Exploring attitudes to reducing smoking amongst lung cancer patients and the health care professionals that care for them

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Background

- Lung cancer incidence rates in Scotland are among the highest in the world reflecting the country’s history of high smoking prevalence.

- Less than 9% of patients are still alive five years after diagnosis. Survival prospects have changed very little in the last 25 years.

- There is no published Scottish data on the proportion of patients with lung cancer who continue to smoke after diagnosis, but estimates elsewhere range from 13% to 83%.

- Interventions to support smoking cessation after diagnosis tailored to the needs of lung cancer patients could assist in improving services and support for lung cancer patients.
Continued smoking post diagnosis is associated with:

- reduced treatment effectiveness (Schnoll et al., 2004)
- increased chances of developing a new smoking related cancer (Schnoll et al., 2004) and a significantly lower
- significantly lower estimated five year survival rates (33% v 70% for those that quit smoking) (Parsons et al., 2010)
- poorer health status, reduced QoL, and higher levels of depression (Cooley et al., 2009).

Lung cancer patients who continue to smoke are likely to be highly dependent smokers (Cataldo et al., 2010; Park et al., 2012)
Patients with lung cancer often feel stigmatised, and experience guilt and shame because the disease is associated with smoking behaviour (Lehto, 2014).

Interventions should be presented with care so as not to add to the ‘shame and blame’ that is often associated with lung cancer (Chappie et al., 2004).

Continued smoking amongst family members, spouses and peers is associated with decreased rates of cessation in patients with lung cancer (Eng et al., 2014).

Diagnosis may be a ‘teachable moment’, at which the risks of smoking can be effectively raised with patients and family members (Ozakinci, 2013).
Aims and objectives

- To explore:
  ◦ attitudes to reducing/stopping smoking amongst lung cancer patients who smoke
  ◦ their barriers/facilitators to smoking behaviour change
  ◦ whether patients with lung cancer who smoke would like support to change their smoking behaviour

- To explore health professionals’ views about raising the issue of reducing/stopping smoking with lung cancer patients who continue to smoke.
Methodology

- Qualitative interviews with lung cancer patients who were current smokers or had quit within the past 12 months (Jan 14 – Mar 15)
  - Sixty patient information packs distributed, seven consent forms returned, six interviews completed

- Focus groups/individual interviews with hospital and community health professionals (Feb – Dec 14)

- iPad Survey (June 14) – completed by 50 ward staff at the Victoria Hospital (oncology, respiratory, cardiology, endocrinology and medical admission wards)
Qualitative interview participants

- Four participants lived in areas of relative deprivation (SIMD quintiles 1 and 2). Two lived in areas of Fife with the least relative deprivation (SIMD quintile 4).
- Four participants currently lived with a member of their family that smoked.
- The two participants that lived on their own had reduced smoking since diagnosis, but had told their families they had quit completely.
- All participants lived in homes where smoking was permitted. None had created a smoke-free home.
Key emerging themes

- Diagnosis isn’t seen as the right time to quit smoking
  “I wouldnae say I was chain smoking [after diagnosis], but I wasnae far off because of the stress and worry. I couldnae quit when I was first diagnosed.”

- The time of treatment presents a more viable opportunity to quit smoking.
  “I stopped completely...right after the operation. I think my sister was a big influence on that. Coz she had been saying about my brothers, my Mum and Dad, my Aunts and Uncles, and everyone that had died of cancer. And she said ‘you’ve been lucky, you were caught in time.’ I thought about it, and I thought ‘yeah’.”
Key emerging themes

- Readiness to quit is key to successful smoking behaviour change.

“I just needed to give up when I was ready, and not until then. It doesnae matter what you [health professionals] say to me. It won’t make any difference. You all leave me alone. I’ll do it in my own time. That was [my thinking] last year, and now I’ve done it [quit smoking].”

- Looking to the future and improved health are key motivators for change.

- None of the patients had been offered or had used NRT during hospital stays.
Key emerging themes

- Participants expected health professionals to raise the issue of smoking with them, but had mixed experiences of this:

  “They never lectured me, which was good because I was a bit afraid of them saying, you know, ‘we’re not going to do the operation’ if I couldn’t stop smoking.”

  “It’s been bought up by my GP. It’s not rammed down your throat or in your face all the time, but it’s there.”

  “Maybe a wee leaflet [would be helpful]...outlining that yes, you’re going to give up smoking, but you’re not necessarily going to notice big changes straight away. Like with your breathing and stuff, because that’s not something that was ever explained to me at the outset.”
Health professionals focus groups/survey

- Health professionals often don’t proactively raise the issue of cessation with lung cancer patients that continued to smoke:

“If it’s just a newly diagnosed lung cancer I try and give them time for it to sink in, because normally the first thing they want to do is go for a cigarette.”

- They tend to raise the issue when patients initiate the conversation:

“I’ve done it a couple of times. If somebody indicates themselves that they’re thinking about it then I do offer and say that we have smoking cessation, and ask if they want someone to come and speak with them.”
Other emerging issues

- Not a priority
- The importance of patient/individual choice
- The importance of not being seen to judge patients
- The importance of recognising level of addiction
- Patient’s feelings of guilt for continuing to smoke
- Lack of confidence/knowledge in raising the issue:

“Staff feel unconfident and worry that it might jeopardise their relationship with the client. But staff have more understanding now of the continued effects of smoking, and so do patients. I know it’s beneficial to stop smoking if you have lung cancer, but no one has said to me in laypersons terms what the benefits are. There’s not much in the way of health promotion tools post-diagnosis.”
Developing resources

Participants suggested resources that might help increase their confidence in raising the issue:

“I think a wee leaflet would be helpful, including the benefits of not smoking, the stages, when things start to change, what to expect.’

“Even a poster that gave us information on the different things that are available, because if someone was to say to me ‘what could I get?’ I would have to go and get a Dr or something, and automatically for some people it is just patches. And that doesn’t always agree with people. And then that just puts them off altogether. It would be good if you had different options that you could say to them, ‘maybe this would work for you rather than this’.

“The times that I haven’t bought it up...it would be easier if I had an appropriate leaflet to give to patients and their family. It would make the conversation easier.”
Conclusions

- The time of treatment, rather than diagnosis, may be optimal for discussing smoking behaviour change.
- Staff, and therefore patients too, may not be fully aware of the NRT options available during hospital stays.
- A leaflet should be developed for staff to increase their confidence in raising the issue.
- A leaflet should also be developed for patients, to include information on the benefits of quitting smoking, and what to expect when you quit.
- A leaflet could be developed for family members, to include suggestions to support the patient, including making changes to their own smoking behaviour.
- Better documentation should be introduced to avoid repeated attempts by different staff members to raise the issue with patients.
- Practice learning sessions on raising the issue should be introduced in order for health professionals to feel more confident about engaging in these discussions with lung cancer patients.