# Opportunistic smoking cessation intervention health and social care essay

Health & Medicine, Addiction



This essay provides a brooding history of the bringing of an timeserving smoke surcease intercession. In building this history, Gibbs (1988) theoretical account of contemplation has been utilised, which incorporates the undermentioned constituents: description; feelings; rating; analysis; decision; and action program.

Whilst shadowing a pattern nurse, I was provided with the chance to implement a brief smoke surcease intercession with a patient. The patients name will non be used, in regard of confidentiality ( NMC Code, 2008; NHS Confidentiality Code of Practice, DH 2003), nevertheless, for the intent of this contemplation she will be referred to by the anonym Sarah. Sarah is a 65-year old female presenting with a figure of wellness issues. She is an fleshy tobacco user who has late been diagnosed with chronic clogging pneumonic disease ( COPD ), a lung disease characterised by the narrowing of the air passages. COPD besides refers to chronic bronchitis and emphysema, the latter of which Sarah has been diagnosed with. It is emphysema that is Sarah 's primary wellness job at nowadays.

The wellness publicity scheme adopted was a brief intercession consisting motivational interviewing (Rollnick, Miller and Butler, 2007), which took topographic point within the pattern surgery as portion of Sarah 's audience. Motivational Interviewing is a directing patient-centered manner of reding designed to assist people decide ambivalency about behavior alteration, such assmokingsurcease.

Alongside motivational interviewing, some specific props and learning AIDSs were utilized, including the proviso of evidence-based information, the

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creative activity of a COPD self-management program (British Lung Foundation, 2010), and inside informations of helpful resources Sarah could use for farther support. This included the Surrey NHS Stop Smoking Service (www. surreyquit. net), which offers free NHS support tailored to the person (i. e. hebdomadal clinic visits or telephone contact).

# **Feelingss**

I was ab initio rather dying about this wellness publicity chance, as I was non confident in my ability to supply constructive support in the limited clip we had. However, on originating a conversation with Sarah, utilizing unfastened inquiries as recommended within motivational interviewing, the anxiousness disappeared as I listened to Sarah 's narrative. Active hearing requires concentration, which in bend focused me on how I might be able to assist Sarah. In set uping that Sarah was concerned for her grandchildren, who stayed with her quite often and were therefore around 2nd manus fume, this provided an ground tackle to ease the development of Sarah 's motive to alter. In bend, this ground tackle besides provided me with a patient-centred method for alleviating my frights, since I had found a manner of prosecuting Sarah in the procedure.

Interestingly, as Sarah 's motive grew, so did my ain motive to guarantee that Sarah gained every bit much from this brief intercession as possible. With every inquiry that I could reply, I gained in assurance and enjoyed my function as 'educator ' and 'learner ' within the collaborative partnership between myself and Sarah. In this sense, the collaborative attack that

underlies motivational interviewing and much ofhealthcare pattern today can profit both the patient and health care supplier.

My overall feelings sing the interaction with Sarah are one of fulfillment. I feel I positively contributed to this patients increased decide to halt smoke for both herself and her household.

## **Evaluation**

Motivational interviewing was selected as the most appropriate wellness publicity intercession for Sarah for a figure of grounds. First, grounds sing behaviors alteration and, in peculiar, smoking surcease, shows that degree of motive is an of import factor in inventing the best wellness publicity method or instruction program for a patient ( Prochaska, DiClemente, and Norcross, 1993 ) . This attack takes into consideration humanist larning theory and the rules of autonomous acquisition.

Harmonizing to Prochaska et Al. 's ( 1983 ) five phases of behavior alteration, Sarah presently resides in phase 2 of the undermentioned phases: Phase 1 ( pre-contemplation ) is when the person does non mean to alter behavior; Stage 2 ( contemplation ) is when an person is sing alteration; Stage 3 ( readying ) is serious resoluteness to ship on smoking surcease; Stage 4 ( action phase ) is the first few important hebdomads and months where an person is actively taking positive actions towards smoking surcease; and Stage 5 ( care ) is about 6-months to 5-years after the induction of the smoke surcease determination, where behavior alteration has been sustained.

Bing in the contemplation phase suggests that Sarah still has some unsolved ambivalency about alteration and therefore demands help traveling to present 3, where she can get down to fix for smoking surcease. If I had started to assist Sarah program for smoking surcease before she was ready, this could hold been damaging in both the short- and long-run. For illustration, it has been shown that get the better ofing the hurdlings associated with smoking surcease can increase an person 's self-efficacy (i. e. assurance) in their ability to win at their quit effort, which in bend Acts of the Apostless to cut down the likeliness of a backsliding and increase the likeliness of long-run sustained smoke surcease (Schnoll et al., 2010). If Sarah was pushed towards a quit effort before prepared, her hazard of backsliding would hold been high; this would hold finally reduced her assurance to seek once more.

The passage from the contemplation phase to the readying phase has been cited as being critically of import to the result of quit efforts ( Prochaska, DiClemente, and Norcross, 1993 ) , as has the fact that healthcare professionals can be highly influential at this phase Long et al. , 1996 ) . I considered motivational interviewing to be cardinal to act uponing Sarah 's determinations sing smoke surcease since it was designed specifically to assist people decide ambivalency about behavior alteration, which is the chief feature of people in the contemplation phase of motive. Motivational interviewing can accomplish the resoluteness of ambivalency by avoiding confrontation and steering people towards taking to alter their behaviour themselves.

I was cognizant that motivational interviewing would necessitate to be accompanied by elaborate instruction about smoke-related wellness issues and the likely class of COPD, together with possible complications and its association with increased morbidity and mortality. Sarah is an intelligent person and lament to have such information and reading stuff.

Unfortunately, nevertheless, I was unable to reply all of her inquiries. In peculiar, I could non reply her inquiries sing the pathophysiology of smoke.

Unanswered inquiries can move as a barrier to come on, something which I do non wish to bring forth in a patient who requires such barriers taking.

Fortunately, I was able to reply Sarah 's inquiries whilst mentioning to an educational information cusp. I do, nevertheless, feel that I would hold been able to prosecute with Sarah more efficaciously if it had non been necessary for me to concentrate my attending on the cusp before me.

It became evident throughout the audience that although Sarah was most surely sing discontinuing smoke, she possessed some traits that might impede her attempts. In peculiar, Sarah appeared to hold an external wellness venue of control. This means that she attributes control over her behavior to external factors as opposed to internal factors. It is good documented within the literature that an internal venue of control is more productive to behaviour alteration and healthier lifestyle picks (Wallston and Wallston, 1978; Tones et al., 1992). Taking this into consideration, I was aware to admit Sarah 's control over her picks. In one case, I used her hubby as an illustration since Sarah had informed me that her hubby had quit smoke. I asked her how he managed to accomplish this and in recognizing

her hubby 's function in his ain smoke surcease, Sarah appeared to be seting her venue of control towards a more internal one.

However, Sarah 's self-efficacy remained low throughout the audience despite efforts to hike her assurance. It is believed that increased self-efficacy, which can be achieved via motivational interviewing, is an of import factor involved in the success of smoking surcease (Brown et al., 2003; Karatay et al., 2010), therefore I felt this was an of import facet to include in Sarah 's self-management attention program - to put herself an accomplishable end each hebdomad that would bit by bit construct her assurance.

# **Analysis**

The Department of Health have been working with the NHS, patients, and health care professionals since 2005 to develop a scheme to better the attention and results of people with COPD ( DH, 2010 ) . This scheme places a big focal point on the bar and intervention of smoke, every bit good as the importance of supplying patients who have COPD with behavioral support and entree to halt smoke services.

The Department of Health ( 2009 ) have produced counsel on effectual halt smoke services, offering three degrees of behavioral intercession: brief intercessions ( level one ); intensive one-to-one support and advice ( flat two ); and group intercessions ( flat three ) . In footings of degree one, brief intercessions, the National Institute of Clinical Excellent ( NICE ) have published guidelines and recommendations for smoking surcease ( NICE,

2004 ) . Furthermore, old UK counsel has emphasised the importance of offering timeserving, brief advice to promote all tobacco users to discontinue and to signpost them to resources and interventions that might assist them ( West, 2005 ) .

They Department of Health counsel provinces that all tobacco users should be advised to discontinue and asked if they are interested in discontinuing; this is unless there are exceeding fortunes such as other medical conditions that might impede smoking surcease. Those who are interested in discontinuing should so be offered a referral to an intensive, flat two, support service such as NHS Stop Smoking Services. Sarah was referred to the Surrey service and informed of the success rates found for NHS Stop Smoking Services. There is grounds that such services are effectual in the short-run ( 4-weeks ) and the long-run ( 52-weeks ); so, between 13-23 % of successful short-run quitters remain abstentious at 52-weeks ( NICE, 2007 ) .

Approximately 900, 000 people in England and Wales have been diagnosed with COPD (NICE, 2004) and it is the 5th most common cause of decease in the UK, ensuing in over 30, 000 deceases yearly (National Statistics, 2006). By 2020, it is estimated that COPD will be the 3rd most common cause of mortality worldwide (Lopez et al., 2006). Smoke is the largest hazard factor for developing COPD, with 20% of long-run tobacco users finally developing clinically important degrees of the disease and 80% developing lung harm (Garcia-Aymerich et al., 2003). These statistics highlight the urgency of hold oning timeserving wellness publicity and utilising brief

intercession accomplishments to assist present the DH scheme and better the attention and outcomes provided to people with COPD.

Delivering brief timeserving intercessions for smoking surcease requires an attack that does non make defensiveness but develops a patient/provider partnership conductive of the patient doing their ain determinations, with support, as to their life style. Motivational interviewing and consideration of single patient features and traits (i. e. venue of control, phase of preparedness to alter, etc.) provides a method of accomplishing this partnership within limited clip and resources, as is frequently the instance in busy health care environments. Learning the accomplishments within motivational interviewing will add to a healthcare professional 's repertory of techniques for back uping patients through behaviour alteration, as I found in the instance reflected upon within this essay.

### **Action Plan**

The UKCC Code of Professional Conduct (1992) proposes that nurses should ``keep and better her professional cognition and competency." In relation to my ain cognition and competency in timeserving wellness publicity, I have recognised that I need to increase my accomplishments for fostering patient self-efficacy. Patient assurance is cardinal to successful behavior alteration and although I feel satisfied with my attack to Sarah, it would hold been utile to hold possessed a larger repertory of techniques for heightening self-efficacy.

I could besides profit from a greater apprehension of the pathophysiological mechanisms by which smoking causes COPD. Sarah was peculiarly interested in the physiological effects of smoke and whilst I could offer her basic information verbally, I needed to mention to information cusps for more elaborate penetration, which disrupted the 'flow' of conversation.

I have started to research these issues via a hunt of the literature on behavior alteration and wellness publicity. As portion of this hunt, I have come across the construct of 'implementation purpose' (Gollwitzer, 1999). The theory behind this construct is that in order for person to implement a coveted behavior, it is necessary for them to invent a specific program that will increase their purpose to prosecute that behavior (Gollwitzer and Sheeran, 2006). This is an interesting technique that could be integrated into motivational interviewing and wellness publicity via the selfmanagement attention programs presently provided. I intend to research this farther and to discourse it with a superior.

Using Gibb 's brooding theoretical account to construction this history has helped me to recognize my strongest accomplishments and those that require farther development. I will endeavor to take a proactive attack to using this greater penetration into my professional abilities.