

Identifying the barriers and facilitators to providing inpatients with universal support to help them quit smoking: HosQuit

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Introduction

Despite declining prevalence, smoking remains the most preventable cause of disease and death in Australia¹. Smoking cessation interventions begun in hospital are known to improve quit rates but are not conducted routinely^{2,3}. Nationally, this represents a missed opportunity for 5 million intervention episodes each year⁴. To inform the development of a systems change intervention, we explored the barriers and facilitators to recording patients' smoking status and offering Nicotine Replacement Therapy and Quitline to current smokers.



In NSW smoking accounts for around 5,300 deaths and 46,000 hospitalisations a year.



One in every two smokers will die prematurely as a result of being a smoker

8.4B

The social costs of tobacco use in NSW are high, estimated at \$8.4 billion annually



Smoking greatly increases the risk of many cancers and is a major cause of heart disease.

NSW Ministry of Health, Snapshot of Tobacco Strategy 2012-2017 May 2014

Aim

- To understand from the perspective of hospital staff, the barriers and facilitators to 3 key components of best practice smoking cessation care:
 - Assessing and recording patients smoking status
 - Offering 'Quitline' telephone counselling support
 - Offering Nicotine Replacement Therapy (NRT) to patients who are current smokers
- To describe staff attitudes towards providing smoking cessation support.

Method

A qualitative study design utilising semi structured interviews, focus groups and participant surveys with medical and nursing staff from across St Vincent's Hospital Sydney.

Interview and focus group guides were used to explore:

- experiences with and perceptions of smoking cessation support for hospitalised patients.
- attitudes and beliefs towards barriers and facilitators to recording patients smoking status.
- attitudes and beliefs towards offering smoking cessation support to patients who smoke daily, including referral to Quitline telephone support and provision of NRT to patients by medical/nursing staff.

Interviews and focus groups were audio recorded and data was transcribed and analysed thematically using NVivo®.

Demographic data and attitudes towards providing smoking cessation support were captured by a 12-item survey.

Results

A number of barriers and facilitators to providing best practice smoking cessation care emerged from analysis of interview and focus group data:



All participants displayed a high level of clinical expertise and a commitment to providing patients with high quality care. Survey data indicated a high level of confidence among participants in the area of providing patients with best practice smoking cessation care, yet this was contradicted by interview and focus group data. Variance was also evident in terms of perceptions of the role of nursing staff in supporting patients who smoke and the effectiveness of smoking cessation interventions initiated in hospital.

Results

"I don't feel highly skilled at smoking cessation, or all the strategies, I think it's difficult and I don't think we're particularly well trained" Focus group 2 participant 4

"I don't think it's really a role a nurse should have to take on as well. I think that our work load's heavy enough" Focus group 3 participant 1

"even just some signs up around the ward would help" Focus group 4 participant 5

Conclusion

Best practice smoking cessation care is not being offered to hospitalised patients on a routine basis. Poor communication between staff and limited resources were found to be the most common barriers to recording patients smoking status and offering patients who smoke, NRT and Quitline. Gaps in staff knowledge, confidence and the availability of training were also found to impact the delivery of smoking cessation support to patients.

Implications for practice

Results will inform the design and evaluation of a systems change intervention to identify and offer current smokers' best practice smoking cessation care at St Vincent's Hospital, Sydney.

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Acknowledgements: St Vincent's Hospital would like to thank the Curran Foundation for the financial support to conduct this study.

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