

AUCKLAND UNIVERSITY OF TECHNOLOGY
TE WANANGA ARONUI O TAMAKI MAKAU RAU

Going down the barrel: Nurses respond to patients' voices

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The “big picture” – Access and acceptability

Access to health services is a critical component of decreasing health inequalities (Penchasky & Thomas, 1981)

Dimensions of access

- Availability
- Accessibility
- Accommodation
- Affordability
- **Acceptability**

Acceptability - definition

“All health facilities, goods and services must be respectful of medical ethics and culturally appropriate, as well as sensitive to gender and life-cycle requirements”

(WHO, 2007)

Nursing Council NZ

Code of Conduct

Principle 1

Respect the dignity and individuality of health consumers

- Respect the dignity of health consumers and treat them with kindness and consideration. Identify yourself and your role in their care.
- Listen to health consumers, ask for and respect their views about their health, and respond to their concerns and preferences where practicable
- Work in partnership with the family/whanau of the health consumer
- Treat health consumers as individuals and in a way they consider to be culturally safe
- Practise in a way that respects difference

Surveys

New Zealand Health Survey – Patient Experience

- Most people reported a positive patient experience with the practice nurse they last saw
- Patient experience question about treatment with “respect and dignity” (no specific cultural element)

<http://www.health.govt.nz/publication/patient-experience-2011-12>

IPIF Patient Experience Survey

- “...designed to look at the overarching experience of the whole care system using primary care as a window into this.
- It has a particular concentration of the coordination and integration of care, rather than considering the last visit to a GP's surgery.

<http://www.hiirc.org.nz/page/54735/integrated-performance-and-incentive-framework/?tab=7380&contentType=2520§ion=35484>

Health Quality and Safety Commission of NZ “Patient Experience Survey” (June 2014)

- Currently hospital in-patients only
- “Was cultural support available when you needed it?”

<http://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/PR/patient-experience-methodology-and-procedures-Jul-2014.pdf>

A Plunket nurse talks about a Chinese mother and her baby

Mary

“But a lot of the Chinese and Indian women come, and their mother and mother in-law come and I’ve noticed, particularly with the Chinese, Grandma takes over the baby.

She sleeps with the baby at night, she carries the baby all day, and then at six months or nine months her visa is up.

She goes back to China and Mother is left with a baby she doesn’t know.

Because this child had been carried for nine months, and you cannot tell a Chinese grandmother to put the baby in the bed and let the baby cry.”

DeSouza, 2013

Smoking in pregnancy

Tobacco use - the only risk factor common to **all four major NCDs**



	Tobacco Use	Unhealthy Diets	Physical Inactivity	Harmful Use of Alcohol
Cardio-vascular	✓	✓	✓	✓
Diabetes	✓	✓	✓	✓
Cancer	✓	✓	✓	✓
Chronic Respiratory	✓			

Political
will

National smoking
cessation guidelines

National training

Government
health target

Health
professionals
prescribe NRT

Advocacy

Systems: recording
reporting auditing

Maori Affairs
Select
Committee



Background work

Three consultation meetings in 2012

Location

South Auckland, North Auckland, Wellington

Participants

Smokefree coordinators who are nurses
Nurse lecturers
Nurse educators in DHBs

Results

ABC is often a tick box exercise

Recommendation

Culture change including in Schools of Nursing

Resource development for cessation

Local – by health setting

Workforce and population
specific

Constantly evolving



Opportunities for innovation

Innovative project outline

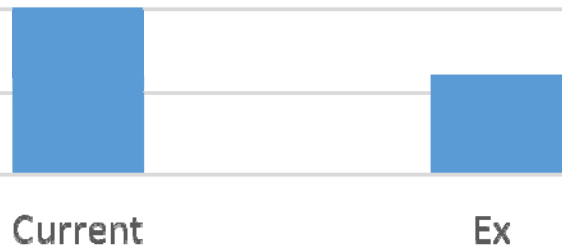
- **Aim** - To increase the effectiveness of interventions delivered to smokers by tapping into key nursing principles
- **Target audience** -
 - Primary: Practice nurses
 - Secondary: Smokers
- **Method** – Multi-media campaign **based on the voices of smokers**



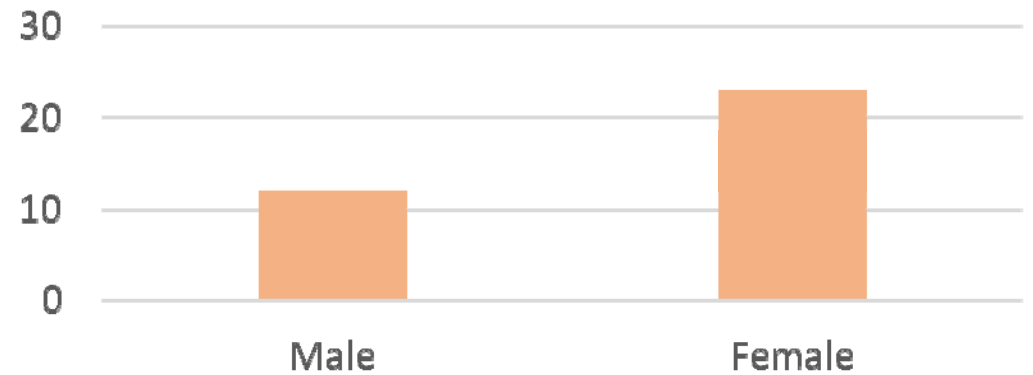
Five focus groups with smokers



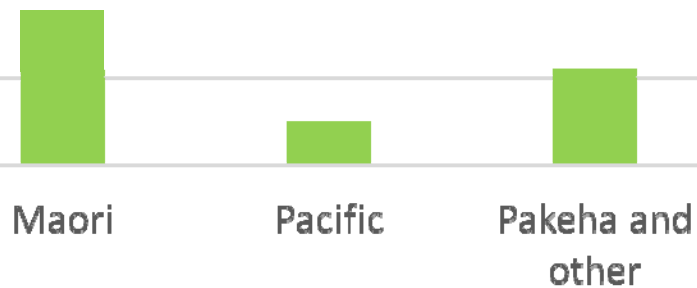
Smoking status



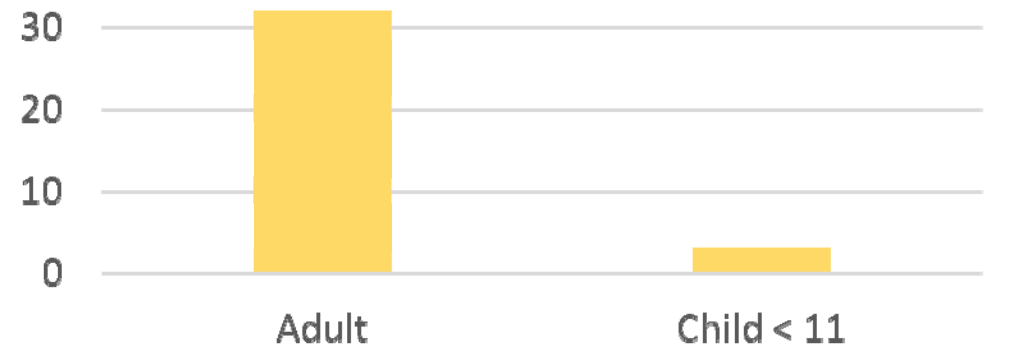
Gender



Ethnicity



Age



Be forceful

Explain - tell us how



Treat us like individuals



Family

Come on our journey;
don't judge us

More time with Dad





My doctor knows all
about me

Nurses know a lot



Support



What smokers really want



Process evaluation 1

- Six short practice focused videos featuring
 - Four real nurses at work
 - Four real patients
- Internet campaign
- Presentations
- Provide resources to Schools of Nursing





UNDERSTANDING SMOKERS' 'REAL' NEEDS



SMOKEFR
NURSES



TREAT
US LIKE
WHĀNAU
[FAMILY]



EVERY
NURSE
EVERY
PERSON



whatsmokersreallywant.co.nz

Process Evaluation 2

Uptake

- Procare
- ED TV Northland
- Stop smoking education providers
- Heart Foundation training
- Website hits
- More but NOT ENOUGH!!!

Online continuing professional development One hour for nurses



PROUDLY
SUPPORTED BY



This is to certify that Grace Wong participated in one hour of professional development* to support brief smoking cessation interventions in practice.

**The professional development comprised watching videos about nursing practice to address patients' smoking cessation needs and answering questions about this.*

Hours: 1 hour

A handwritten signature in black ink that reads "Grace Wong".

Grace Wong PhD, RCpN
Director Smokefree Nurses Aotearoa/New Zealand
Senior Lecturer, Nursing
Auckland University of Technology

Date: Thursday, April 30, 2015

www.whatsmokersreallywant.co.nz



Direct marketing campaign for practice nurses in locations > 15% smoking prevalence

- Couriered packs addressed to the “Nurse Team Leader”
- Over 800 GP practices
- Practices include
 - Prisons
 - Military
 - Urban
 - Rural eg Rawene; Winton; Bulls; Te Anau; Ngatea; Amberly; Ruakaka



Independent evaluation

Evaluator: Jodie Robertson, Director – Te Raukura Rangahau

Evaluation question:

- Were the objectives and outcomes of the campaign were met?

Evaluation methods

- Record review
- Process evaluations
- Telephone survey GP staff (n=100)
- Focus groups and individual interviews (key stakeholders)
- General evaluation survey (HPA Symposium attendees; Māori/ Pacific Tobacco Control Workforce [via email listserve]; 2025 Target Group [via email listserve]; and smoking cessation/ nursing workforce upon request)
- Media monitoring

Evaluation key results

Increased GP clinic staff awareness;

Majority of participants want to change their approach;

Some surprise in hearing that smokers want to be offered help to quit;

Participant exposure limited, unless at Campaign presentations /discussion

Once exposed to the Campaign, highly regarded by the majority;

- The majority of participants found content, informative and useful.
- Two-thirds of participants were able to recall key Campaign messages.
- Most popular :
 - 'think with your heart'
 - 'please share our journey';
- The majority were encouraged to reflect on their professional practice. BUT 30% decline in participants reporting changes in the behaviour;

Evaluation recommendations

- Campaign for General Practitioners;
- Increase the exposure of the Campaign to smokers and whānau
- Resources for smokers and whānau, about what to expect from health professionals
- Explore access to the videos if limited digital capacity;
- Provide information on regional smoking cessation services to assist patient referral.

Enhance your portfolio

Free continuing professional development

- a. New ABC training learnonline.health.nz (MoH 2014)



- One hour
- Engage
- Do quiz

- b. What Smokers *Really* Want CPD (Smokefree Nurses, 2015)



- One hour
- Watch videos
- Do quiz

What's happened?

- Bjorn

- Mya



- Vicki

- Lili

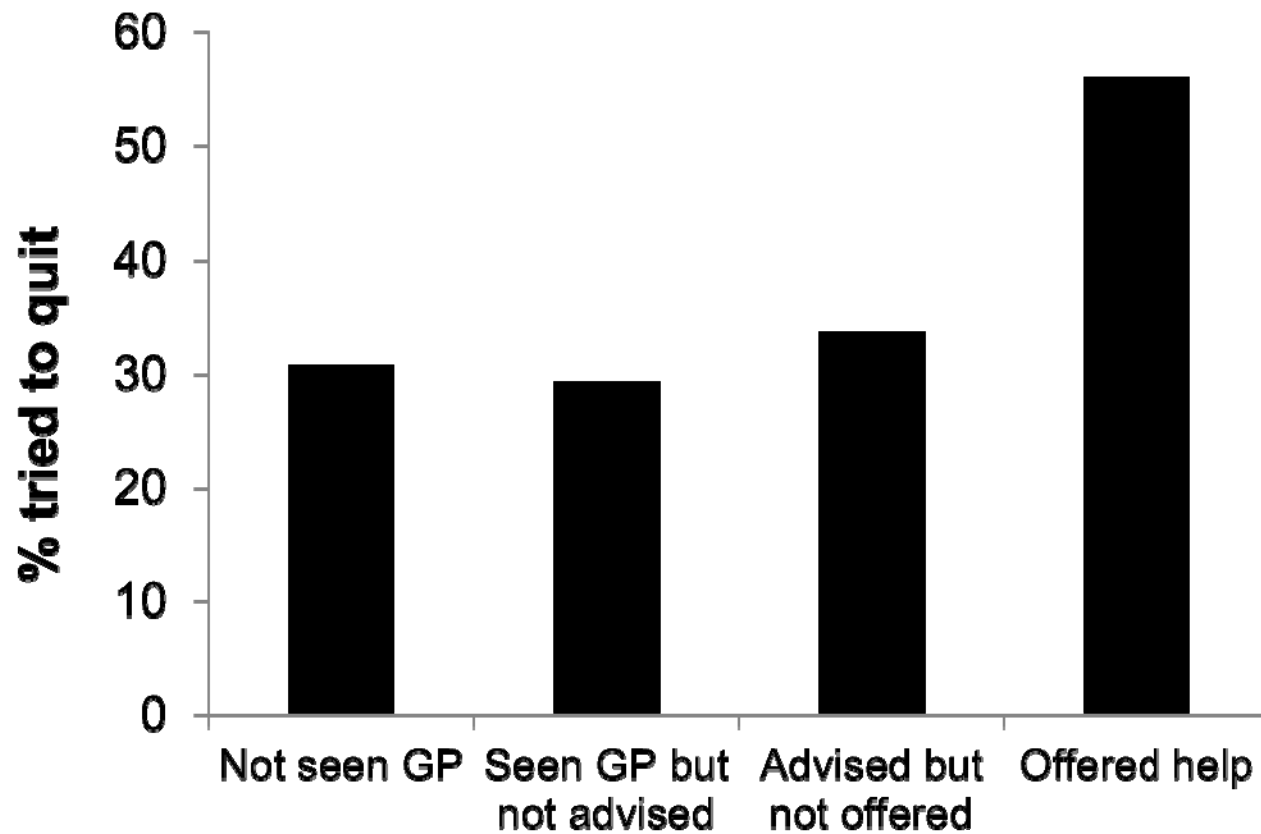




AOTEAROA
NEW ZEALAND
2025

It's the offer of support that's important!

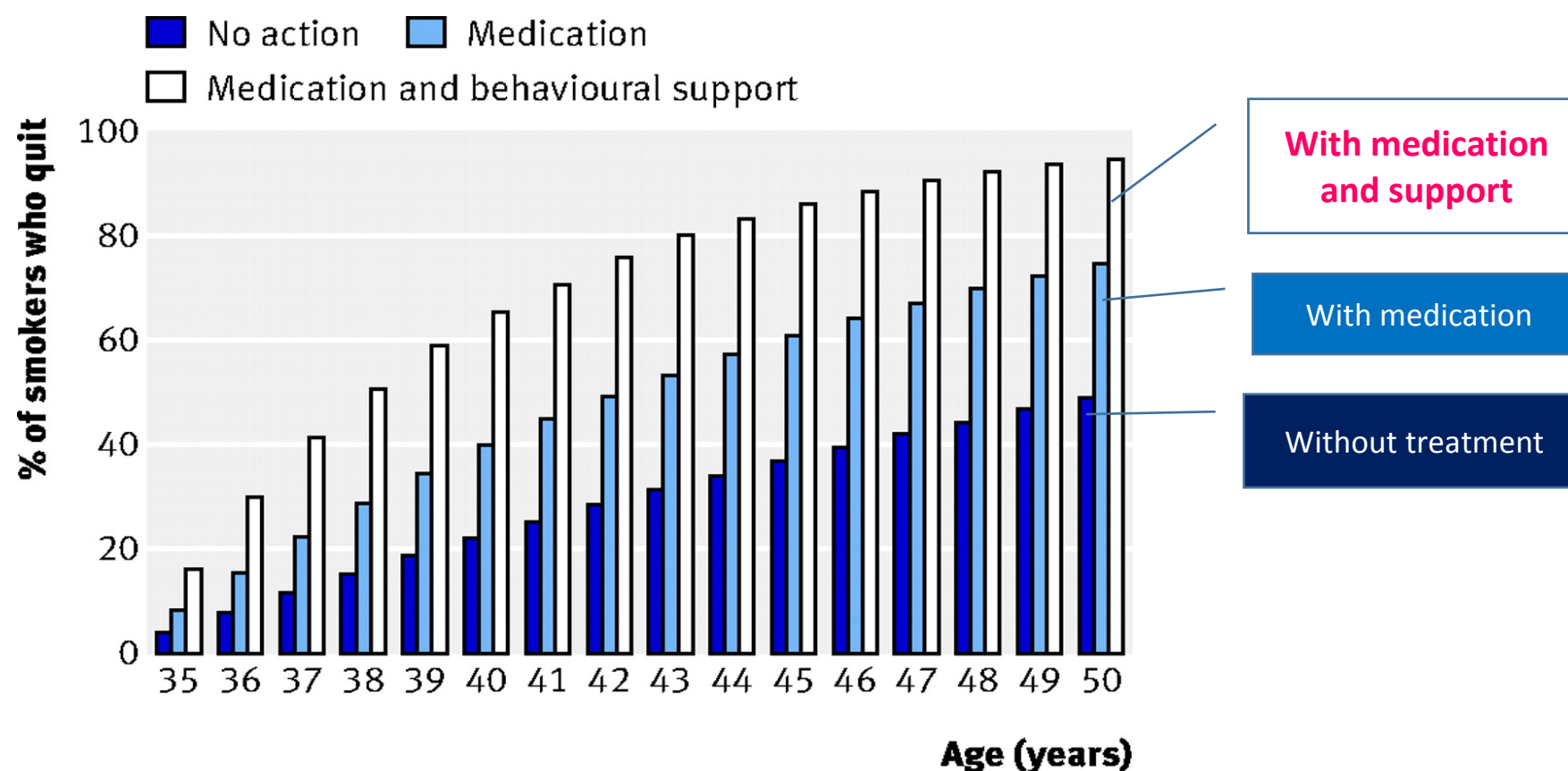
The offer of support changes behaviour



Source: www.rjwest.co.uk - Smoking Toolkit Study

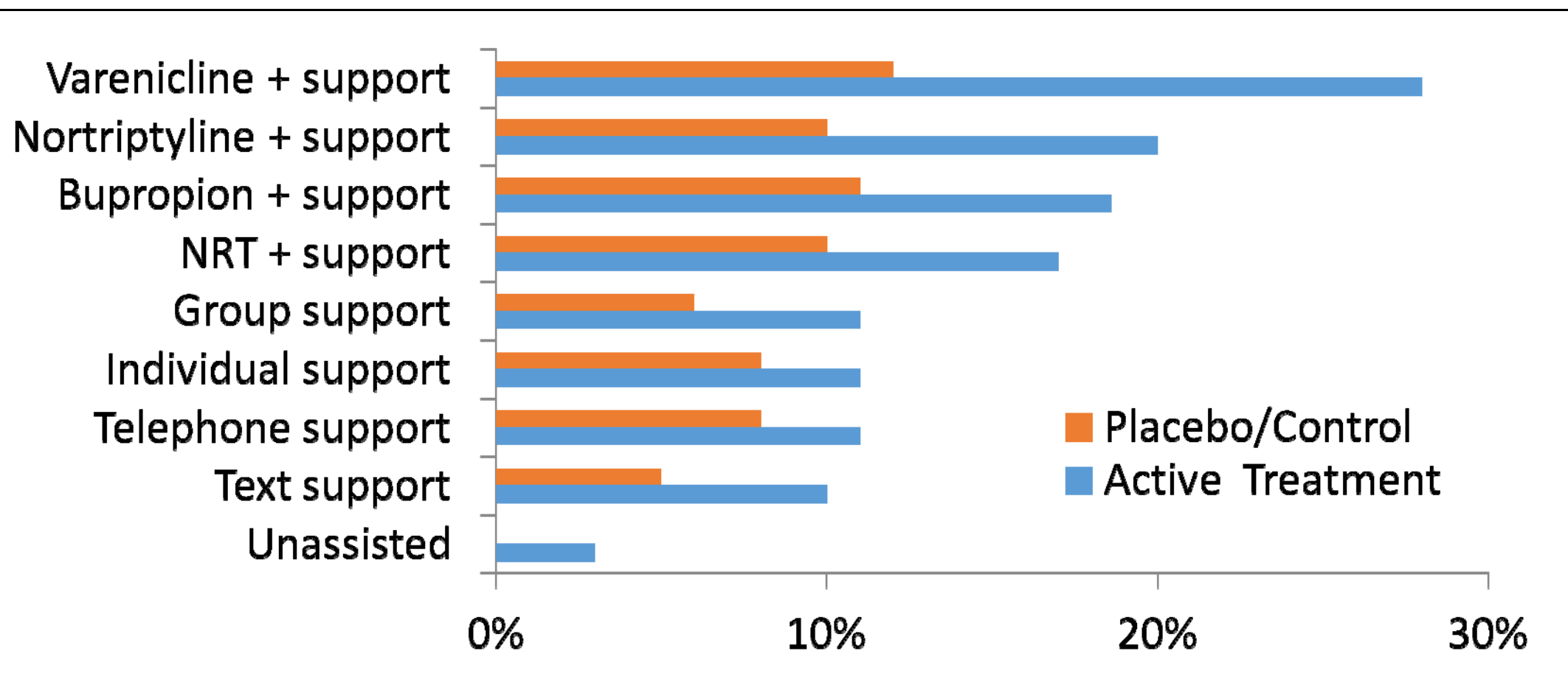
The most effective support

Cumulative chances of quitting over time when making one quit attempt per year with and without cessation treatment



The most effective combination of medication and support

Long term abstinence rates (> 6 months) by treatment



Unassisted quit rate estimated to be 3% at 12 months; Abstinence rates estimated using data from the Cochrane Library of Systematic Reviews

Cessation support options for patients

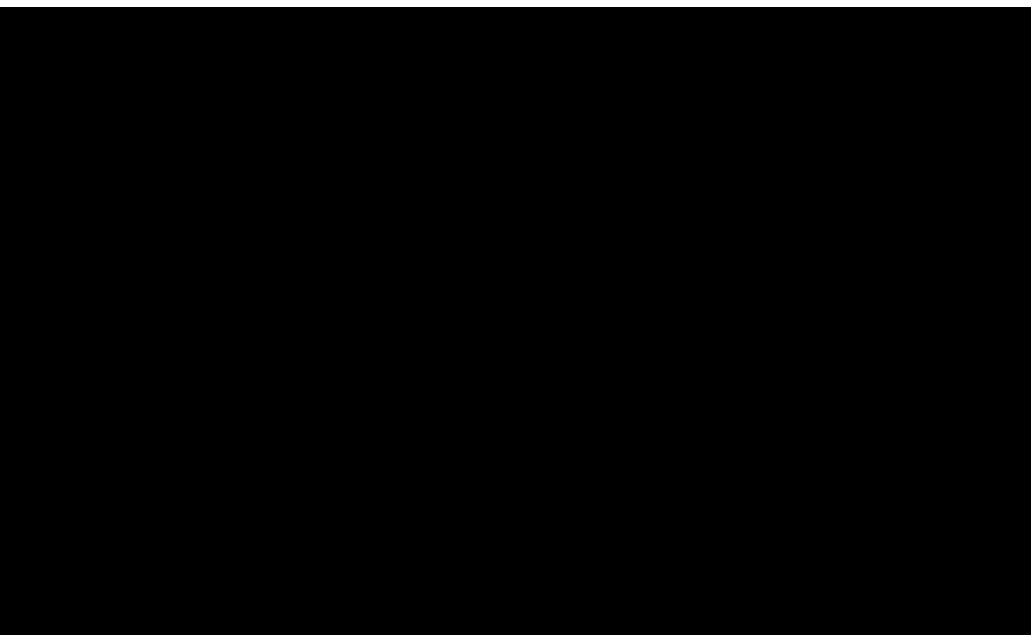
NurseChampions Innov8Smokefree
Champix
HeartFoundation NRT Group DHB
Phone WERO Texts bupropion
Pacific Unlit Asian
Quitline QuitBus AukatiKaiPaipa
CareConnect
PracticeNurses
Pregnancy Stoptober
nortriptyline

What can primary health care nurses do?

- Who decides?
- Setting a quit date
- Following up

Talking about medication

nurses: Nicotine replacement therapy



Refer to GP/nurse practitioner:

Varenicline

Nortriptyline

Bupropion

Add
support!



Refer to Quitline – phone, email, text, blogs

Support
&
Education



Work with Aukati Kai Paipa

Support
&
Education



Support Pacific Services

Support
&
Publication



Add phone & text support

- Proactive calling

- One study – small increase in abstinence in intervention group vs usual care

Fu et al (2014) JAMA Internal Medicine 174(5): 671-677

- Mobile phone support

- Simple and low cost intervention
 - Mobile phone coverage is generally high, even within lower socioeconomic groups
 - Cochrane review – pooled results from 5 studies favour intervention

(Whittaker, McRobbie et al. Cochrane Database of Systematic Reviews 2012, Issue 11. Art. No.: CD006611)

- iQuit – texts

(Naughton et al. Addiction (2014) 109, 1184-1193)

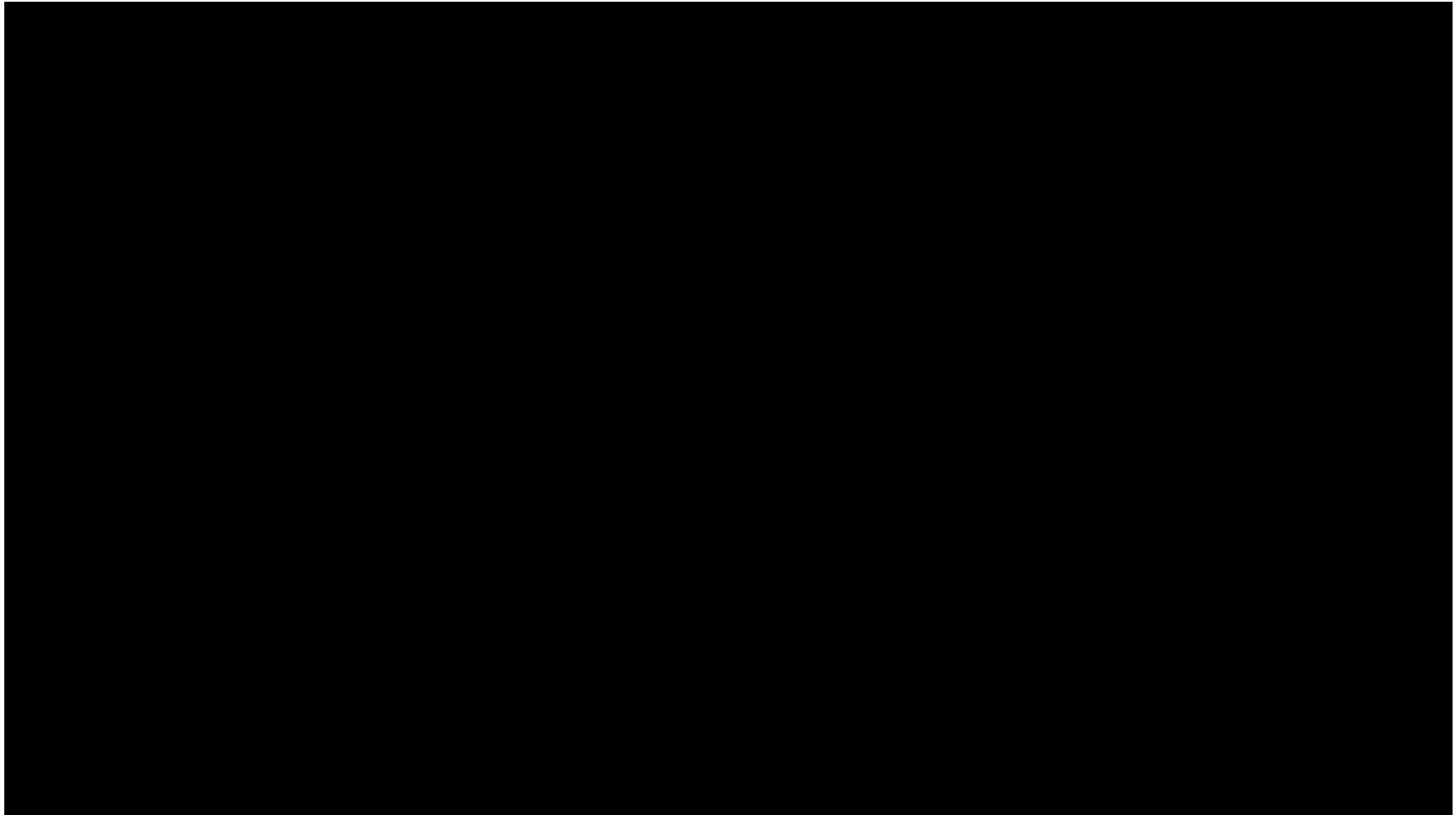
- Interactive voice recognition

- New technology

(Rigotti et al (2014) JAMA 312(7): 719-728)

Consider group-based treatment

Support
&
Indication



How effective is group-based treatment?

Cochrane Review (Stead LF, Lancaster T. 2005)

More effective than no support.

More effective than self-help materials without face-to-face instruction & group support.

Chances of quitting approximately double.

New Zealand

Combined CO validated data from five providers (n=53)

Set quit date	4 week abstinence	3 month abstinence
45	62%	44%



Session 7

- Celebration success of those who have
QUIT!!!
- Not a single puff
- On going support
- Buddy system support
- PROMISES!!!

Remember what is important to patients

