

A Motivational, Gender-Sensitive Smoking Cessation Resource for Family Members of Patients With Lung Cancer

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Lung cancer causes more deaths among women and men of all ethnicities than any other type of cancer in the United States (Centers for Disease Control and Prevention, 2011) and worldwide, and most of these deaths are caused by smoking (World Health Organization, 2015). Tobacco use is the most important and modifiable risk factor influencing the prevalence and occurrence of lung cancer (World Health Organization, 2015). The majority of patients diagnosed with lung cancer have a history of smoking cigarettes (Park et al., 2012). Tobacco use tends to cluster in families (McBride & Ostroff, 2003). The intergenerational effects of smoking are significant, and children of adults who smoke are as many as four times more likely to smoke (den Exter Blokland, Engels, Hale, Meeus, & Willemsen, 2004; Vuolo & Staff, 2013). For this reason, lung cancer and tobacco use may be viewed as a family health issue.

Patients with lung cancer often quit around the time of their diagnoses; however, these patients who have recently quit are highly vulnerable to relapsing (Park et al., 2012) and less likely to quit or stay quit when family members continue to smoke (Schnoll et al., 2002). The family members of patients diagnosed with lung cancer may state that they feel more motivated to quit smoking (Butler, Rayens, Zhang, & Hahn, 2011); however, previous research indicates that a lung cancer diagnosis in the family does not consistently motivate family members who smoke to quit (Bottorff, Robinson, Sullivan, & Smith, 2009; Robinson, Bottorff, Smith, & Sullivan, 2010; Robinson, Bottorff, & Torchalla, 2011; Sarna et al., 2006). In a study with patients undergoing thoracic surgery and their partners, most patients set a quit date to stop smoking before surgery, but only

Purpose/Objectives: To gather feedback on an innovative gender-sensitive booklet that draws on emotional connections and relationship factors to motivate smoking cessation.

Research Approach: Qualitative, descriptive.

Setting: Six provinces in Canada.

Participants: 30 family members of patients with lung cancer who were currently smoking or had recently quit.

Methodologic Approach: Parallel booklets for women and men were developed using language and images to emphasize family relationships and gender considerations to motivate smoking cessation. Participants were provided with the women's and men's versions of the resource, and they were asked to review the gender-specific version of the booklet that was relevant to them. Semistructured telephone interviews were conducted, and transcriptions were analyzed for themes.

Findings: Three themes were evident in the data, including "new perspectives: appreciating the effects of smoking on relationships," "reconsidering smoking cessation: relational motivation," and "gendered connections: recognizing themselves in the booklet." Although participants voiced other important reasons for smoking cessation, family relationships appeared to bolster motivation for stopping smoking. The majority of participants recommended that the dual-format booklet be available in healthcare settings.

Conclusions: A gender-sensitive approach that focuses on relationship factors represents an acceptable way to engage relatives of patients with lung cancer in discussions to support smoking cessation.

Interpretation: Approaches to supporting smoking cessation among relatives of patients diagnosed with lung cancer should draw on positive relationship bonds and caring connections to motivate cessation.

Key Words: lung cancer; family; gender; tobacco use; smoking cessation; health promotion

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