



Smoking Cessation Counselling

Results of a 2005 Survey of Quebec RESPIRATORY THERAPISTS

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INTRODUCTION

More than 13,000 men and women in Quebec (about 36 per day) die each year from tobacco-related diseases. Although the prevalence of tobacco use has declined in the past decade, there are still 1.6 million smokers in the province who inhale more than 4,000 chemical products each day, at least 50 of which are carcinogenic.

Since 2003, the ministère de la Santé et des Services sociaux du Québec (MSSS) has supported the implementation of the *Plan québécois d'abandon du tabagisme*. The objective of this province-wide program is to encourage smokers to quit, and to provide support for them in their efforts to quit. A range of free services have been implemented in Quebec progressively over the past four years, including a telephone helpline, a Web site on tobacco use cessation, and counselling services at smoking cessation centres located throughout the province.

In 2004, the MSSS mandated the Institut national de santé publique du Québec (INSPQ) to develop, in partnership with the Boards of six Professional Orders (i.e., Collège des médecins, Ordre des dentistes, Ordre des hygiénistes dentaires, Ordre des inhalothérapeutes, Ordre des pharmaciens and Ordre des infirmiers et infirmières), a project that encourages their members to become more actively involved in tobacco control. In the context of this project, respiratory therapists are urged to integrate smoking cessation counselling into their daily practice.

SURVEY

A survey of members of the Ordre professionnel des inhalothérapeutes du Québec (OPIQ) was conducted between February and May 2005 to collect data on:

- Current cessation counselling practices,
- Factors associated with these practices,
- Interest in and needs for training to improve cessation counselling practices.

A simple random sample of 500 respiratory therapists was selected from the 2004 OPIQ database. To be eligible, respondents had to have provided clinical care during the year preceding data collection.

METHOD

A self-administered questionnaire, available in French and English, was mailed out in February 2005. It was accompanied by a cover letter signed by the OPIQ's President, and a researcher from the

INSPQ. Two subsequent mailings were carried out in March and April 2005 targeting non-respondents. The response rate after three mailings was 68%.

Descriptive analyses of the data collected were undertaken using SAS version 9.1. The relative frequencies are presented grouped together (e.g. answer categories "All" and "More than half" were grouped into a single category, "More than half").

FINDINGS

Assessing smoking status

The majority of respiratory therapists ask whether or not their patients smoke (Table I).

For more than half of patients who smoke:

- 40% of respiratory therapists note the smoking status in the patient's file,
- 27% of respiratory therapists evaluate whether or not the patient is ready to quit smoking.

TABLE I

Proportion of respiratory therapists who ascertain the smoking status of their patients according to type of patient

Type of Patient	Respiratory therapists (%) ascertain smoking status of...	
	More than half of patients	Half of patients or fewer
Patients on their first visit	73	27
Patients with smoking-related symptoms or diseases	82	18
Patients who were smokers at the last visit	67	33
Patients without smoking-related symptoms or diseases	50	50

Counselling practices

Tables II and III describe counselling practices among the respondents for two types of smokers. Sixty-three percent of respiratory therapists advise quitting smoking to more than half of patients who smoke, but are not ready to quit (Table II). And sixty percent of respiratory therapists ask more than half

their patients who smoke and are preparing to quit, how many cigarettes they smoke per day (Table III).

When they offer cessation counselling during a patient visit, 68% of respiratory therapists undertake an intervention that lasts more than three minutes.

TABLE II

Proportion of respiratory therapists who provide counselling for smokers who are not ready to quit, according to specific type of intervention

Intervention	Respiratory therapists (%) provide intervention...	
	For more than half of smokers	For half of smokers or fewer
Discuss the effects of smoking on pulmonary health	57	43
Discuss the effects of smoking on health	50	50
Discuss patients' perceptions of the pros and cons of smoking	34	66
Discuss patients' perceptions of the pros and cons of quitting	37	63
Express concerns about the patient's smoking	47	53
Advise patients to stop smoking	63	37
Offer print educational material on smoking or cessation	18	82
Offer an appointment specifically to discuss cessation	6	94
Discuss the effects of second-hand smoke on the health of relatives and friends	30	70

TABLE III

Proportion of respiratory therapists who provide counselling for smokers who are preparing to quit, according to specific type of intervention

Intervention	Respiratory therapists (%) provide counselling	
	For more than half smokers	For half of smokers or fewer
Ask about the number of cigarettes smoked each day	60	40
Discuss previous quit attempts	46	54
Discuss worries about cessation	30	70
Discuss strategies to quit smoking	38	62
Discuss withdrawal symptoms	31	69
Advise setting a quit date	20	80
Ask whether patients smoke their first cigarette within 30 minutes of waking	11	89
Offer print educational material on smoking or cessation	20	80
Refer patients to cessation resources available in the community	16	84
Recommend nicotine replacement therapy (gum, patch or inhaler)	31	69
Recommend Zyban (bupropion)	12	88

Respiratory Therapists' opinions

Several questions solicited respiratory therapists' opinions on quitting smoking, on cessation counselling and on smokers' interest in quitting. The majority of respiratory therapists agreed (either somewhat or completely) with the following statements:

- It is extremely difficult to quit smoking,
- Support from friends and family is an important factor in quitting,
- Physiological dependence on tobacco is an important barrier to quitting,

- Rituals associated with cigarettes are important barriers to quitting,
- Nicotine patches, nicotine gum and Zyban (bupropion) should be covered by health insurance.

Sixty percent of respiratory therapists agreed (either somewhat or completely) with the following statement:

- Advice from respiratory therapists will increase motivation to quit among smokers.

They disagreed (either somewhat or completely) with the following statements:

- When a patient has been smoking for many years, it isn't worth the trouble to try to quit,
- When we advise smokers to quit smoking, we risk losing them as patients.

Opinions were divided in regard to the following statements:

- My patients who smoke are interested in discussing cessation with me,
- Counselling smokers to quit is interesting work.

Perception of role

The respiratory therapists surveyed believe that they have a major role to play in cessation (Table IV).

TABLE IV

Level of agreement among respiratory therapists on their role in helping smokers quit, according to specific type of intervention

Intervention	Agree somewhat or completely (%)	Neither agree nor disagree (%)	Disagree somewhat or completely (%)
Respiratory therapists should ask their patients if they smoke	93	7	0
Respiratory therapists should advise patients to quit smoking	95	4	1
The therapeutic plan should include cessation counselling	82	16	2
Respiratory therapists should know about resources available that can help patients quit	98	2	0
Respiratory therapists should make appointments with their patients who smoke specifically to help them quit	61	30	9

Perception of barriers

Respiratory therapists identified numerous barriers to cessation counselling as very or extremely important:

- Difficulty following up 84%
- Lack of time 82%
- Patient's resistance to advice 77%
- Lack of interest among patients 73%
- Lack of knowledge about cessation counselling 73%
- Lack of community resources to which patients can be referred 68%
- Lack of knowledge about medication for cessation 66%
- Lack of compliance among patients 65%

- Lack of impact of counselling on patients 62%
- Lack of print educational material 59%
- Cost of medication 56%
- Inadequate office space 52%
- Difficulty assessing patient's readiness to quit 51%
- No reimbursement for cessation counselling 11%

Perception of skills

The survey ascertained respiratory therapists' perceptions of their skill levels in terms of providing cessation counselling (Table V).

TABLE V

Perceptions among respiratory therapists of their skill levels to undertake cessation counselling*

Skill	Agree somewhat or completely (%)	Neither agree nor disagree (%)	Disagree somewhat or completely (%)
I have the skills to help my patients quit smoking	54	24	22
I am able to tailor smoking cessation counselling to the specific needs of my patients	64	22	14
It is easy for me to initiate a discussion about quitting with my patients	65	21	15
I am able to ascertain the level of addiction of my patients	39	31	30
I think that I can influence my patients to quit smoking	52	37	11

* Percentages are rounded off and therefore may not total 100.

Interest in training

The survey found that 79% of respiratory therapists are interested in updating their knowledge on

smoking cessation and would like tools to help them provide advice to their patients who smoke (Table VI).

TABLE VI

Level of interest among respiratory therapists in training to update cessation counselling skills, and in specific tools to assist with counselling*

Training/tools	Very or extremely interested (%)	Somewhat interested (%)	Slightly or not at all interested (%)
Educational material for smokers	89	10	1
Inventory of resources	88	10	2
Smoking cessation guidelines	81	13	6
Print materials	80	18	1
Conferences on smoking cessation counselling	77	19	4
Articles in <i>l'Inhalo</i>	76	18	6
Interactive workshops	73	20	7
System to better identify patients who smoke	64	26	10
Audiovisual materials	57	32	11
Articles on smoking cessation on the OPIQ Web site	48	29	22
Internet-based training	45	32	23

* Percentages are rounded and therefore may not total 100.

COMMENTS

To our knowledge, this survey is the first ever in Quebec to describe cessation counselling practices among respiratory therapists. The results suggest that respiratory therapists believe they have a very important role in encouraging smokers to quit, and in supporting them in their efforts to quit. 79% of respiratory therapists are interested in professional development opportunities – very few reported that they had received training either during (3%) or after (17%) their studies. The results show that few

respiratory therapists have optimal cessation counselling practises - only 38% discuss smoking cessation strategies with more than half of their patients who are ready to quit.

Respiratory therapists identified numerous barriers to providing cessation counselling, including lack of interest in quitting among smokers, resistance to advice among smokers, and lack of compliance with advice provided. Despite these barriers, it should be remembered that the majority of smokers do want to quit smoking to be liberated from an addiction that they did not choose to begin with (Fiore, et. al., 2000)¹.

Respiratory therapists also identified the cost of medication and lack of resources as barriers to providing cessation counselling. However, Quebec is the only province in Canada to provide reimbursement for prescribed pharmacological aids for withdrawal symptoms. In fact, the province has been doing so since 2000. Moreover, the province has provided free services since 2003 to help smokers quit, including smoking cessation centres, a toll-free telephone helpline and a Web site on tobacco use cessation. These services should gradually make up for the lack of resources noted by the respiratory therapists.

Respiratory therapists reported that their lack of knowledge about counselling and about medication limits their ability to provide effective cessation counselling. A challenge for the coming years will be to meet the needs of respiratory therapists in terms

of training. Training may allow respiratory therapists to feel more competent in providing counselling and it may allow them to optimize their counselling practices. The OPIQ, in partnership with the INSPQ, is committed to meeting this challenge.

Finally, the difficulty in following up with smokers and the lack of time to provide counselling, may be issues that need review in terms of professional practice standards.

REFERENCE

1. Fiore, M.C., Bailey, W. C., Cohen, S. J. et al. (2000). *Treating tobacco use and dependence*. Clinical practice guideline. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service.

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