a number of misperceptions concerning psychiatric patients and a serious deficiency in their knowledge on tobacco dependency and cessation. Mental health nurses should have a key-role in patient smoking cessation and should also act as role models for their patients. Future research should focus on the implementation of smoking cessation training programs focused on changing nurses' attitudes and beliefs towards their patients' addiction to tobacco.

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CONFLICT OF INTEREST

The authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

FUNDING

Non-funded research.

PROVENANCE AND PEER REVIEW

Not commissioned; externally peer reviewed