

for secondary prevention of CHD [8]. However, despite the strong correlation between smoking and CHD, about one third (29%) of cardiac patients in Hungary continue to smoke after discharge from the hospital [7,9], significantly increasing their risk of death from CHD over time. Thus, the purpose of this study was to reveal the factors,

Data analysis

Data were analyzed using JMP version 10 statistical packages. Descriptive statistics were performed to describe all variables.

Results

T e

Correlation between psychological traits and ratings of barriers to cessation

Multiple regression analysis was used to test if the four assessed psychological traits significantly predicted participants' ratings of "barriers to cessation", "desire to quit smoking", and "confidence to quit smoking" after diagnosis with CHD. The results of the regression for "barriers to cessation" indicated that the four predictors explained 14.2% of the variance ($R^2=0.14$, $F(4,259)=10.66$, $p<0.0001$). In addition, results revealed that social support significantly predicted "perceived barriers" ($t=-2.53$, $p=0.0121$), "emotional wellbeing" ($t=-2.21$, $p=0.0280$), "work stress" ($t=3.01$, $p=0.0029$), and "household stress" ($t=2.55$, $p=0.0114$).

Item	Mean	SD
Highest scoring barriers		
Missing cigarettes	2.9	1.6
Having withdrawal symptoms	2.8	1.4
Gaining weight	2.4	1.6
Fear of failing to quit	2.2	1.5
Family member encouraging to smoke	2.2	1.5
Lowest scoring barriers		
Starting the day without tobacco	1.2	1.4
Thinking about tobacco all the time	1.4	1.2
Feeling lost without tobacco	1.5	1.2
Feeling bored	1.5	1.3
Feeling depressed	1.7	1.2

Study Limitations

The current study may have the following limitations: first, because it used a cross-sectional design as well as self-reported data, it is possible that participants may have misreported vital information,