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 Australia. Smoking cessation interventions begun in hospital are known to improve quit rates but are not conducted routinely. Nationally, this represents a missed opportunity for 5 million intervention episodes each year. 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.

Aim
To understand from the perspective of hospital staff, the barriers and facilitators to 3 key components of best practice smoking cessation care: a) experiences with and perceptions of smoking cessation support for hospitalised patients; b) attitudes and beliefs towards barriers and facilitators to recording patients smoking status; c) 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.

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:

- To describe staff attitudes towards providing smoking cessation support.

Interview and focus group data:

- Patient Factors
- Staff Factors
- Environment

Barriers & Facilitators

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

- Communication
- Procedure
- Support

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 medical/nursing staff. 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 medical/nursing staff.

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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