Needs assessment: addressing adolescent smoking essay

Needs Assessment: Addressing Adolescent SmokingDespite efforts to reduce smoking, there are still 12 million adult cigarette smokers in Great Britain and another 2. 3 million who smoke pipes and/or cigars. Smoking is still one of the leading causes of death in the UK, resulting in 114, 000 deaths per year, accounting for at least one-fifth of all deaths in the UK (Peto R. et al., 2004).

Working further on the vision of assisting young adults in quitting smoking in the UK, this paper would first present the key issues and relevant social factors luring young adults into smoking at a very early age. The paper would then discuss the need to address and to respond to the call of helping young adults cope with tobacco addiction and assisting them in maintaining a smoke-free lifestyle.   According to the published report of Action on Smoking and Health (ASH) last March 2006, the 20-24 age bracket has the highest number of men and women smokers, thereafter older age group tend to progressively have fewer smokers (Action on Smoking and Health, 2006). The reason is that older age groups are more likely to have stopped smoking (Table 1). Table 1. Prevalence of cigarette smoking by age – percentage of adult population (Adapted from Smoking statistics: Who smokes and how much (Action on Smoking and Health, 2006))age 16-19age 20-24Age 25-34age 35-49age 50-59age 60 +1978344445454530198828373636332319983140353027162000293535292716200424323129241 4   In addition, the report also includes children who smoke entering secondary school in UK.

The report shows that very few students smoke when they start secondary school; however, the likelihood of smoking increases with age. By age 15, 21 percent of the students are regular smokers.   In a news article published by BBC World in September 11, 2000, smoking can be more addictive than what was originally thought.

The researcher's findings show that people can be addicted to nicotine early on. A survey of 700 children was conducted and the researchers have found out that children are more prone to nicotine addiction than any other age group. In fact, many exhibited signs of nicotine addiction and dependence in their survey. While diseases such as lung cancer may not set-in at their early age, the bigger risk is that the likelihood for these teens to quit when they are in their 30s or in their later years is much lower.   The increase in smoking prevalence among the young adults can be attributed to the marketing strategy of tobacco companies (Blach, 2000). To further explain this strategy, the marketing approach in general divides the potential audience into various segments in order to choose which segment to target. Companies then develop offerings that will appeal to their target market.

Commercials and various marketing communication is also developed to entice and persuade the target market to try the product. This is also the case for smoking and the youths.   With traditional media such as television, radio, and print exerting increasing influence on its younger audience, the marketing strategy of tobacco companies is to entice young adults to try smoking. While tobacco companies publicly maintain that they

do not target the young adults, the marketing logic of selling to teenagers is overpowering (Bates and Doyle, 2006).

That is, teenagers are the key battleground for tobacco companies and for the industry as a whole. Tobacco companies that targeting the young adults is a more profitable market in the long run – i. e. if a company can " hook" a teenager early on they could well smoke the brand for life. In fact, commercials are aimed to elicit emotional response that is very true during adolescence – a time of being very impressionable and uncertain. And, smoking is often identified with adulthood and has become a badge or signifier of positive values such as rebellion, independence, and self-expression.   Nevertheless, government has step up policies to reduce smoking prevalence on different age groups (Blair 1998). Periodically, government sets targets to reduce and to measure rates smoking rates among adults.

Moreover, it has also passed legislation to phase out and ban traditional advertisement on cigarette smoking as well as increasing excise taxes on cigarettes. Moreover, different sectors and organizations have also step-up the informational campaign to curb the carnage caused by tobacco especially targeted at young adults.   While different sectors have pushed towards eliminating smoking prevalence, recent studies published in Nursing Research show that nurses are in a unique position to address this growing concern. Nurses who advise patients to give up smoking may have a higher success rate than anyone else in helping patients kick the habit. In

fact, " Health care professionals and particularly the nurses have tremendous access to patients and families affected by tobacco use.

Nurses are in the unique position to act as agents of change when it comes to preventing and treating tobacco dependence," said Dr. Molly C. Dougherty, Nursing Research editor and professor of nursing at the University of North Carolina at Chapel Hill (Dougherty, 2006).   Nurses, as the largest group of health care professionals, can have an expanded impact in eliminating nicotine addiction and dependence. Similarly, the research articles also recommend a widespread training of nurses to deliver interventions to patients to treat nicotine addiction and dependence (Sarna et al.

, 2006). Moreover, there is a need to promote the role of nurses in tobacco control and in response to the recognition of potential contribution to the field (Bialous, 2006). More importantly, it is a call towards taking a leadership role towards tobacco cessation.   What are the requisites for being a transformational leader? They argue that there are four suggested personal characteristics of a transformational leader: (a) dominance, (b) self-confidence, (c) need for influence, and (d) conviction of moral righteousness (Tichy & Devanna, 1990). These leaders are expected to deal with the paradox of predicting the unknown and sometimes the unknowable.

These leaders change and transform the organization according to a vision of a preferred status. Leaders then are change makers and transformers, guiding the organization to a new and more compelling vision, a demanding

role expectation (Carnall, 1990). All these have to be considered and transformed into concrete activities in attempting to respond to this need of stopping smoking among adolescents.   The benefits of charismatic or transformational leadership are thought to include broadening and elevating the interests of followers, generating awareness and acceptance among the followers of the purposes and mission of the group, and motivating followers to go beyond their self-interests for the good of the group and the organization (Bass, 1985). Thus, it was very important for me to have laid down the benefits that the students would be getting from the health promotion sessions and to encourage them to participate throughout the whole process.

Charismatic or transformational leaders articulate a realistic vision of the future that can be shared, stimulate subordinates intellectually, and pay attention to the differences among the subordinates. Tichy and Devanna (1990) highlight the transforming effect these leaders can have on organizations as well as on individuals. By defining the need for change, creating new visions, and mobilizing commitment to these visions, leaders can ultimately transform organizations (Hartog et al., 1999). In effect, the ultimate goal is to make an authentic difference in the lives of students by effectively helping them quit the smoking habit.

To be able to drive for results, I had to ensure that the benefits of quitting smoking perceived by the students were aligned to the ' rewards' which they find appealing. This will enthuse them to work harder towards their goal of quitting. According to Bass (1985) the transformation of followers can be

achieved by raising the awareness of the importance and value of desired outcomes, getting followers to transcend their own self-interests and altering or expanding followers' needs. Bass (1985) defined the transactional leader as one who: recognizes what followers want to get from their work and tries to see that followers get what they desire if their performance warrants it; exchanges rewards for appropriate levels of effort; and responds to followers' self-interests as long as they are getting the job done.

Moreover, this is also supported by the equity theory which asserts that motivated behaviour is a form of exchange in which individuals employ an internal balance sheet in determining what to do. It predicts that people will choose the alternative they perceive as fair. The components of equity theory are inputs, outcomes, comparisons, and results. Inputs are the attributes the individual brings to the situation and the activities required. Outcomes are what the individual receives from the situation.

The comparisons are between the ratio of outcomes to inputs and some standard. Results are the behaviours and attitudes that flow from the comparison, but other standards of comparison, including oneself in a previous situation, seem equally probable (Adams, 1965).   In facilitating the sessions, I intended to adopt a constructivist approach to teaching, which anchors all insight and learning from their own experiences. Duffy ; Cunningham (1996) purport that " the term constructivism has come to serve as an umbrella term for a wide array of views (p. 171).

Certain authors make a distinction between cognitive constructivism, which concentrates on the individual learner; and social constructivism, which reinforces learning as transpiring within the context of dialogue and social interaction (Duffy ; Cunningham, 1996).   While there are varying definitions of constructivism, an overriding principle is that under constructivism, knowledge is built or constructed by the learner. Still basing from the NHS leadership framework I have attempted to make the effects of the sessions more sustainable by having follow-through one-on-one sessions with the students, tracking their progress and encouraging them to carry on.

These have helped me improve the characteristics of empowering others and effective and strategic influencing. While mentoring programs are always established with the best of intentions, their results are often mixed (Werner, 2004). To make the most of my clinical exposure, I hope to establish a strong mentoring relationship with a novice school nurse whom I would be able to coach. Coaching and mentoring is a very effective way of developing my leadership potential because it does not only develop her and myself in terms of nursing expertise, but it will also allow me to actually experience how to go through the coaching and mentoring exercise (Werner, 2004). Apart from technical teaching techniques, I have also ensured to establish rapport and trust among the students during the session.   Following the NHS Leadership framework, there is a need for a transformational leadership to undertake this challenging task (NHS Modernization Agency and Leadership Centre, 2003). While managers engage in very little change and manages only what is present and leaves things as much as they found

them, transformational leadership focuses on change and innovation (Tichy ; Devanna, 1986).

More importantly, transformational leadership begins with the social fabric – the social condition and the needs of the patients. Starting with the very needs of the young adults as patients and engaging in the healing process for them is the key in disrupting the environment that promote smoking prevalence among adults. This provides leaders in health care the opportunity to recreate the social fabric and respond to the challenge to better reflect and improve the quality of life for their patients, i. e. young adults.   Nonetheless, this challenging task does not happen overnight. As a leader, I envisioned to conduct sessions with young adults to assist and to help them quit smoking.

While similar sessions are being conducted, I can differentiate my sessions in the quality and the manner with which it is conducted. By focusing on the varying needs of students, listening to them and learning from them, and motivating them to participate in the whole process, I aim to generate interest as well as awareness on the benefits from the health promotion sessions. In effect, the ultimate goal is to make a real dent in the lives of the students by effectively helping them quit smoking. ReferencesAction on Smoking and Health (2006). Smoking Statistics: Who smokes and how much. Retrieved August 16, 2006 from http://www. ash. org.

uk/html/factsheets/html/fact01. htmlAdams, J. S.

(1965). Inequity in Social Exchange. Advances in Experimental Social Psychology, 267-299. Balch, G.

(2000). Communicating with teens: some lessons from commercial marketing Tob Control 2000; 9 (Suppl 1): i52 (Spring)Bass, B. (1990). Bass ; Stogdill's handbook of leadership: theory, research and managerial applications. New York: The Free Press. Bates, C. and Doyle, P. (Eds.

) (2006). Tobacco Explained. Action on Smoking and Health. Retrieved August 16, 2006 from http://www.

ash. org. uk/html/conduct/html/tobexpld3. html– (2000, September 11). Smoking addiction ' sets in early'. BBC Health. Retrieved August 16, 2006 from http://news.

bbc. co. uk/2/hi/health/916370. stmBialous, S. A.

(2006). Tobacco Use Cessation Within the Context of Tobacco Control Policy: Opportunities for Nursing Research. Nursing Research. 55(4) Supplement 1: S1-S9Blair, T.

(1998). Smoking Kills – A white paper on Tobacco. Retrieved on August 16, 2006 from http://www. archive. official-documents.

co. uk/document/cm41/4177/contents. htmCarnall, C. (1990). Managing change in organizations. Prentice-Hall. Dougherty, M.

(2006). Evolution of Tobacco Use and Tobacco Use Policy. Nursing Research. 55(4) Supplement 1: S58-S63Duffy, T. & Cunningham, D. (1996).

Constructivism: Implications for the design and the delivery of instruction. In Jonassen, D. (ed.).

Handbook for Research of Educational Communications and Technology. New York: Simon Schuster Macmillan. Girvin, J. (1998). Leadership in nursing. McMillan Press. Hartog, D., House, R.

, Hanges, P. Dorfman, P., Ruiz-Quintanilla, A. (1999). Emics and etics of culturally endorsed implicit leadership theories: are attributes of charismatic/transformational leadership universally endorsed? Retrieved June 3, 2005 from http://jonescenter.

wharton. upenn. edu/papers/1999/wp99-02. pdfMarquis, B. & Huston, C. (2005). Leadership roles and management functions in nursing: Theory and application. Lippincott Williams & Wilkins.

Martin, V. (2003). Leading change in health and social care. Routledge: LondonNational Centre for Social Research/National Foundation for Educational Research (2005). Smoking, drinking, and drug use among young people in England in 2004. NHS Modernization Agency and Leadership Centre.

(2003). NHS leadership qualities framework. Department of Health. Peto, R. et al.

, (2006). Mortality from smoking in developed countries 1950-2000 (2nd edition) Oxford University Press, Oxford. Sarna, L. and Bialous, S.

A. (2006). Strategic Directions for Nursing Research in Tobacco Dependence.

Nursing Research. 55(4) Supplement 1: S1-S9Tichy, N. M. and Devanna, M.

A.

(1990). The transformational leader. (2nd ed.). New York: Wiley. Werner, W.

(2004). The importance of mentoring. Law Practice Today. Retrieved on

December 2, 2005 from http://www. abanet. org/lpm/lpt/articles/mgt07041.

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