**Reviewer's report**

**Title:** Tobacco cessation clinical practice guidelines in rural and urban hospitals: A pre-implementation nursing needs assessment

**Version:** 4 **Date:** 11 November 2011

**Reviewer:** Virginia Rice

**Reviewer's report:**

1. Is the question posed by the authors well defined?

I think that this is a very important area for study and applaud the researchers efforts but I do have a number of concerns and hope that the following suggestions/directions help to make their work much clearer.

Title Change: Would suggest: Tobacco cessation Clinical Practice Guideline1 use in rural and urban hospital nurses: A pre-implementation needs assessment.

Background Section:

1. Would suggest capitalizing the Clinical Practice Guidelines1 as they are specific.

2. There are no specifically stated "Study aims, objectives, and/or hypotheses" in the paper, They should probably be at the end of the Background and before the Methods/Design section.

3. The first lines of the Abstract Background and the Paper Background differ.

4. Even though all the study analyses are comparisons of rural and urban hospitals, there is no Background literature that looks at this variable and why it is important. Also, there are no aims, questions, or hypotheses, that address this issue.

5. There is no background information from other studies that relate to Nursing's role in smoking cessation, in general. One of the study questions should be how the smoking cessation role of nurses in this study is similar or different from nurses in other studies of the same problem.

6. Reference #1 is about 'Canadian Pharmacists'… not about 'Canadian Nurses'.

7. There are 5 system-level Strategies listed in the Guidelines (pp. 70-72) not six. This needs to be checked.

Methods/Design

1. Design of study is appropriate and well described in terms of it being a survey although it is not clear why the researchers did not know how many surveys were distributed in each of the hospitals and to whom. As the authors noted, there is no denominator for the survey.

2. In terms of the Setting, it is not clear whether there are any geographical differences in the smoking rates or the distribution of males (who are more likely to be smokers) and females, or other factors. Where the nurses in the Urban

setting better educated?

3. Sample Size & Description: Was sample size determined a priori or was it evaluated after the data were collected? Was it adequate? I do not see any 'effect size' analysis. Descriptive data of the nurse participants needs to be put in a separate Table. Need to include the demographics of the sample including mean age, gender, education, and detailed personal tobacco use of the nurses. (All of these factors have been found to effect nurses counseling of patient smokers.)

4. Measurement –Survey:

It is not clear what items were taken from the 57-item Johnston et al (2005) survey. Please specify. Was the survey used in total? If not, how were the questions selected?

The authors describe the use of a "Confidence' subscale. A similar one call the 'Competence' subscale is on the Johnston et al survey. Are they similar? And it only has eight items, not nine.

Would suggest that a Table be created for the Global 5 As protocol.

3. Results: Not clear why 269 nurses completed the survey, but only 257 are in Table 1. Do not understand the last three lines of the first paragraph under the Results.

What were the 8 'confidence' items? They are described as 'competents' on the Johnston Scale

Is it possible to do a logistical regression to determine which predictors (if any) determined the nurses' involvement or noninvolvement in cessation counseling?

5. Discussion

Although the authors compare their findings with those of Johnston et al, how do they compare with findings in other studies? Again, the issue of rural versus urban needs to addressed in the Discussion and Conclusions and why that is important.

BMC Questions

1. Does the manuscript adhere to the relevant standards for reporting and data deposition?

Not clear why the individual items for each subscale are used when the authors indicate the items per subscale were summed and compared.

2. Are the discussion and conclusions well balanced and adequately supported by the data? Needs to address why urban vs rural was important and why the demographic factors of the nurses were important.

3. Are limitations of the work clearly stated? Need to address dropout, need to address the issues of a 'convenience sample', needs to address concerns of the survey, itself.

4. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? Yes, but it is limited to only one other

researcher.

5. Do the title and abstract accurately convey what has been found? See suggested new title on page 1.

Be sure that the language in the abstract is the same as that in the paper.

6. Is the writing acceptable? Yes, it could be briefer. I am not sure what the Word Count is for articles in BMC journals.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable