

# Capsule Commentary on Katz et al., Implementing Smoking Cessation Guidelines for Hospitalized Veterans: Effects on Nurse Attitudes and Performance

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Previous smoking cessation interventions for hospitalized patients have shown only modest effects;<sup>1</sup> understanding the process of delivering such interventions to inpatients is important. Katz<sup>2</sup> takes an important next step using mixed methods to triangulate implementation barriers and facilitators of a multi-level nurse-led smoking cessation intervention for hospitalized smokers. While the intervention improved guideline concordant care, qualitative findings highlight some key implementation barriers such as time constraints, difficulty in placing pharmacotherapy “quick orders,” and nurses’ attitudes towards delivering cessation advice and beliefs about patient resistance to quitting. These factors may have attenuated intervention effects and likely would not have been captured by quantitative methods alone. These findings underscore the importance of qualitative methods in intervention research; they can provide insight into aspects of the project not amenable to quantitative methods.<sup>3</sup>

As healthcare systems shift from one-on-one provider-patient care to team-based care, it is useful to consider how other members of care teams may be accessed to provide patient preventive care. Staff nurses are the largest group of

inpatient providers; enabling nurses with tools and additional training appears to be a viable option to increase reach of in-patient cessation interventions.<sup>4</sup>

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