

## DIFFICULTIES FACED BY PSYCHIATRIC PATIENTS WHILE TRYING TO QUIT SMOKING DIFICULDADES ENFRENTADAS POR PACIENTES PSIQUIÁTRICOS AO TENTAREM PARAR DE FUMAR LAS DIFICULTADES QUE ENFRENTAN LOS PACIENTES PSIQUIÁTRICOS PARA DEJAR DE FUMAR

Renata Marques de Oliveira <sup>1</sup>  
Antonia Regina Ferreira Furegato <sup>2</sup>

<sup>1</sup> RN. PhD student in Psychiatric Nursing. University of São Paulo – USP, Nursing School of Ribeirão Preto – EERP, Graduate Program in Psychiatry Nursing. Ribeirão Preto, SP – Brazil.

<sup>2</sup> RN. PhD. Full Senior Professor. USP/EERP, Department of Psychiatric Nursing. Ribeirão Preto, SP – Brazil.

Corresponding author: Renata Marques de Oliveira. E-mail: renatamarques@ymail.com

Submitted on: 2015/08/04

Approved on: 2016/04/12

### ABSTRACT

**Objective:** to identify the perception of psychiatric patients who are smokers about the difficulties faced when trying to quit smoking, as well as their opinion about the role of nurses in this process. **Method:** An exploratory study was carried out with 96 psychiatric patients hospitalized in a psychiatric ward. All patients answered an individual interview with open questions. Thematic content analysis was applied. **Results:** among the difficulties encountered, the lack of support and coercive attitudes of professionals, resistance to seek help (sign of weakness), contact with smoking professionals and family member and limitations of programs against tobacco use (lack of information, delayed initiation of treatment, lack of specific drugs) stand out. **Conclusion:** through comprehensive and humanizing attitudes, nurses are fundamental to welcome and encourage psychiatric patients to control the use of tobacco.

**Keywords:** Tobacco Use Cessation; Mental Disorders; Mental Health; Psychiatric Nursing.

### RESUMO

**Objetivo:** identificar a percepção de pacientes psiquiátricos fumantes sobre as dificuldades enfrentadas ao tentarem parar de fumar, assim como a opinião sobre a atuação da enfermagem nesse processo. **Método:** estudo exploratório com 96 fumantes internados em enfermaria psiquiátrica. Entrevistas individuais com questões abertas. Análise temática de conteúdo. **Resultados:** entre as dificuldades enfrentadas, destacam-se a falta de apoio e atitudes coercivas dos profissionais, resistência em procurar ajuda (sinal de fraqueza), convívio com profissionais e familiares fumantes e limitações nos programas contra o tabagismo (falta de informações, demora para início do tratamento, indisponibilidade de medicamentos específicos). **Conclusão:** por meio de atitudes compreensivas e humanizadoras, o enfermeiro é peça-chave para acolher e incentivar o paciente psiquiátrico no controle do tabagismo.

**Palavras-chave:** Abandono do Uso de Tabaco; Transtornos Mentais; Saúde Mental; Enfermagem Psiquiátrica.

### RESUMEN

El presente estudio busca identificar la percepción de pacientes psiquiátricos fumadores sobre las dificultades que enfrentan para dejar de fumar y su opinión sobre la conducta de los enfermeros en el proceso. Se trata de un estudio exploratorio con 96 fumadores internados en la enfermería psiquiátrica. Entrevistas individuales con cuestiones abiertas. Análisis temático del contenido. Entre las dificultades se destaca la falta de apoyo y actitudes coercitivas de los profesionales, la resistencia en buscar ayuda (señal de debilidad), la convivencia con profesionales y familiares fumadores y las limitaciones en los programas contra el tabaquismo (la falta de información, la demora para iniciar el tratamiento, la falta de disponibilidad de fármacos específicos). A través de actitudes comprensivas y humanizantes, el enfermero es la pieza clave para acoger e incentivar al paciente psiquiátrico a controlar el tabaquismo.

**Palabras clave:** Cese del Uso de Tabaco; Trastornos Mentales; Salud Mental; Enfermería Psiquiátrica.

---

#### How to cite this article:

Oliveira RM, Furegato ARF. Difficulties faced by psychiatric patients while trying to quit smoking. REME - Rev Min Enferm. 2016;

[Cited \_\_\_\_\_]; 20:e945. Available from: \_\_\_\_\_ DOI: 10.5935/1415-2762.20160015

## INTRODUCTION

The use of tobacco by psychiatric patients is a serious public health problem. The life expectancy of these people is 25 years in average less than the general population, and smoking is a major contributor.<sup>1,2</sup>

The prevalence of tobacco use among psychiatric patients is twice that found in other population groups. The high prevalence, coupled with the failure they often have when trying to quit smoking, justify mortality rates and show the urgency for public health interventions.<sup>2-4</sup>

Quit smoking is a personal choice and is part of a process of trials, in which relapses are possible. About two-thirds of psychiatric patients wish to quit smoking, but only 3% are capable of maintaining abstinence without professional help.<sup>1,5,6</sup>

Review published by the Cochrane showed that nursing interventions for cessation of tobacco use are effective. The challenge is to integrate them into daily activities of nurses.<sup>7</sup>

A brief intervention protocol ("5 A's") has been published for nurses to talk about smoking with their patients. It is extended for those professionals that, like nursing professionals, serve large numbers of patients with short time for individual contact.

There are five actions in the protocol: a) ask about smoking (*Ask*); b) advise about stop smoking (*Advise*); c) assess how determined is the person to discontinue smoking – readiness to change (*Assess*); d) offer help (*Assist*); e) organize/plan monitoring (*Arrange*).<sup>1,8</sup>

Carl Rogers defined the listening as an important resource to encourage change.<sup>9</sup> Given the need to encourage nurses to make interventions against smoking part of their daily actions, the first step of the "5 A's" will be implemented in this study. Thus, the opportunity to speak and, more importantly, to reflect on the process of quitting smoking will be offered to people with mental disorders.

This study was based on the questions: a) what difficulties psychiatric patients face when they aim to stop smoking? b) how they perceive the role of nursing staff in this process?

The goal was to identify the perception that smoking psychiatric patients have about the difficulties faced when discontinuing the use of tobacco, as well as their opinion about the role of the nursing team in this process.

## METHOD

Qualitative exploratory study with psychiatric patients hospitalized in the psychiatric ward of a general public hospital in the countryside of São Paulo. At the time of data collection, the infirmary had 18 beds for acute patients (percentage of occupancy: 83.3%, average length of stay: 16 days).

This study is part of a project that uses quantitative and qualitative methods to investigate the use of tobacco by psy-

chiatric patients and the participation of nursing in the process of discontinuation of the use of tobacco.

The portion presented here, driven from the qualitative approach, used the same simple random probability sample estimated for the larger project. Thus, 96 people (estimated from a precision of 95% and maximum 10% error) participated in the study.

Data collection took place between August 2010 and February 2012 and was completed when the sample size was achieved. Inclusion criteria: being hospitalized in the psychiatric ward, being smoker, and accept to take part in the study. Exclusion criteria: ≤ 15 years of age; mental retardation; impossibility of verbal communication.

The study was approved by the Research Ethics Committee (EERP/USP 1173/2010), according to the Resolution 196/96 of the Ministry of Health. After accepting to participate in the study, the patients signed two copies of the Informed Consent (IC).

Patients who met the inclusion criteria were invited to participate in the study.

Interviews were conducted based on an Instrument for Identification of Smokers in Psychiatric Unit of the General Hospital (ISPU), developed by the researchers. This instrument consists of sociodemographic and clinical variables, as well as open questions on different issues related to the use of tobacco by the psychiatric population. This instrument for data collections was not validated, because this is an exploratory/descriptive instrument and not a measurement instrument.

For the present study, we used 10 variables of the ISPU and two open questions. Variables: sex; age; marital status; level of education; diagnosis; time of diagnosis; time since start smoking; number of cigarettes per day; attempts to quit smoking; and self-efficacy. Questions:

- a. what difficulties do you face when you think about quitting?;
- b. what is the nursing team doing to help you?

The interviews were conducted by one of the researchers, individually, in a ward office. The reports were recorded and transcribed and their contents subjected to thematic analysis:

- a. reading;
- b. identification of the units of meanings;
- c. identification of themes;
- d. definition of categories;
- e. discussion of the results<sup>10</sup>

## RESULTS

Results will be presented in two topics:

- a. characterization of participants;
- b. thematic analysis.

## A) CHARACTERIZATION OF PARTICIPANTS

During the period of data collection, 443 patients were admitted in the psychiatric ward. Among these, 337 did not participate in the study because they were non-smokers (n = 174), were less than 15 years old (n = 38), were diagnosed with mental retardation (n = 18), demonstrated difficulty in communicating (n = 35), declined the invitation (n = 32) or were discharged before that the interview could be performed (n = 40).

Most of the 96 participants were women (61.5%) with mean age of 38 years, range from 15 to 69 years, 44% were single, 53% had completed primary school. In every 10 patients, eight are diagnosed with severe mental disorders (schizophrenia, mood disorders and personality disorders) and five were diagnosed less than four years ago.

Table 1 presents information on the history and current use of tobacco.

Table 1 - Characterization of patients of the psychiatric ward for tobacco use – Marília/SP, 2012

Variables		%
For how long has been smoker	≥ 21 years	52
Number of cigarettes smoked daily	≥ 11 cigarettes	75
Do you feel able to quit (self-efficacy)?	Yes	56
Have you tried to quit smoking?	Yes	84
Average number of attempts throughout life	3,5	

## B) THEMATIC ANALYSIS

Two themes that portray the difficulties of psychiatric patients to discontinue the use of tobacco and their perception of nursing interventions were identified.

### 1) DIFFICULTIES FACED BY PSYCHIATRIC PATIENTS WHEN THEY THINK ABOUT QUITTING

The main difficulty that psychiatric patients reported to face when trying to discontinue the use of tobacco was the lack of support from health professionals. Almost half of the participants said not to feel supported by the psychiatric ward staff and the staff of other health services (ambulatory, health centers, among others).

*"Oh, they [health center professionals] never say anything. Just a teeny sign there: 'Smoking is forbidden!' I do not know why they do not support" (F34).*

*"The doctor [from the psychiatric ward] did not ask if I smoke. No comment about if I smoked, if I wanted to continue smoking or not (F86). I went to the cardiologist and he didn't even ask if I smoke" (F92).*

Complementing these lines, two participants complained about the lack of action against smoking. The first report suggests that the person felt neglected by the professional.

*"The employees [from the psychiatric ward] just take the cigarette for us. I think a very bad thing not talking about smoking. I think they don't talk because 'They don't give anything for me!' Do you want to kill yourself? Well, kill yourself'. It gives that impression" (F60).*

*"I think doctors should give a warning: 'Oh, your problem is serious. You should quit smoking because it is causing you damage'. I'll ask him [the doctor], 'Why did you never warn me, doctor?' " (F69).*

In addition to the contempt that some may feel neglected due to lack of intervention, five participants reported that in the few times they talked to a professional about the use of tobacco, they felt intolerance from professionals and heard offensive speeches.

*"I know a doctor who said, 'there is no remedy to stop smoking. The only remedy to stop smoking, do you what it is? Shame in the face" (F33).*

*"Professionals say that smoking is harmful, that I'm going to die. They speak offending us, we feel like running away from them. Instead of giving support, they offend" (F91).*

Consistent with the above reports, one participant said that a doctor used threats to try to convince him to stop smoking.

*"The vascular doctor said 'stop smoking, because I have cut a lot of legs, and cut one more will costs me nothing!' It is blunt and rude. It is a threat, not support" (F67).*

The lack of support was seen in the very service in which the study was conducted. It was found that six participants were under tobacco abstinence during the current hospital admission, but the staff did not know they were smokers.

*"I'm not smoking. My mother would bring cigarette and I asked her not to bring. I'm trying [to stop smoking] by myself. I'm feeling a desire to smoke that you have no idea! They [professionals] do not even know that I'm trying to quit" (F36).*

*"It has 15 days that I've stopped smoking. The cigarette is still in my blood. I still feel like smoking. The staff [staff of the ward] does not know that I'm not smoking for 15 days" (F83).*

Besides the smokers who were in abstinence, three participants started smoking during the current hospitalization.

*"Here was a surprise, 'Wow! Do you smoke? They do not know that I did not smoke and started to smoke here. When I would ask for cigarette they just asked my name and the cigarette brand" (F11).*

A participant who started smoking during hospitalization said that she started to relieve anxiety and that this occurred with the consent of a nursing professional.

*"I asked a cigarette because I was anxious. One patient said that the cigarette soothed her. I asked the nurse cigarette and she said, 'I'll give it to you just today, huh?'. She told me to go into the bathroom, close the door and I smoked. I found in cigarette what I cannot find in professionals" (F41).*

Cigarette smoking in an attempt to relieve psychiatric symptoms is a strategy also used by two ex-smokers that restarted smoking during the present hospitalization.

*"I was stressed out! I went back smoking last night. I'll smoke just for these times [during hospitalization]. I'm here smoking just because a bit crazy" (F15). "I went back to smoking because of this stress. I went back to smoke to feel better, to pass the time. I asked [cigarette] for the nurse. They did not investigate [if I was a smoker or not" (F48).*

The connivance of nursing professionals with smoking in the infirmary of this study seems to have been inherited from the smoking culture in psychiatric hospitals. Among participants, 15 who have been admitted to these institutions before said that smoking is encouraged.

*"They [professionals] light a cigarette for the patient. They encourage smoking, they themselves give cigarette for the patient" (F4).*

*"There, cigarettes are released and if they are banned, nurses even find it a bad thing. There, the thing is to give the pack and let it roll" (F53).*

Apparently inspired by these professionals, family members encouraged patients to smoke at home, increasing the difficulty for these people to stop smoking.

*"My father understands that I need cigarette because of addiction, so he buys a pack for me. It is not because of omission, it is love" (F27).*

*"I would like to quit, but my mother sees that is missing [cigarette], and she goes and buy" (F87).*

The incentive to tobacco use in psychiatric hospitals can be a consequence of the fact that many nursing professionals are smokers. One participant said that although he had wanted to quit while admitted to the mental hospital, he could not make it due to the presence of professionals who were smokers.

*"In the mental hospital, I saw nurses smoking and said: 'Geez, Jesus!'. I wanted to stop, but I would see them smoking and I would feel like smoking too" (T65).*

Smoking by health professionals goes beyond psychiatric hospitals. Cigarette smoking by professionals from other services and the inconsistency between words and attitudes of these professionals was mentioned by 10 participants.

*"The E. [nursing assistant] was smoking. Then he said, 'Why don't you stop smoking?'. I was surprised: 'He smokes' I thought, 'If he is smoking, why can we not smoke?' " (F39).*

*"They tell us to quit. The nurse told me to stop, but he smokes!" (F90).*

In some reports, you can see that living with smoking professionals discourage participants to take the decision to quit smoking and to seek help.

*"They hide their packet of M ..... , they go to assist the patient and say the patient that he can not smoke. This takes away motivation. I said once, 'Doctor, let's quit together' " (F60).*

*"Medical help, I would not seek. There is a doctor who smokes" (F65).*

Three participants perceived that professionals who were smokers were the ones who less oriented on the dangers of tobacco.

*"Nurses who do not smoke think that smoking kills. Those who smoke are not against it, of course! Every*

*time they give one [the cigarette], they say, 'it's time to stop, right?' (F8).*

*"Nobody talks about the cigarette. Do not talk because most of them [professionals] smoke. The assistants say, 'Gee, there comes smokers!', but they themselves also smoke" (F78).*

*"They do not talk about cigarette. Here there are many employees who smoke" (F91).*

The F91 participant completed his report by saying that, for him, it is advantageous to have professionals who are smokers because with these professionals he finds it easier to get permission to smoke during hospitalization.

*"To tell the truth, I was even cheerful [when he discovered that professionals smoked] because if he smokes, I can also smoke. Just call him and go. Seeing the professional smoking the way I smoke, it comforts me" (F91).*

Contrary to the above, four participants are against professionals who smoke in the hospital. They said that they should give good examples.

*"They smoke here. They have to set an example. If the patient can not smoke, a professional should not be smoking next to us" (F39).*

*"The E. [nursing assistant] smokes. He should set a good example, right?" (F65).*

One difficulty that psychiatric patients faced while trying to quit using tobacco was the resistance to seek help, what may be the result of coercive attitudes of some professionals, such as those already mentioned. Furthermore, 39 participants stated that they would not seek help to try to stop smoking. The reports suggest that seeking treatment is seen as a sign of weakness.

*"I would not seek help because, in addictions, we are the ones who help ourselves. What difference would make if I look for help from you, hear a word from you, if the taste, the taste and the desire to smoke is inside of me?" (F20).*

*"I would stop by myself because if I learned to smoke, I have to see if I can unlearn" (F21).*

Another difficulty that psychiatric patients faced may be one of the reasons why they resisted to seek professional help. It is about the lack of information on the treatments available in the city. Among participants, 30 did not know where to seek help if they decided to do it.

*"Lack of knowledge and help. I have no idea about where to turn" (F27).*

*"I know there is a program, but I do not know where, how or when. It's something I still have to ask, ask for information" (F30).*

*"I would seek [help] for sure! From the Man up there because down here, it's hard, you know?" (T33).*

Those who knew where to look for help were not free from difficulties. Three complained about the delay of the start of treatment.

*"I'm waiting for professional help, but is taking too long! I'm waiting for a year, there are 150 people in front of me in the line. when my turn comes, I will have died" (F60).*

*"There's a phone number in the cigarette box, but it's a joke, it does not work, '0800, do you want to quit smoking? Wait one minute' There you stay waiting... 'I'll transfer you to someone else, just another minute' That goes for hours. You end up giving up by fatigue" (F32).*

The financial difficulty to keep the treatment was also present in the accounts of seven participants who knew where to look for professional help.

*"I thought it was cool [smokers group CAPS-ad], but they did not have medication to give. We had to buy it. I have no money to buy. I left the group before ending. What would I do there?" (F14).*

*"When supplies are missing [adhesive, medicine] it's totally demotivating" (F28).*

One last difficulty mentioned by six participants to maintain abstinence was to live with smoking family members; 92 participants said that there were other smokers in the family.

*"For me, it is difficult to quit smoking because my house has cigarette. Instead of them [family members] help me to stop, they help me to smoke!" (F59).*



## 2) THE ROLE OF NURSING STAFF

Although one of the main difficulties that psychiatric patients had to discontinue the use of tobacco was the lack of support from health professionals, the few professionals who performed some type of intervention were from the nursing staff.

*"The doctors here have never talked about smoking, it is more the nursing staff" (F8).*

*"It is the nursing professionals, really. The doctor only asked if I smoked and said it is good to quit, he did not guide about how to do it, did not offer help" (F22).*

The privileged position of nursing (more time and proximity with patients) was highlighted by seven participants, what allowed them to talk about smoking and provide guidance.

*"I think nurses talk about cigarettes more often because they spend more time with us" (T21).*

*"It's the nursing staff that addresses smoking because we have more contact with them" (T44).*

*"The nurse find it nice [intention to quit smoking], told me to try. I talked to her because they are closer to us, right?" (T47).*

Among the participants, five highlighted features that they valued in the nursing staff and that were an aid to encourage them to try to quit smoking: good humor, compliments (appreciation of the attempts to stop smoking) and concern (caring for the patient).

*"Oh, they are to be congratulated! When we go to ask the cigarette they get like this, so so, but when we do not want to smoke, they say they are happy with us. That's nursing" (F64).*

*"I promised the nurses that I will leave here without cigarette. This conversation started with jokes. Nurses praised me. I only received compliments. They [nursing professionals] favor us to quit smoking, I notice because of them commending me" (F44).*

*"The profession of nursing is very good, you care about the patients. This for itself is a help to quit smoking" (F87).*

## DISCUSSION

The reports presented here showed several difficulties faced by psychiatric patients when they think or try to quit

smoking. The lack of support from professional staff was the main difficulty reported.

Consistent with the results of this research, Scottish study of 27 people with mental disorders and 54 health professionals found that patients perceive the lack of professional support as a barrier to discontinue the use of tobacco. Professionals, in turn, said they do not believe it is their role to intervene in smoking.<sup>11</sup>

Similarly, research conducted in the UK with 585 nurses who are specialist in mental health showed that although most believe that the person with severe mental illness should be encouraged to stop smoking, half do not believe that providing help is their function.<sup>12</sup>

The lack of support is explicit when observing that some study participants started smoking during the current hospitalization, and one of them took this decision after being guided by a smoker patient.

Considering the seriousness of smoking for people with mental disorders (worsening of symptoms, change of medication therapy, development of intense physical and psychological dependence, physical health commitment with high rates of early mortality), the action of allowing or encouraging them to start smoking in a protected environment, such as hospitalization, is contrary to the precepts of professional education and health-promotion.

The code of ethics of nursing professionals states that "nursing is a profession committed to health".<sup>13</sup> Therefore, it is not acceptable that professionals be complicit with the onset of smoking while the patient is under their care and responsibility during hospitalization.

While recognizing the right to autonomy of the patient, it should be considered that, at the time of psychiatric outbreak, the patient is unable to decide whether or not to start smoking. All efforts should be made to prevent the patient from starting to smoke during hospitalization.

These efforts are possible, as one participant who began smoking in current hospitalization reports that he sought in cigarette what he did not find in professionals, corroborating the statement of scholars<sup>14</sup> that cigarette supplies what is lacking in human interactions. Brazilian research revealed that people with mental disorders see tobacco use as a support to deal with the difficulties of living with other patients during psychiatric hospitalization.<sup>15</sup>

Another indication of the weakness of the service is that ex-smokers went back to smoking in the hospital and patients who have decided to quit smoking during their stay in the hospital did not have the initiative recognized by professionals, despite the symptoms of nicotine withdrawal that they began to show.

Aiming to assist in nursing care for people with severe mental disorders, Australian survey of 643 nurses investigat-

ed the topics they would like to see addressed in professional training. It was found that smoking is one of the matters in which nurses have less interest, possibly by not being addressed in their daily practice.<sup>16</sup>

The lack of professional knowledge about the interference of smoking in mental disorders could be used as justification for the permission of the onset of smoking in the patients participating in this study and the lack of support on the prevention of relapse among those who returned to smoking during the current hospitalization. In fact, this knowledge is lacking, especially in Brazil, where publications on the subject are scarce, as noted in a recent review.<sup>17</sup>

Regardless of the knowledge of the specific damages to this population, the general knowledge of harm to physical health is of public domain, widely reported by government agencies. Resuming the code of ethics of nursing professionals, we emphasize the commitment of the profession to the promotion of life, which becomes inconsistent with the aforementioned situations.<sup>13</sup>

Despite the issues discussed, one can not look at the situation of onset of smoking during hospitalization and relapses, as simple professional negligence/failure. The problem is complex because it reflects a historical and cultural heritage of psychiatric services for many years, which have been using the cigarette as a care tool and a bargaining chip to control the behavior of patients, encourage adherence to treatment and facilitate interactions.<sup>18,19</sup>

Participants commented that they feel unmotivated to discover that professionals are smokers. For them, it is a contradiction, with explicit difference in attitudes of professionals who smoke and those who do not smoke. A smoker commented that when he wants to smoke, he goes straight to the professionals who smoke, because the chance to have his wish realized is greater.

These findings agree with the results of a research conducted with nurses in UK (n = 585) and a second English research with physicians, nurses, social workers, occupational therapists and pharmacists (n = 308). Both found that smoking professionals are more permissive in relation to tobacco use than nonsmokers and that approximately one fourth of the professionals believe that smoking along with the patient helps to strengthen the therapeutic relationship.<sup>12,20</sup>

Smoking professionals in a Scottish study justify not to address tobacco use of psychiatric patients because that would be hypocrisy.<sup>11</sup> American study of 62 people with mental disorders and 19 mental health professionals revealed the frustration that patients feel when they see the professionals smoking.<sup>21</sup>

According to the World Health Organization, health professionals should be role models for their patients, and actions for controlling smoking are more efficient when they do not smoke.<sup>22</sup>

The beliefs and attitudes of professionals regarding tobacco use influence how psychiatric patients view the matter.<sup>11</sup> In the present study, we identified in the words of the participants that some doctors are intolerant and incisive when commenting on smoking.

This helps to understand the resistance of many patients to seek help to stop smoking. Coercive measures that some professionals use to approach the matter compromises the self-esteem of patients who come seeking help as a sign of weakness.

In this perspective, it is important that professionals welcome the smoker and be willing to help when facing the difficulties of the process of smoking discontinuation, reinforcing the relevance of the actions of the protocol "5 A's".<sup>8</sup> By proposing, at first, the progressive reduction in the number of cigarettes instead of total abstinence may help a person to realize that it he or she is able to quit smoking and to encourage him or her to face this process.

Despite the lack of professional support have been the main difficulty reported, a fifth realizes that the role of the nursing team in relation to tobacco use is different from that of other professionals. Some important features of these professionals were highlighted: more time and proximity to patients, good humor, commendations and being caring with the other.

Nursing, by being the profession of health care with the largest number of workers, can have an impact on the current situation of smoking.<sup>23</sup> Therefore, they should be trained so that the advantage of this profession in intervention in tobacco use may not come from the amount of professionals only, but the quality of their actions too.

Besides the relation between the tobacco and the smoker with therapeutic teams of mental health services, it is noteworthy that almost all participants live with smokers in their family environment, which makes the maintenance of abstinence difficult. They emphasize that the family buy cigarettes to encourage them to smoke. Research conducted with people with mental disorders of Scotland and the United States showed similar results, discussing the need to develop an action plan that considers not only psychiatric patients, but also their families.<sup>11,21</sup>

Noteworthy was also the fact that many participants do not know where to seek help if they decide to quit smoking, besides the delay to start treatment and financial hardship to keep it due to the lack of medicines in public services.

The American study of 62 psychiatric patients and 19 professionals pointed out that both, patients and professionals, recognize the lack of financial resources as a barrier to intervene in the use of tobacco.<sup>21</sup>

The financial difficulties prove that actions of tobacco control have not received the due priority. It is estimated that 133 billion dollars are raised annually with taxes on to-

bacco products. However, less than one billion is invested in tobacco control.<sup>24</sup>

The findings of this study could guide nurses and other professionals in planning interventions to control smoking among psychiatric patients. It is expected that the knowledge of the difficulties faced by these people may help professionals to reflect on their behavior, transforming the care provided to this population.

Study limitations: the use of qualitative method does not allow this data sample to be generalized to the population. The percentage of refusals was high (it is possible that those who refused to participate are the ones who face difficulties with discontinuity of tobacco use).

The difficulties identified in the reports of the participants should be used for the preparation of a structured questionnaire that may be used in future research with quantitative approach.

## CONCLUSIONS

The reports showed different difficulties faced by psychiatric patients when they think or try to quit smoking. Among them is the lack of support from professionals, which was enhanced with the discovery that some patients started smoking during the current hospitalization and former smokers went back to smoking without knowledge of the staff.

Coercive attitude of some professionals in relation to tobacco use was identified as a difficulty. Patients feel threatened and offended by these professionals, which results in a difficulty, in resistance to seek professional help. Patients are reluctant to seek help because they see it as a sign of weakness.

Socializing with professionals and family members who are smokers, lack of information and lack of medicine in public services, the delay to start the treatment and the lack of financial resources to maintain were also identified as problems.

Despite numerous difficulties, skilled nursing for this task may be a key player in actions to control the use of tobacco in mental health. Through objective, but also understanding and humanizing attitudes, smokers may feel welcomed and encouraged to discontinue the use of tobacco.

## REFERENCES

- National Association of State Mental Health Program Directors. Tobacco-free living in psychiatric settings: a best-practices toolkit promoting wellness and recovery. Virginia: National Association of State Mental Health Program Directors; 2010. [cited 2015 Aug 13]. 34 p. Available from: [http://www.smokefreephilly.org/smokfree\\_philly/assets/File/NASMHPD%20Tobacco%20Free%20Living%20in%20Psychiatric%20Settings.pdf](http://www.smokefreephilly.org/smokfree_philly/assets/File/NASMHPD%20Tobacco%20Free%20Living%20in%20Psychiatric%20Settings.pdf)
- Royal College of Physicians. Smoking and mental health: a joint report by the Royal College of Physicians. London: RCP; 2013.
- Lawrence D, Mitrou F, Zubrick SR. Non-specific psychological distress, smoking status and smoking cessation: United States National Health Interview Survey 2005. *BMC Public Health*. 2011[cited 2015 Aug 13];11(256):1-13. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21513510>
- Smith PH, Homish GG, Giovino GA, Kozlowski LT. Cigarette smoking and mental illness: a study of nicotine withdrawal. *Am J Public Health*. 2014[cited 2015 Aug 13];104(2):127-33. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/24328637>
- Dickens GL, Staniford J, Long CG. Smoking behaviours, motives, motivation to quit and self-efficacy among patients in a secure mental health service: a comparison with staff controls. *J Psychiatr Ment Health Nurs*. 2014[cited 2015 Aug 13];21(6):483-90. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23721124>
- Mann-Wrobel MC, Bennett ME, Weiner EE, Buchanan RW, Ball MP. Smoking history and motivation to quit in smokers with schizophrenia in a smoking cessation program. *Schizophr Res*. 2011[cited 2015 Aug 13];126(1-3):277-83. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21112185> DOI: 10.1016/j.schres.2010.10.030.
- Rice VH, Hartmann-Boyce J, Stead LF. Nursing interventions for smoking cessation (review). *Cochrane Database Syst Rev*. 2013[cited 2015 Aug 13];8:1-88. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23939719> DOI: 10.1002/14651858.
- Fiori MC, Jaén CR, Baker TB, Bailey WC, Benowitz NL, Curry SJ, et al. Treating tobacco use and dependence: 2008. Rockville: U.S. Department of Health and Human Services; 2008. [cited 2015 Aug 13]. Available from: [http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/treating\\_tobacco\\_use08.pdf](http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/treating_tobacco_use08.pdf)
- Rogers C. A cliente-centred/person centred approach to therapy. In: Kirschenbaum H, Henderson VL, editors. *The Carls Rogers Reader*. London: Constable; 1990. p.135-42.
- Bardin L. Análise de conteúdo. São Paulo: Edições 70; 2011. 280p.
- Kerr S, Woods C, Knussen C, Watson H, Hunter R. Breaking the habit: a qualitative exploration of barriers and facilitators to smoking cessation in people with enduring mental health problems. *BMC Public Health*. 2013[cited 2015 Aug 13];13(221):1-12. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23497231> DOI: 10.1186/1471-2458-13-221
- Robson D, Haddad M, Gray R, Gournay K. Mental health nursing and physical health care: a cross-sectional study of nurses' attitudes, practice, and perceived training needs for the physical health care of people with severe mental illness. *Int J Ment Health Nurs*. 2013[cited 2015 Aug 13];22(5):409-17. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23066812> DOI: 10.1111/j.1447-0349.2012.00883.x.
- Conselho Federal de Enfermagem. *Compacto dicionário ilustrado de saúde e principais legislações de enfermagem*. São Caetano do Sul: Yendis Editora; 2009.
- Lawn SJ, Pols RG, Barber JG. Smoking and quitting: a qualitative study with community-living psychiatric clients. *Soc Sci Med*. 2002[cited 2015 Aug 13];54(1):93-104. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/11820684>
- Oliveira RM, Furegato ARF. The opinion of patients with mental disorder about tobacco and its prohibition in psychiatric hospitalization. *Rev Esc Enferm USP*. 2014[cited 2015 Aug 13];48(3):500-5. Available from: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0080-62342014000300500&lng=en](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342014000300500&lng=en). DOI: <http://dx.doi.org/10.1590/S0080-62342014000300016>.
- Happell B, Platania-Plung C, Scott D. Physical health care for people with mental illness: training needs for nurses. *Nurse Educ Today*. 2013[cited 2015 Aug 13];33(4):396-401. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23433839> DOI: 10.1016/j.nedt.2013.01.015.
- Oliveira RM, Furegato ARF. Esquizofrenia y dependencia del tabaco: una revisión integradora. *Rev Enferm Global*. 2012[cited 2015 Aug 13];2(11):381-402. Available from: [http://scielo.isciii.es/scielo.php?script=sci\\_arttext&pid=S1695-61412012000100023&lng=es](http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1695-61412012000100023&lng=es). DOI: <http://dx.doi.org/10.4321/S1695-61412012000100023>.



18. Ratschen E, Britton J, McNeill A. The smoking culture in psychiatry: time for change. *Br J Psychiatry*. 2011[cited 2015 Aug 13];198(1):6-7. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21200069> DOI: 10.1192/bjp.bp.110.081372.
  19. Lawn S, Campion J. Achieving smoke-free mental health services: lessons from the past decade of implementation research. *Int J Environ Res Public Health*. 2013[cited 2015 Aug 13];10(9):4224-44. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3799524/> DOI:10.3390/ijerph10094224
  20. Praveen KT, Kudlur SNC, Hanabe RP, Egbewunmi AT. Staff attitudes to smoking and the smoking ban. *Psychiatr Bull*. 2009[cited 2015 Aug 13];33(3):84-8. Available from: <http://pb.rcpsych.org/content/33/3/84> DOI: 10.1192/pb.bp.107.017673
  21. Morris CD, Waxmonsky JA, May MG, Giese AA. What do persons with mental illnesses need to quit smoking? Mental health consumer and provider perspectives. *Psychiatr Rehabil J*. 2009[cited 2015 Aug 13];32(4):276-84. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/19346206> DOI: 10.2975/32.4.2009.276.284.
  22. World Health Organization. MPOWER: offer help to quit tobacco use. Geneva: WHO; 2014[cited 2015 Aug 13]. Available from: [http://www.who.int/tobacco/mpower/publications/en\\_tfi\\_mpower\\_brochure\\_o\\_page2.pdf](http://www.who.int/tobacco/mpower/publications/en_tfi_mpower_brochure_o_page2.pdf)
  23. Youdan B, Queally B. Nurse's role in promoting and supporting smoking cessation. *Nurs Times*. 2005[cited 2015 Aug 13];101(10):26-7. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/15796078>
  24. Eriksen M, Mackay J, Schluger N, Gomeshtapeh FI, Drope J. The tobacco atlas. 5<sup>th</sup> ed. Atlanta: American Cancer Society; 2015. [cited 2015 Aug 13]. Available from: [http://3pk43x313ggr4cy0lh3tctjh.wpengine.netdna-cdn.com/wp-content/uploads/2015/03/TA5\\_2015\\_WEB.pdf](http://3pk43x313ggr4cy0lh3tctjh.wpengine.netdna-cdn.com/wp-content/uploads/2015/03/TA5_2015_WEB.pdf)
-