

Nursing Leadership In Tobacco Dependence Treatment to Advance Health Equity: An American Academy of Nursing Policy Manuscript



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Introduction

Tobacco use is the leading cause of preventable illness, disability, and death, and contributes significantly to health disparities in the United States. Over a decade ago in 2013, the Health Behavior Expert Panel Tobacco Control subgroup of the American Academy of Nursing (AAN) called for increased nursing advocacy in tobacco control (Sarna et al., 2013).

Despite advances, tobacco use continues to drive significant health disparities, specifically affecting marginalized groups. These disparities are worsened by limited resources and structural barriers to treatment. It is essential that nurses continue to work to eliminate tobacco-related disparities, promote health equity, and improve quality of life. Treating tobacco dependence is essential to quality healthcare, and the active involvement of nurses in addressing the tobacco epidemic through a comprehensive, multi-level approach is crucial.

Purpose

McDaniel et al. (2024) aimed to update the 2013 American Academy of Nursing (AAN) policy on Tobacco Control and provide recommendations that strengthen nursing delivery of tobacco dependence treatment and promote health equity.

Methods

The authors reviewed published literature (e.g., systematic reviews, meta-analyses, and empirical studies) from 2012 to 2024 on nurse-led tobacco interventions. Literature was selected using the following keywords: "nursing," "tobacco dependence treatment," and "tobacco-related disparities." Researchers examined the literature to identify key themes and better understand how nurses can strengthen their role in tobacco control through practice, research, education, and policy work.

Results

The comprehensive literature review confirmed that nurse-led tobacco dependence treatment interventions were successful in enhancing cessation outcomes. Many of the studies focused on increasing tobacco cessation among those at highest risk for tobacco-related disparities. An important finding was that tobacco cessation counseling implemented by trained community health workers (CHWs) who work in collaboration with healthcare providers, can be an effective way to address tobacco use in communities with fewer resources (Umnayayporlert et al., 2021; Zulkiply et al., 2020).

Additional findings in the literature review included:

- Overall effectiveness: Interventions that included long-term, in-person counseling combined with nicotine replacement therapy were most effective. In addition, interventions in which longer courses of nicotine replacement treatment were offered at no-cost or were subsidized were most successful at increasing smoking cessation (Keller and Lach, 2020; Rice et al., 2017).
- Acute care settings: Many studies showed that nurse-led interventions and educational programs improved cessation rates and increased the effectiveness of quitting strategies before surgeries.
- Community settings: Community-based participatory research (CBPR) may be an effective method of working in marginalized communities and underserved areas to promote tobacco dependence treatment. Nurses performing tobacco cessation interventions, including intensive behavioral support and brief advice, successfully influenced knowledge, beliefs, and attitudes.
- Educational programs: Educational programs for nurses such as web-based trainings were shown to significantly improve adherence to guidelines for delivering cessation services and increase Quitline referrals (Sarna et al., 2018).

Recommendations

Based on the findings of the literature review, the authors of the paper offered 5 ways that nursing leaders can advance tobacco dependence treatment:

1. Advocate for the inclusion of tobacco dependence treatment in professional nursing practice standards.
2. Support nursing research on effective implementation of tobacco treatment guidelines.
3. Reduce tobacco-related disparities through expanded treatment access.
4. Ensure comprehensive education for nurses on integrating tobacco control into practice and policy.
5. Promote strategic engagement in health policies that promote tobacco-free environments.

References

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