Reviewer’s report

Title: Total smoking bans in psychiatric inpatient services: A survey of perceived benefits, barriers and support among clinical and non-clinical staff

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Reviewer: Sharon Lawn

Reviewer’s report:

1. Is the question posed by the authors well defined? Yes
2. Are the methods appropriate and well described? Yes
3. Are the data sound? Yes
4. Does the manuscript adhere to the relevant standards for reporting and data deposition? Yes
5. Are the discussion and conclusions well balanced and adequately supported by the data? Suggestions have been made for their improvement.
6. Are limitations of the work clearly stated? Suggestions have been made for their improvement.
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? Yes
8. Do the title and abstract accurately convey what has been found? Yes
9. Is the writing acceptable? Yes

This paper is useful in providing a detailed analysis of a large sample of psychiatric inpatient staff and their perceptions of smokefree policy. This is an important issue because the culture of smoking and its reinforcement in psychiatric settings is a longstanding problem, fueled by many myths and misperceptions developed and perpetuated over many decades by both staff and patients.

- Major Compulsory Revisions

p.3 The term ‘Partial bans’ needs to be defined and the authors need to offer reasons for this evidence, or at least suggest reasons for it. This is an extremely important point and one that often lies at the centre of debates within systems in which stakeholders are sometimes fiercely deciding how to proceed, either with total or partial bans. It is strongly linked to a fundamental flaw that I often observe in staff group debating this layer of implementation, and whether to apply for exemptions to allow smoking in designated places specifically for mental health patients. The authors go on to mention NRT use being more likely in settings that are totally smokefree but likewise don’t offer suggestions for why this is so. Evidence from a recent national consultation with Lawn and Campion (2009) and Lawn and Campion (in press) suggests that partial bans do little to alter
clinicians’ behaviour, or patients’ behaviour. It is these notions of what it takes for staff and patients to take action for change that are fundamental to this area. If we leave this issue to the good conscience of stakeholders, ‘what sounds like a good thing for health’, and rely solely on staff encouraging patients to try NRT whilst still allowing them to smoke in designated spaces, the evidence is that little changes. We are all creatures of habit, so staff take the easy path and so do patients and nothing changes to address this vexing issue in these setting. This pivotal and central point about actual behaviour change, as distinct from perceptions, is one that would enhance the value of this paper.


p.4 The authors assert that no Australian research has yet been reported for either total or patient bans. The above references do this and I believe there is a published paper from research in Western Australia that discusses this issue.

p.8 Design and Setting section – The authors make very little reference to training issues here and throughout the paper. In our research (Lawn and Campion, 2009,in press) we found that the level and type of training provided was associated with the success of smokefree policy. Given the topic of this paper and the importance of addressing staff perceptions and misperceptions, the issue of training could be discussed in more detail in the discussion and conclusions section.

p.9-10 The authors could provide more discussion of how the questions for staff were determined, what the domains of interest were, etc. They state that the questions were developed from previous similar studies and the reader can see generally what was covered from the tables. What is needed is some sense of the rigour aimed for in using these questions.

p.10 in the Analysis section, the authors needs to justify why they reduced some response categories and what impact this may have had.

p.11 The authors could provide a practical example of a type 1 error in this context to assist the lay reader.

p.12 Last paragraph about smokefree status and quality of care – This is a very concerning result that needs further discussion in the context of broader arguments pertaining to this issue, as part of the discussion section.

p.15 Several studies from the US in the 1990s report pre and post staff views. These are not mentioned by the authors. This is particularly relevant given such studies report that staff views usually changed in favour of smokefree policy after implementation, that is, their fears were allayed. Given this current paper is about staff perceptions, such information is worth emphasizing. This point could also be
noted more clearly on p.17, given previous studies also confirm that staff appear to have more negative perceptions about smokefree policy that patients.

p.16 The paragraph commencing ‘The findings of …’ could be clearer, particularly the comment about low levels of aggression.

p.27 Table 1 – The authors did not refer to some variables within the text discussion of results. Examples are length of time in job and smoking status. These would be of interest to readers.

In general, the authors need to refer to reader more directly to the tables, to assist them to navigate through the depth of information they contain.

- Minor Essential Revisions

The first line in the results section of the abstract is confusing. In particular, it is not clear what the 41% and 92% represent overall. I assume the former represents 41% of the total potential sample of clinical staff and the latter represents 92% of the total potential sample of non-clinical staff at the psychiatric inpatient service. If so, this difference, and its implications, could be more clearly noted in the limitations section/conclusions.

Spelling mistakes and other changes suggested:

p.2 Results section, line 4, ‘…improve patients’ physical health…’

p.2 Conclusions section, line 2. The authors could split this into 2 sentences to improve flow ‘…bans do not increase patient aggression….’

p.4, line 11 ‘…both buildings and grounds; that is, a total smoking ban.’

p.4 The Williemsen et al study needs to be referenced. [19]

Also, the authors haven’t discussed the results, therefore the comment, ‘These results suggest differences in staff support…’ sits awkwardly here. Overall, this section could be clearer.

p.5 6th line from the bottom, ‘…particularly a person’s response…’

p.6 line 11, ‘…support for smoking bans in public officials…’ sounds awkward. Suggest ‘among’ or ‘by’.

p.8 line 12, ‘…establishment of [a – delete] service-wide…committees.’

p.9 4th line from bottom, ‘…current smoking status, and [add - whether] exposure…’

p.13 line 6, ‘Details of clinicians’ perceived barriers…indicated a fear of patient aggression(89%) [in relation to smoking bans]…’

p.13 line 9, staff capacity needs clarification; capacity for what?

p.18, 7th line from bottom, ‘…the response rate, particularly for clinical staff, suggest…’

p.19 line 5, ‘…has an historical culture…’
- Discretionary Revisions

p.3 Background section, reference 8 seems to be an odd reference to use here. The authors may wish to check the recent work of Chapman, or Ragg and Ahmed’s review of the controversies about smoking rates, in order to revise this point.

p.5 The authors could more clearly define clinical and non-clinical staff roles earlier in the paper.

p.9 Procedure – were any steps taken to encourage an increased response rate from clinical staff?

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

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

'I declare that I have no competing interests'