

SMOKING CESSATION CLINIC TOOL KIT: STAGE OF CHANGE APPROACH

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ABSTRACT:

Objective: To develop cessation module based on stage of change and to develop a better guideline and toolkit for smoking cessation program. **Method:** this module consists of four components with specific guidelines for each stage of change. **Method:** This tool kit comprises of 4 modules; 1) Module 1: targeting smokers who are not interested to quit (pre contemplation stage); 2) Module 2: targeting smokers who are interested and ready to quit (contemplation, preparation and action stage), 3) Module 3: targeting ex-smokers who have successfully quit, to prevent relapse (maintenance stage) and 4) Module 4: targeting quitters who have returned to smoking. **Finding:** This toolkit has been proven to improve knowledge and confident level for counsellors to conduct the quit smoking counselling service.

Keywords: smoking cessation, stage of change, TTM model, quit smoking module

INTRODUCTION

Smoking is the most preventable cause of premature morbidity and mortality. According to the National Health Morbidity Survey 2015 in Malaysia, over 21% of the population are smokers, and this amounts to 46% of the male population (Ministry of Health Malaysia (MOH), 2015). Although various efforts have been carried out to combat this problem, the issue of tobacco is still unresolved. One of the measures to control this epidemic is by providing smoking cessation services. At present, the cessation services are using the Ministry of Health guidelines, which are general guidelines for clinical use for smokers willing to quit. It does not include the majority of smokers who are not willing or not thinking of quitting. Although it poses a big burden, many smokers are either not interested in quitting or failed to quit successfully. In addition to pharmacotherapy, behavioral therapy has been proven to be an effective tool for smokers to quit. Nonetheless, so far, the existing local tools for behavioral therapy are not comprehensive and segmental. With the aim to increase motivation and participation, we have developed a pioneering comprehensive quit smoking counselling tool kit for health practitioners that involves individualized and group therapy based on Stages of Change. In addition, it incorporates a self-financial incentive program as a positive reinforcement for smokers. This module was developed based on Transtheoretical Model (TTM) by Prochaska and Di Clemente, 1983 (Horwath, 1999). This theory introduces the stage of change starting with precontemplation, contemplation, preparation and action. This toolkit has been piloted in quit smoking clinics and wards in UiTM Sungai Buloh. Later, it will be promoted to other healthcare professionals.

METHODS

This tool kit comprises of four modules; 1) Module 1: targeting smokers who are not interested to quit (pre-contemplation stage); 2) Module 2: targeting smokers who are interested and ready to quit (contemplation, preparation and action stage), 3) Module 3: targeting ex-smokers who have successfully quit, to prevent relapse (maintenance stage) and 4) Module 4: targeting quitters who have returned to smoking (relapse stage). The self-financial incentive component comprises of two areas which include: (1) A self-reward system using a bank coin and peer support; (2) An acknowledgement of success in an award ceremony and participation in self-development album. In addition, this module also provides the details of the step by step flow chart on how to handle clients in every stage of change. It also comes with a package containing four modules, a flip calendar as an education tool, a client diary and a CD consisting of forms and slide presentations.

RESULTS AND DISCUSSIONS

This module has been found to be a very simple comprehensive guide compared to existing modules. It helps and guides counsellors to conduct the smoking cessation clinics because it is easy to follow even for those who do not know and are not involved with smoking cessation clinics. The effectiveness of this module was proven by the increased number of participants from the first workshop until the current workshop. However, it is difficult to determine what attracts the participants; whether it is due to the module itself or other factors such as good facilitators during the workshops. Another factor that contributed to the effectiveness of this module was the participants' achievement in the short test after each workshop. Most of the participants were excellent, with scores more than 50% marks for the test. This indicates good learning outcome for the participants. Due to its potential commercial value, this toolkit will be piloted in quit smoking clinics and wards in UiTM Sungai Buloh, prior to its promotion and implementation to other healthcare professionals in Malaysia. Recently, three workshops have been conducted using this module with potential income generation in the future.

CONCLUSION

This module has been found to be suitable for nurses, health care practitioners, primary cares and those who are interested to set up the smoking cessation clinics. This module has also received good responses among private hospitals. To prove, we have received invitations and requests from private sectors to conduct workshops based on this module. It is hoped that this can generate income for the university in the future. At the moment, this module is still in editing process and will be submitted to be published by UPENA (UiTM Publisher) soon.

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