

A Decision Aid to Improve Smoking Abstinence for Families Facing Cancer

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Persistent cigarette smoking can compromise cancer treatment by affecting treatment effectiveness and complications, recurrence, risk of secondary malignancy, survival, and health-related quality of life (Browman et al., 2002; Dresler & Gritz, 2001; Mason et al., 2009; McDonnell, Bullock, Hollen, Heath, & Kozower, 2014; Parsons, Daley, Begh, & Aveyard, 2010; Warren, Kasza, Reid, Cummings, & Marshall, 2013). Many individuals diagnosed with cancer have a history of smoking, and many continue to smoke postdiagnosis (Cataldo, Dubey, & Prochaska, 2010; Underwood et al., 2012; Waller, Weaver, Petty, & Miller, 2010). When diagnosed with an acute illness, patients are more likely to comply with advice to stop smoking; however, few stop smoking without assistance, and family members who smoke are major barriers to success (Fiore et al., 2008; Hurt, Ebbert, Hays, & McFadden, 2009; McBride & Ostroff, 2003).

Cancer-related decisions require evaluating complex medical information in short time frames, with unfamiliar providers and in settings that may be far from home. Intense emotions during these situations may affect decision making. A decision aid (DA) improves knowledge, reduces decisional conflict, and results in decisions compatible with one's value system (O'Brien et al., 2009). The decision to stop smoking is difficult; some patients who smoke are unable to stop or repeatedly relapse after trying (Cooley et al., 2009). Targeting household members who smoke through a family-centered cessation plan may reduce a substantial barrier and lower the patient's relapse risk while improving overall family health.

The primary aim of this study was to determine the feasibility of implementing a clinic-based DA for patients scheduled for thoracic surgery and their family members who smoke. Participants were asked to consider three decisions: (a) Should I stop smoking prior to surgery? (b) Should we establish a smoke-free home? and (c) Should I stay smoke-free?

Purpose/Objectives: To test the feasibility of a multidisciplinary, multicomponent, theory-based decision aid.

Design: Prospective, one-group repeated measures.

Setting: Thoracic surgery clinic in a university hospital cancer center in central Virginia.

Sample: 8 dyads, consisting of 16 total participants.

Methods: A multidisciplinary, multicomponent smoking cessation intervention incorporated a theory-based decision aid. Enrollment occurred preoperatively; four face-to-face visits and an exit interview were conducted during six months.

Main Research Variables: Feasibility was evaluated based on four criteria: recruitment, retention, adherence, and acceptability.

Findings: The recruitment rate was 44%, and the retention rate was 100%. Adherence to the intervention and the acceptability of the decision aid were greater for patients than family members. Patients had greater abstinence than family members before surgery and at six months. Exit interview themes included (a) preoperative timing was acceptable and (b) involving household members who smoke was important.

Conclusions: Recruiting male patients and their female partners is feasible. Participants liked convenience, autonomy, and a family approach. Family members wanted more control over cessation timing and a more intensive approach to weight and mental health management. Successful dyads worked together to maintain abstinence.

Implications for Nursing: Oncology nurses can assess patients' and family members' smoking status, facilitate understanding about specific benefits of smoking cessation and the obstacle posed by household smokers, and make referrals to expert resources. Encouraging smoke-free environments is an important step toward reducing secondhand smoke exposure and promoting cessation.

Key Words: thoracic neoplasms; decision aid; tobacco use cessation; family intervention; dyads

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Modeled after "DecisionKEYS for Balancing Choices: Cancer Care," a DA series developed by Hollen et al. (2013) that promotes interactive decision making,