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: Barbara BD D'Avanzo

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The paper analyses views of a mental hospital staff in Australia about a total smoking bans in the health area in general and in the psychiatric unit where they work. It also wants to show which staff views are associated to support to a total smoking bans in the unit.

The topic is very interesting, and it deserves more consideration. The question posed by the authors stems from a pragmatic issue, which is: what may facilitate and what may hinder the support to a smoking total bans in the unit where the respondents work? (page 6, 2nd paragraph).

The paper is good and well written, but a few comments and suggestions may improve it further.

The questionnaire contains measures of perceived benefits and barriers to a total smoking bans, and questions about support to it. The authors do not explain how they got to develop such a questionnaire. Although they say it was developed based on those used in previous studies, the reader can not find many similarities with the tools used in the quoted papers. A few sentences on the rational of the questionnaire development can be helpful - environmental, health, relationship/social, psychiatric, organizational, cultural areas, and reasons for the differences from other tools (minor essential rev.). Moreover, the authors say that comparison with other studies was difficult because of different methodologies between studies, but their tools contribute to the difficulty in comparing studies conducted with different methodologies. They might attenuate the sentence at bottom of page 6 about limited generalisability of past research, and use only the issue of the importance of identifying barriers and facilitators of staff support to a total smoking bans (discretionary rev.).

The comparison with non-clinical staff does not add much to the paper. The views of the two groups are only marginally different and the authors base their main findings on data from clinicians. Therefore, non-clinical staff views in Table 2 do actually make the table heavier, without giving any meaningful clues for discussion. The authors may keep the table as it stands, but suggest some more useful considerations on Table 2 (discretionary rev.). Anyway, I suggest to not mention clinical and non-clinical staff in the title, which would become “Total smoking bans in psychiatric inpatient services: A survey of perceived benefits, barriers and support among psychiatric hospital staff” (discretionary rev.).

Table 6 shows the logistic regression analysis of the association between
perceived benefits and barriers to a total smoking bans and support to such a bans in their unit. The authors use a stepwise logistic regression where they conservatively accept as significant only associations with p values <0.01. This is quite unusual even in a stepwise logistic regression model, and I would suggest the authors to consider again whether this is necessary with their statistician. If they consider significant the two additional associations with <0.05 p values, the finding of support to total bans according to smoking status can be better underlined, and more emphasis on that of insufficient knowledge of staff can be given (discretionary rev.).

Although the aim of the study was to analyse staff views in relationship to their support to implement a total smoking bans, the authors should spend some words about the lack of information from patients (discretionary rev.). Since the aim of the study was to obtain indications about what to do in order to implement a total smoking bans in the unit, patients views would be useful too. Moreover, their perception of benefits and barriers related to a total smoking bans can help having a more realistic idea of their position.

A critical point is the relationship between smoking bans and quitting smoking. The aim of smoking bans is double: having safer places for non-smokers and smokers, and help people quitting smoking. This is addressed in Discussion and Conclusions. Nonetheless, in the Discussion, top of page 17, the topic is quite quickly treated. I suggest to add a sentence about the risk of no effect of smoking bans on smoking habits after discharge from a psychiatric setting (see Lawn and Pols, 2005 and el-Guebaly, 2002), and the non-straightforward nature of the relationship between the two, being smoking bans useful first of all in enhancing motivation and the effects of other treatments aimed at smoking cessation and relapse prevention (minor essential rev.). The main reason why clinical staff thought a smoking total bans useful was to help patients stop smoking: to have this belief motivate staff in supporting a smoking total bans, not only information on this point should be strengthened, but also skills given – in helping patients in coping with their concerns about quitting and tolerating abstinence, giving motivation and delivering treatment for care cessation - and tasks and responsibilities attributed.

The point of fear of patient aggression is well addressed by the authors, but it might be helpful to put it in relationship with the staff lack of skills in smoking cessation care. Without such skills staff may likely feel uncomfortable in just making the bans respected (discretionary rev.).

**Level of interest:** An article of importance in its field

**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