Guest Editorial

Linda Sarna, PhD, RN, FAAN, AOCN®

Enough Is Enough

Clinical Oncology Nursing, a timely article explores the negative impact of smoking on the quality of life of patients with cancer and the importance of integrating smoking cessation programs as essential care for patients with cancer and their family members (McDonnell, Bullock, Hollen, Heath, & Kozower, 2014).

Although we can celebrate the dramatic decline in smoking among adults in the United States, from 42% in 1965 to less than 20% in 2012, 42 million Americans continue to smoke (U.S. Department of Health and Human Services, 2014). Included among those statistics are nurses. Nurses were not immune to the lure of tobacco advertisements and the power of the highly addictive properties of nicotine. In the mid-1970s, female nurses had a higher smoking prevalence than American women in general. In 2003, in response to higher levels of smoking among nurses compared to physicians, the Tobacco Free Nurses initiative (www.tobaccofreenurses.org) was launched to support nurses in their own cessation efforts and reduce other barriers to nursing involvement in tobacco control (Sarna, Bialous, Barbeau, & McClellan, 2006).

As a result, I was thrilled to see that recent data (2003 to 2010–2011) from the Tobacco Use Supplement to the Current Population Survey described a 36% decline in smoking among RNs, from about 11% to 7%, twice that of the decline in the general population (Sarna et al., 2014). The proportion of RNs with a history of smoking and who quit (70%) was higher than the general population (54%). Although that was good news, that rate still is much higher than the 2% rate of smoking among physicians, and almost a quarter of licensed practice nurses surveyed were current smokers (Sarna et al., 2014).

Smoking among healthcare professionals is important not just because it affects their personal health, but because studies have suggested that smoking negatively affects interventions with patients and attitudes about tobacco control. Less than 20 years ago, the inclusion of the expectation that oncology nurses be smoke-free role models in an Oncology Nursing Society (ONS) tobacco control policy was debated at the 1995 ONS Annual Congress before its final inclusion (Sarna & Brown, 1995).

The delivery of a tobacco cessation intervention still is not a routine part of cancer nursing care, even in designated cancer centers (Hanna, Mulshine, Wollins, Tyne, & Dresler, 2013). Given the evidence that continued smoking will cause serious harm to patients, it would be unacceptable to not address smoking after a cancer diagnosis and help patients quit. In the past, some nurses were reluctant to broach the issue of smoking and cessation with their patients because they did not want them to feel stigmatized or guilty. The American Society of Clinical Oncology (2012) adapted the U.S. Department of Health and Human Services' guidelines for tobacco cessation and emphasized the need for nurses to provide cessation services.
Services’s (2008) *Treating Tobacco Use and Dependence: 2008 Update* to assist oncology clinicians, including nurses, to sensitively support cessation attempts among their patients. Oncology nurses need to support all smokers who are trying to quit using evidence-based methods, including their own colleagues. Enough is enough!

**References**


