Quit for Good
Follow up Study 2018-2020

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Background

- previously nurses not great at helping patients to quit, own smoking significant barrier (Wong et al, 2007)
- internal conflict for nurses who smoke
- compounded for Maori – role models for the profession but also for their own whanau and wider community (Gifford et al, 2013)

nurses mandated to help people to quit smoking
Maori and smoking

Maori nurses smoke more than other nurses – what help can be offered?

- Maori nurses who smoke are highly motivated to quit but were dismissive of tobacco control strategies which persecute and stigmatise (Gifford et al., 2013)

Incentives emerging as an effective method to motivate quitting and support sustained cessation
Stop smoking trial using financial incentive to assist Maori nursing students and a whanau quit mate to quit smoking (Hikuroa & Glover, 2017)

- Funding from NZ Tobacco Control Research Turanga
- Based at tertiary institute and tertiary institute marae
- Financial incentive offered as a scholarship for the participating students
- 6 month trial with 12 nursing students and their quit mates
- Results – 8 students and their whanau quit mates completed programme smokefree
Now registered nurses - what’s changed

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Explore:
- current smoking status
- smoking and quitting experiences since the study ended
- their practice as new RNs helping patients and whanau/friends to quit
- quitting support for staff in their workplaces
- their ideas about the role of nursing schools and cessation support for students
- how negative views about financial incentives may have impacted on them as participants in the *Quit for Good* project
“As I expected Quitline incited quite a flurry of nasty racist & anti-smoker attitude with their fb post.”
Method

2018
- Semi structured interviews
- Phone or in person
- Participants now new graduate Registered Nurses
8/12 participants interviewed

2020
- Semi structured telephone interviews
- Brief “catch up” main focus current smoking status
- All 12 contacted
Smoking status

- 8 participants interviewed, all RNs, 7 currently practising
- 5 were currently smoking, 2 remained quit since programme, 1 relapsed briefly then quit when pregnant
- Numerous attempts made by current smokers to quit including vaping
- 2 whanau quit mates had quit but now vape
- None of the 5 who currently smoked, smoked at work
- 2 of the 5 current smokers had quit when hapu but resumed after birth
Support for patients and whanau to quit

Delivery of smoking cessation support to clients and whanau members

Current smokers:
• struggle with ambivalence, guilt and hypocrisy
• cessation support is offered but superficially
• conceal their smoking from colleagues and whanau

x-smokers:
• lived experience of smoking and quitting means support is authentic, positive client response, “I like telling my story”
• one participant passionate about supporting pregnant women to quit after her own experience

history of smoking enhances nurse-patient (smoker) relationship whether nurse is current smoker or not
Quit support for staff in the workplace

- Help for staff who smoke not evident
- Perception that most staff don’t smoke
- Employers should offer support but difficult to assess because staff conceal their smoking

“I know the ones who smoke and it’s all hush-hush”
“sort of undercover”
Attitudes of others about money to quit

Views about financial incentives to quit

• No participant experienced any negative attitudes from others
• Acknowledged that people unlikely to express their views face to face anyway
• Most said they wouldn’t have been deterred had they been challenged or confronted
2020 Senior Registered Nurses

- “Semistructured” korero with 10 of the 12 original participants
- All but 1 not currently nursing
- Senior Registered Nurses working in range of clinical settings
- 8/10 are not current smokers
- 1 has continued to smoke since the initial study
- 1 resumed smoking with loss of her father
- 2 who were smoking at the end of the initial study have quit and now Smokefree Champions in their workplaces
For most participants quitting methods are/were not helpful
“cold turkey” common choice

**What helped?**
Kaupapa Maori programme for hapu mama
Changing social routines – avoiding social gatherings
Quit App
Own “mental strength made the difference”
Supportive whanau
Role models for the profession but also for Maori.

What effect did this have on quitting?

Not straight forward – feelings of whakama, hide their smoking from colleagues and whanau

BUT other factors were triggers for quitting and quitting for good:
“my own health – I was getting short of breath”
“my new partner doesn’t smoke”
Pressure from 10 year old daughter
Becoming hapu
“I realised I was part of those statistics”

New role Cancer Nurse Coordinator Gynaecology
Daily witness to the impact of smoking on own patients
The role of schools of nursing

- Schools should provide smoking cessation support to student nurses in a “destigmatising way”
- Could screen on enrolment forms for the purpose of offering support
- Smoking shouldn’t exclude people from entering nursing but must accept help to quit
  “if so would have helped me a long time ago”
