

BACKGROUND

- Smoking is the leading cause of chronic respiratory diseases and preventable death in Wales [1] and CTM UHB has high rates of smoking compared to other health boards [2].
- Welsh Government aims for a Smoke Free Wales (>5% prevalence) by 2030 [3].
- Smokers who receive (free) behavioural and pharmacological smoking cessation support from the Help Me Quit (HMQ) service are 3x more likely to successfully quit smoking [4], but referral rates are low [5].
- Nurses in hospital settings are well placed to identify smokers and deliver smoking cessation interventions [6,7], but barriers exist [8-10].
- Nursing staff could benefit from extra support to systematically identify and help patients who smoke.

AIMS & OBJECTIVES

A three-phase, 12-month research project to co-produce & pilot test a behaviourally-informed intervention to empower nurses to address smoking & promote smoking cessation with hospital patients in CTM.

Phase 1
Mixed-methods approach to understand barriers and facilitators to discussing smoking and referring patients to specialist support.

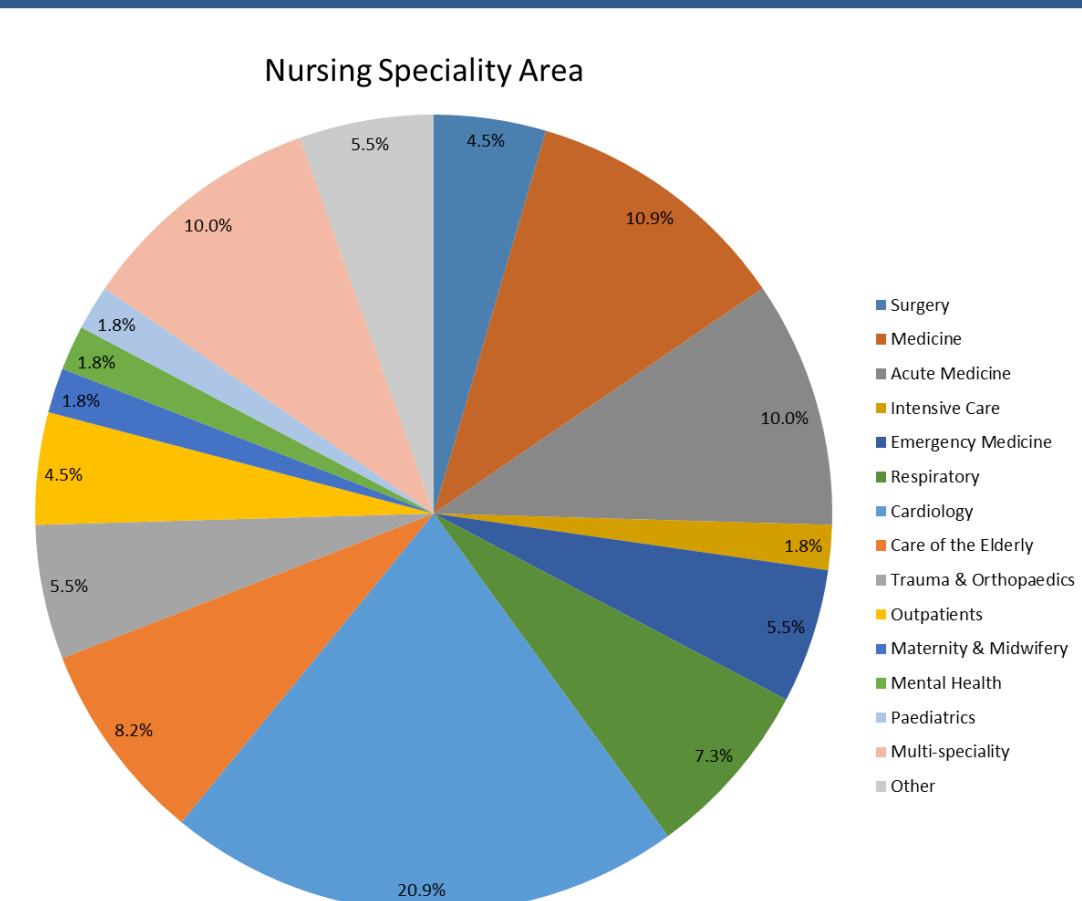
Phase 2
A series of face-to-face co-production workshops with key stakeholders to develop an intervention for nurses.

Phase 3
Pilot testing the intervention to determine feasibility, acceptability and usability.

SURVEY FINDINGS: N=110 RESPONDENTS

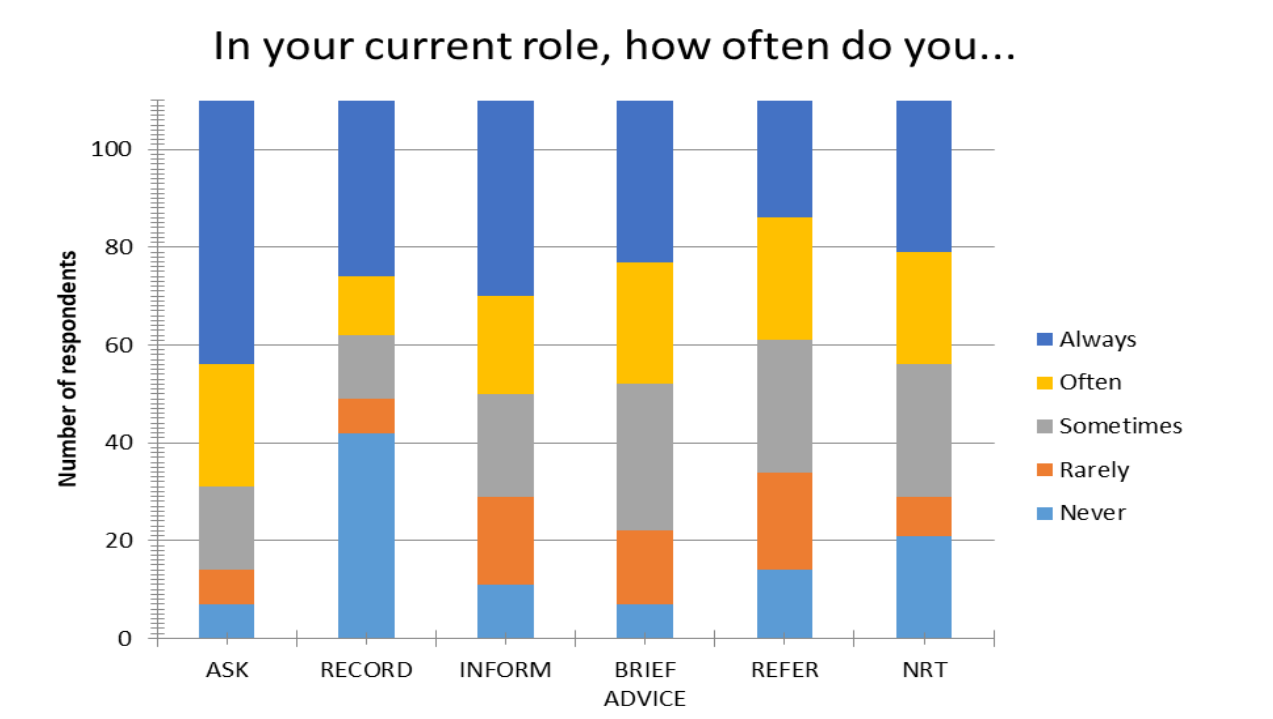
Responses spread across nursing speciality areas, AfC pay bands & DGH sites. Most respondents:

- Had daily (65.7%) or weekly (23.1%) patient turnover.
- Identified as 'White' (89.8%).
- Had 10+ years experience as a nurse (65.5%).
- Reported never smoking (70.9%).
- Had received training relating to smoking cessation (71.8%).
- Believed discussing smoking status/referral with patients to be **very important**.



BEHAVIOURS

In your current role, how often do you...



- Respondents reported frequently **asking** patients about smoking, and least likely to report **recording** smoking status on the Wales Nursing Care Record.
- Significant differences in some behaviours based on:
 - Years in nursing role
 - AfC pay band
 - Training experience

BARRIERS & FACILITATORS

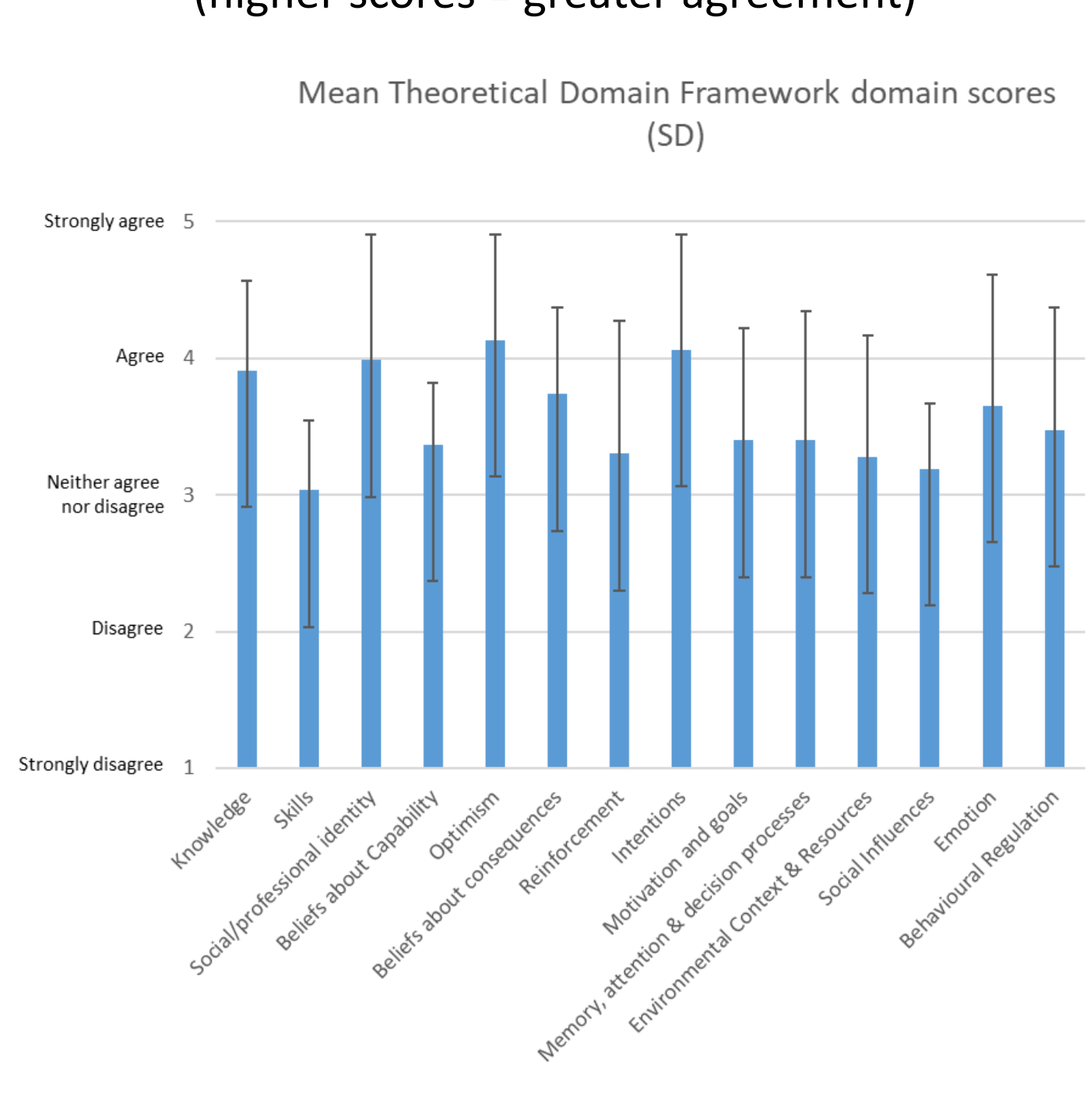
Barriers & facilitators according to the 14 domains of the Theoretical Domains Framework (higher scores = greater agreement)

Statements with most agreement

- I have good **KNOWLEDGE** of the risks of smoking and the benefits of quitting
- I know **WHY** it is important to talk to patients about smoking and refer them to HMQ in Hospital
- I believe discussing smoking and promoting smoking cessation is/would achieve the **BEST OUTCOME** for the patients I care for

Statements with least agreement

- I have sufficient **leadership SUPPORT** to discuss smoking and refer patients to HMQ in Hospital
- I have had sufficient **TRAINING** in discussing smoking and referring to HMQ in Hospital
- I have had the opportunity to **PRACTICE** discussing smoking and referring patients to HMQ in Hospital regularly

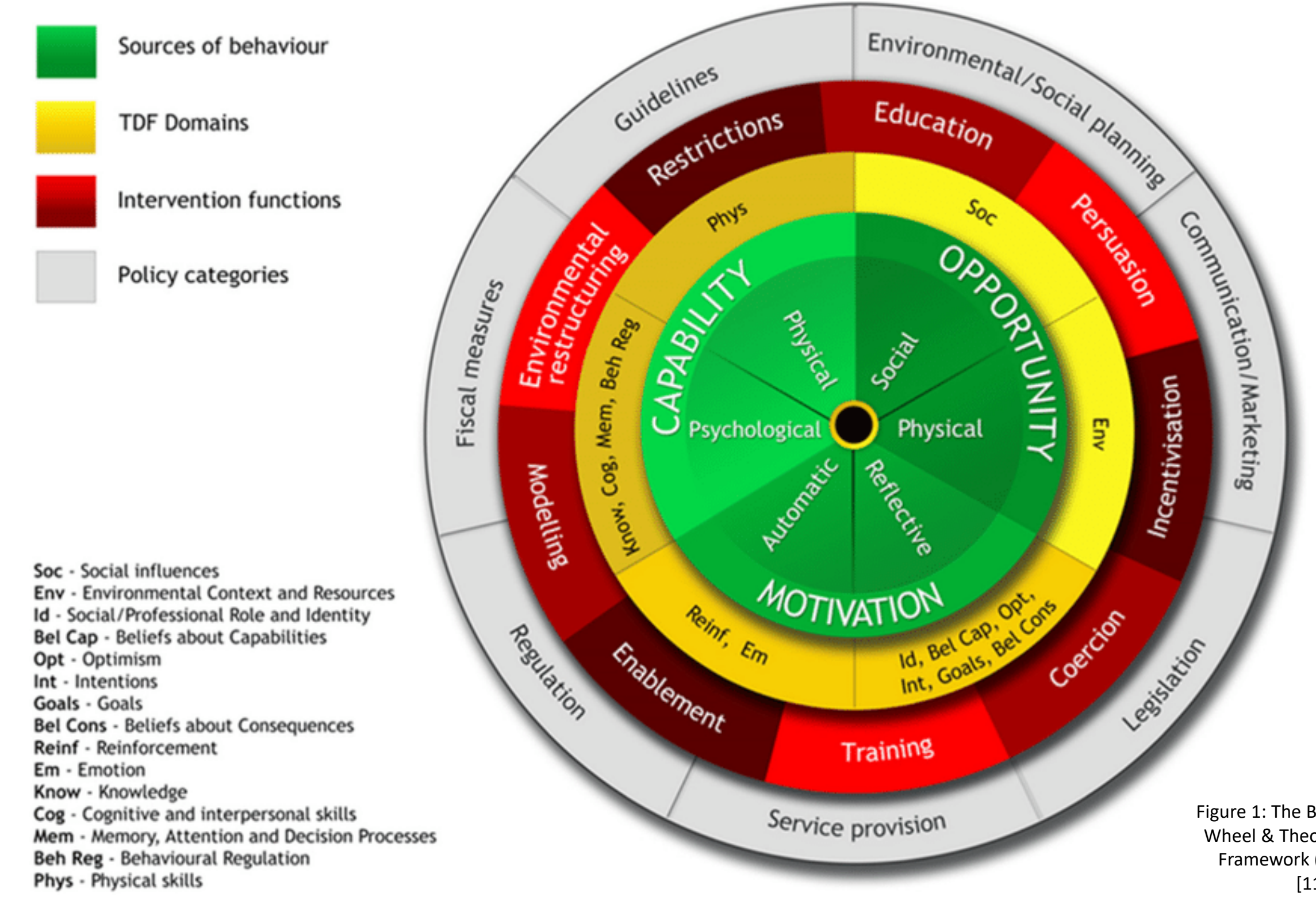


DISCUSSION

- Nurses considered discussing smoking cessation and referral as **part of their role** but **physical, practical** and **social barriers** impact nurses' engaging patients in these conversations. Interventions addressing these barriers are needed to help nurses perform their role effectively.
- Recruiting nurses proved challenging throughout Phase 1 due to time barriers, poor awareness of research, and non-attendance at focus groups. Face-to-face study promotion was most effective.
- Limitations to the study include overrepresentation of some nursing specialties (e.g., almost 50% of focus group attendance were respiratory nurses) and underrepresentation of newly qualified nursing staff.

PHASE 1 METHODS

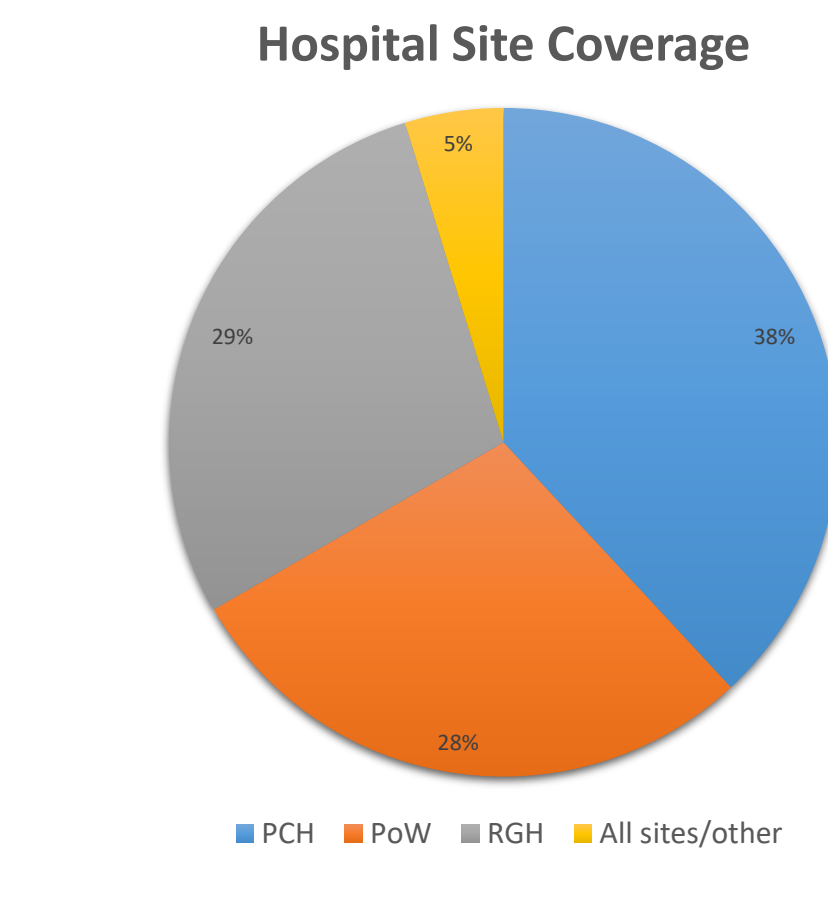
- A convergent mixed methods study design, including:
 - Qualitative semi-structured interviews and focus groups
 - A mixed methods survey
 - Qualitative semi-structured interviews with patients
- Data collection and analysis were informed by the Theoretical Domains Framework (TDF) [11] and COM-B Model [12] (see Figure 1).
- Data analysis is ongoing (as of November 2024); qualitative and quantitative data are being analysed separately using Framework Analysis [13] and descriptive/inferential statistics (respectively) before they are triangulated. Preliminary findings are reported below.



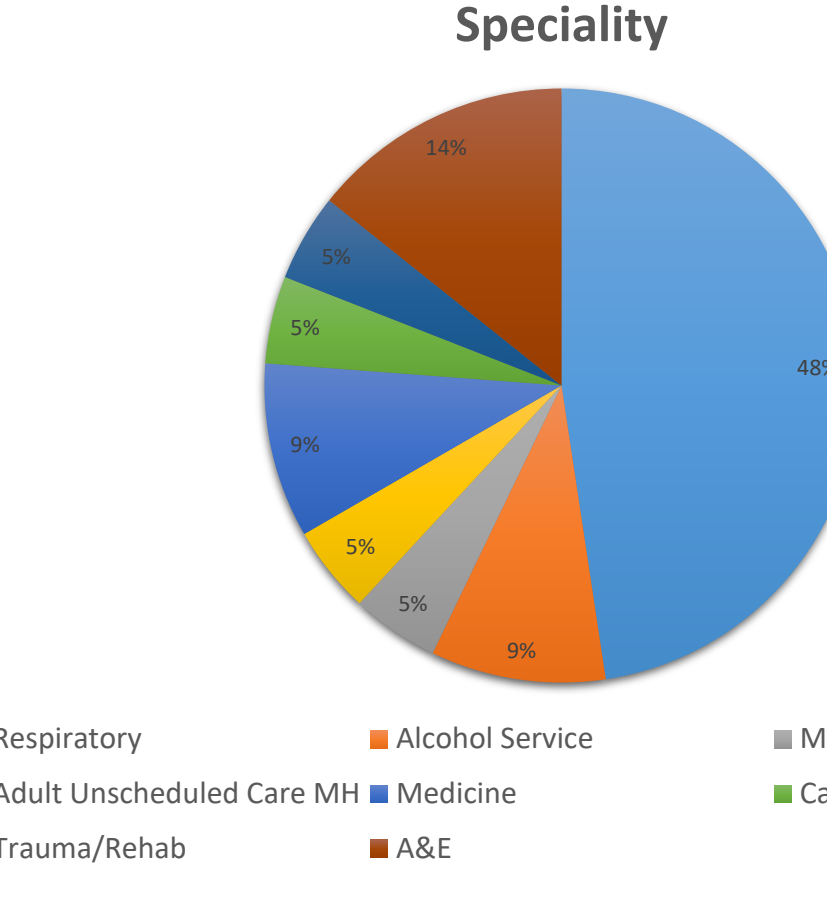
FOCUS GROUP FINDINGS: N=21 PARTICIPANTS

Participants covered all DGH sites, but almost 50% represented the respiratory nursing speciality.

Hospital Site Coverage



Speciality



BEHAVIOURAL DETERMINANTS: TDF

Qualitative data were coded using a hybrid **deductive-inductive** approach.

We found evidence of:

- KNOWLEDGE** of smoking risks and the procedure for recording smoking status, but **uncertainty** of the HMQ service offerings and referral process.
- BARRIERS** to smoking discussions and referral, included:
 - Nurses' **beliefs and assumptions** about patients demographic characteristics and intentions to quit.
 - Disparities in past and current service provision** for smoking cessation, mainly attributed to the **impact of COVID-19**.
 - Nurses' **previous experiences of patient resistance** including verbal and physical abuse.
 - The role of the patient's **family**.
 - No appropriate space** for private discussions with patients.
 - Staffing issues** and competing **job demands**.
- FACILITATORS** to engaging with and referring patients included:
 - Increasing the **visibility of HMQ staff** on wards.
 - A **dedicate role** for nurse champions.
 - Receiving **feedback of patient outcomes**.

"So at least then you'd think actually it is making a difference"

"But again, Covid hit, everything happened, and services changed."

"It's very important to give the advice, but obviously whether they decide to take it off you or not is another thing."

"But a lot say no, again because of the age they've done it all their lives."

"It's not the place sometimes to have the convo"

"We face challenging behaviours from some of our patients"

"There has been awareness of a smoking cessation nurse in the department"

"I've been fed back by the staff. It tends to get missed; I think sometimes"

"...We could look at getting one of the staff to take on like the role of like a smoking cessation champion"

NEXT STEPS

- Triangulate phase 1 findings to the TDF [ref] and COM-B model [ref].
- Use Phase 1 findings and work with nurses to develop a complex intervention through a series of co-production workshops.

