Introduction

Amin et al (2013) observe that stroke and transient ischemic attacks exert huge cost and disease burden on the global society. Cardiovascular disease is the leading cause of mortality in the world and a major contributor to disability (Micieli et al., 2010). The disease is a major cause of premature mortality and increasing health care costs (Bejot et al., 2010). Amin et al. (2013) note that studies indicate that smoking is a major cause of cardiovascular diseases, and cessation can lower the risk of heart attack. As part of primary healthcare team, nurses can play an important role in smoking cessation programs, and consequently help reduce occurrence of these two conditions (Micieli et al., 2010). An exploration of smoking cessation and the corresponding role of nurses is done in this paper.

Effects of Smoking Cessation on TIA and Stroke Development

Cessation of smoking lowers the risk of development of transient ischemic attacks and stroke, as well as progression of transient ischemic attacks to stroke (Bejot et al., 2010). Huerta (2010) posits that smoking cessation elicits much interest among nurses since it has a positive impact on cardiology in medical practice. Nurses focus on prevention of occurrence or progression of a health condition as the most effective way to enhance patients' health.

Nursing Approaches to Smoking Cessation

Nursing interventions focusing on smoking cessation are guided by various concepts (Black et al., 2012). Modeling and role-modeling concept is one of such concepts. Black et al. (2012) observe that in application of this concept, a nurse may opt to adopt the patient's preferred approach to recovery or encourage the patient to adopt the nurse's approach. For example, the nurse may deliberate with the patient on whether to engage in behavioral therapies or medications, or the nurse may choose not to consult the patient before when implementing either of the approaches (Bejot et al., 2010).

Further, the mechanical paradigm is another key nursing concept applicable to smoking cessation (Black et al., 2012). Black et al. (2012) note that the concept raises concerns in different nursing contexts. It advances that illness should be approached like a biological problem, where the human body is likened to a machine (Bejot et al., 2010). The concept emphasizes focus on the body rather than external factors that may result into the illness. The deriving approach prioritizes on treating the body and overlooks the personality, mind, and the kind of lifestyle adopted by the patient (Bejot et al., 2010). However, the application of this concept in nursing is quite conflicting since even though it is important to focus on helping the patient avoid transient ischemic attacks and stroke, smoking as a major risk factor is equally a lifestyle habit (Black et al., 2012).

Health Benefits Associated with Smoking Cessation

Prasad et al. (2009) advance that various health benefits result from smoking cessation. These include lowering lung cancer and types of cancers (Micieli et al., 2010). As noted by Micieli et al. (2010), smoking cessation reduces the chances of developing coronary heart disease, peripheral heart disease, and stroke. It also improves lung functioning, therefore reducing transient ischemic attacks and stroke occurrence rates, by improving permutation (Micieli et al., 2010). Further, Prasad et al. (2009) note that it minimizes the occurrence rate for chronic obstructive pulmonary disease, which can easily result into stroke or transient ischemic attacks. In women, it reduces infertility rates. Smoking cessation also improves body functioning and medication (Prasad et al., 2009).

Relevant Factors in Smoking Cessation

Social Relationships

Brothers and Borrelli (2011) note that studies indicate that social relationships play a major role in smoking cessation. In their study, they note that individuals with proper social relationships are likely

to quit smoking more easily and vice-versa. This is attributed to the depression often associated with smoking cessation (Brothers & Borrelli, 2011). Effective social relationships provide a solid foundation for moral support in smoking cessation. In a study conducted on Latinos, it was found that it was easier for smokers with partners to quit smoking compared to individuals without partners (Brothers & Borrelli, 2011). Social relationships were perceived as effective avenues for letting-out the depression associated with smoking cessation (Brothers & Borrelli, 2011).

Self-Motivation

According to Brothers and Borrelli (2011) observe that self-motivation is the most fundamental variable in smoking cessation. This is especially more significant when coming up with the decision to quit. Individual motivation emanates from different factors; however, without the right personal motivation, it is extremely challenging to quit smoking (Brothers & Borrelli, 2011).

Nicotine Dependency Level

The level of dependency on nicotine also greatly affects smoking cessation. Individuals with a higher nicotine dependency level find it more challenging to quit smoking and therefore require extremely high levels of self-motivation (Burnes, 2004). They also require establishing the right social relationships that will reduce their depression levels.

Assessing the Health Problem Approach Plan

Huerta (2010) observes that tt is the role of the nurse to come up with a plan to assess the success of smoking cessation in patients. This requires a better understanding of the role of the nurse in the treatment plan, a process that requires utilization of motivational skills, coming up with the most appropriate treatment approach that supports evaluation and long-term success (Huerta, 2010. Assessment should be conducted at each stage, where motivational interviewing plays a major role in smoking cessation assessment and the success of the cessation process (Balmford, Borland & Burney, 2008).

Based on the cessation stages, after the opening initiatives to help the patient ceased from smoking, a stage that entails determining the patient's level of nicotine dependency, the nurse should seek to establish whether the patient recognizes smoking as problem (Lee, 2011). If the patient realizes that smoking has a negative impact on individual health, it indicates progress. This is achieved after helping the patient evaluate negative and positive thinking about smoking. Lee (2011) notes that assessment in the preparation stage entails evaluating agreement on cessation strategies and the social support the patient should seek.

In the action stage, the nurse should look for the patient's ability to abandon nicotine and rely more on such replacements of nicotine like bupropion (Sloma, 2010). This also entails evaluating how the patient is able to deal with specific triggers. Herzog and Komarla (2011) advances that the nurse should also assess the patient's ability to utilize positive reinforcement. The nurse should also seek to establish the presence or absence of nicotine withdrawal syndromes such as anxiety, irritability, increased appetite, restlessness, and decreased heart rate (Herzog & Komarla, 2011). The patient psychological reaction is also important in evaluating the effectiveness of the cessation process, where the nurse is required to conduct an interview to analyze psychological changes of the patients towards cessation (Herzog & Komarla, 2011).

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