

Hospital patients receptive to quit smoking advice

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Public hospitals are well positioned to play an active role in encouraging patients to quit smoking. Bans on smoking on hospital precincts in Australia and other countries make attending a public hospital an opportune trigger to motivate smokers to quit. As smokers are not allowed to smoke during hospital visits, they could be receptive to smoking cessation advice and support. Since public hospitals have contact with a large and varied section of the general population, in either an inpatient or outpatient capacity,^{1,2} even a small increase in quit rates among hospital patients multiplies to a large number of ex-smokers.

Although hospitals have the opportunity to provide routine smoking cessation programs to patients, little appears to be done to capitalise on this opportunity, with studies showing that hospital nursing and medical staff do not routinely encourage smokers to quit.³ One early study found that staff thought that smokers who did not have a smoking-related disease would not expect hospital staff to ask them to quit smoking and, therefore, they would not expect those smokers to be receptive to smoking cessation advice.⁴

We conducted this study to determine whether hospital patients would be receptive – as defined by the transtheoretical model⁵ – to a hospital nurse or doctor's advice to stop smoking.

The study was conducted in a teaching hospital in Newcastle, New South Wales, Australia. On randomly selected days, all consecutive ambulatory hospital patients were recruited upon presenting at the outpatient department for a pre-operative assessment or post-operative rehabilitation, or for an orthopaedic, multi-disciplinary pain clinic, or orthotics appointment. Of the 1,061 eligible patients, 819 (77%) completed a computerised needs assessment before their hospital appointment. Self-reported measures of smoking tobacco were determined using a self-administered touch-screen computerised assessment. Accuracy of self-report was validated using expired carbon monoxide levels. Patients who reported being current smokers were asked (by the computer) whether they would like help (from a hospital nurse or doctor) to stop smoking.

Of the 819 outpatients, 287 (35%) reported being current smokers. Biochemical tests to validate patients' self-reported smoking status estimated the true prevalence of smoking at 38% (with a sensitivity of 95% and a specificity of 91%). When smokers were asked if they wanted help to quit, 25% reported being ready to quit and wanted help from nursing and medical

staff; 45% said they were contemplating quitting but were unsure about being ready to do so; the remainder were not interested in quitting. The smokers who were most likely to be receptive to advice to quit smoking were those who had attempted to quit in the previous 12 months (OR 3.31, 95% CI 1.93-5.67, $p=0.0001$) and those currently unemployed (OR 2.11, 95% CI 1.19-3.74, $p=0.01$).

Comparing the prevalence of smoking in our sample to the rest of Australia reveals that the overall rate is 10% higher than the national average.² From our results on smokers' receptivity to advice to quit, we can extrapolate that in public health terms, for every 1,000 outpatients who smoke, up to 700 (70%) may be receptive to smoking cessation advice from the hospital staff; 250 (25%) of which may be willing to receive help to quit during their current hospital visit. Hence, hospitals have a valuable but under-utilised opportunity to help smokers who are contemplating quitting to do so. However, although our results have provided further evidence that hospital patients can be receptive to smoking cessation advice, there are still gaps in the evidence regarding acceptability of offering routine smoking cessation advice in hospital settings and cost-effectiveness of this advice. These gaps need to be addressed before smoking cessation interventions are offered as an integral part of hospital care.

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