4 interaction dynamics occurred in telephone counselling for smoking cessation


What are the optimal characteristics of proactive telephone support as a smoking cessation intervention?

In the avoiding commitment dynamic, a superficial discussion of smoking occurred, in which nurses tended to accept the smoking status of participants quickly, and participants gave brief, uninformative responses. Nurses seemed tentative, almost like they were following an almost automatic routine, and overused assessment questions or gave excessive advice, often opening and closing the conversation and trying to close down the conversation. Participants frequently downplayed the amount they smoked and changed the subject.

Interaction dynamics changed over the course of the telephone calls. Positive shifts in dynamics could occur as the result of sharing new insights or approaches; negative shifts could occur when participants confessed to smoking relapses even after considerable time was spent in supporting cessation.

CONCLUSION

An affirming/working dynamic, in which the telephone counsellor was engaged and the participant was motivated, was the optimal component in proactive telephone support for smoking cessation.

COMMENTARY

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COMMENTARY

Proactive telephone counselling (when the counsellor initiates the call) may be a successful, low cost strategy for reaching specifically targeted groups such as smokers having elective surgery. Bottorff et al described the interactive dynamics between nurse counsellors and postoperative patients. The most optimal of the 4 dynamics occurred when nurses were engaged as indicated by careful listening and response to patient cues, and when patients were motivated. Focusing on the dynamics of the counsellor-patient process is important and understudied aspect of the Transtheoretical model of health behaviour change noted in the study. Although the nature of this research predates an analysis of where each patient was within the 5 stages of the model, the literature supports a view that staying with patients’ chances of success.

The Tobacco Use and Dependence Guideline Panel has stated that smoking is a chronic condition frequently requiring multiple attempts to quit and repeated interventions. Intratreatment social support and problem solving are 2 identified types of counselling found to be particularly effective as part of smoking cessation interventions. Both seem to be present in the affirming/working dynamic described in this study.

The Tobacco Use and Dependence Clinical Practice Guideline provided insufficient evidence to assess the effectiveness of proactive telephone counselling. However, the study by Bottorff et al makes a valuable contribution to our understanding of the nature of telephone support dynamics that may be most effective in supporting smoking cessation.

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