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A STUDY OF TWO TOBACCO FREE CAMPUSES IN IRELAND

BY

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Declaration

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Vincent Crossan

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Summary

The **aim** of this qualitative study is to determine to what extent two hospital campuses are tobacco free and determine what can be done to improve implementation.

The **introduction** gives some background to the history of tobacco legislation and the implications this has for the HSE and staff working in hospitals. The chapter also provides an understanding of worldwide measures being taken against tobacco.

The **literature review** looks at themes arising from the review. The researcher found that no country has completely solved the issue of stopping people from smoking on hospitals campuses. The researcher extended some of the study to other campuses, the likes of college campuses to determine if any learning could be taken from this. Overall, the literature suggests there needs to be an integrated approach to improving the numbers of people smoking on hospital campuses by targeting smokers but prior to their entering hospital. The literature gives examples of the importance of community; of training in hospital and of communication.

The **methodology chapter** describes the qualitative research design chosen for this study. The study consisted of:

1. An **observation audit** of two hospital campuses. The researcher visited both hospitals on three separate occasions. On the first visit to the campus the researcher carried out a signage audit, counting signs outside the main entrance and Emergency Department (ED) entrances at the hospitals. The researcher recorded all smoking activity by three groups: staff, patients and visitors. This was further broken down into male and female.

2. The researcher conducted two **focus groups** with members of the health promotion committees at both hospitals. The script for the focus group was divided in to structured and unstructured questions. The structured questions were based on the eight European Network of Smoke free Hospitals (ENSH) and both sets of questions explored themes regarding how implementation of the tobacco free hospital could be improved.

The **results** of the observational audit concluded that neither hospital was tobacco free. The researcher observed a total of 211 people smoking at both sites (50% visitors

smoking, 41% patients and 9% Staff) over the three dates at both sites. The signage audit was more favourable at both hospitals with a satisfactory number of signs observed. The transcripts from both focus groups were coded using framework analysis and a number of key themes emerged. The researcher used mind mapping to link the different themes. The strongest themes that emerged included governance, resources, commitment from government through legislation, and support for local staff to attend brief cessation courses. The themes were all grouped under headings relating to the areas that could improve them: Political Leadership, Health Service Executive (HSE), Local Hospital, Self (the smoker).

The **discussion** chapter focuses on the themes that emerged from the focus groups and compares these against the conclusions in the literature review. It also compares the themes in the grey literature such as ENSH, WHO and HSE documentation. The discussion under National Leadership focuses on Legislation and the need for a political champion and the possibility of a national media campaign to communicate the importance of tobacco free campuses. Under the HSE the issue of resources and dedicated staff having the time to focus on health promotion was discussed. Funding for signage and sourcing of signs is also covered. The discussion around time lost to staff as a result of smoking highlighted a lack of clear guidance in policy documentation. Finally there was discussion around community engagement and the success in the other countries of this in tackling the issue of smoking before the patient gets to hospital. The local hospital discussion was about improving the numbers attending brief cessation training; how to support staff in approaching smokers and the role of consultants and nurses in addition to several other themes. .

The **conclusion** chapter noted the limitations of the study which included the limited time spent on site compared to more comprehensive studies. Another limitation was the small number of participants attending hospital B. This main section of this chapter outlines the recommendations arising from the discussion chapter. Legislation and a whole of Government approach to tackling this issue is also covered. The HSE recommendation consists of updating policy more often, improving communication with staff on the front line to provide more support for implementation and increase integration with Primary Care. It also recommends investigating the feasibility to carry out national media campaigns and outlines the recommendations for the Government, HSE, Local Hospitals and the smoker themselves. The future studies suggest a more comprehensive staff survey to determine attitudes to smoking.

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Mark Twain

Chapter 1

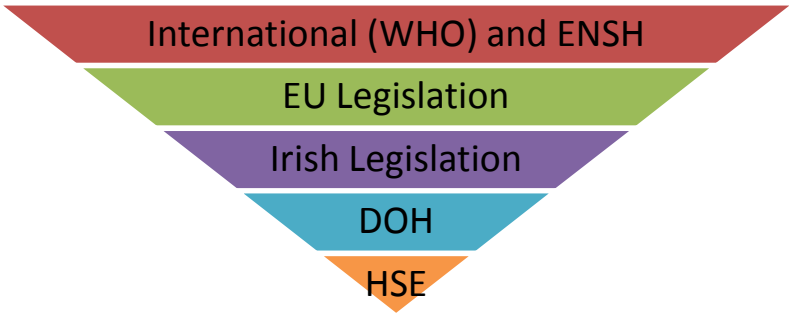
1.1 Introduction

One of the primary objectives of Tobacco Free Campus outlined in the HSE Tobacco Free Campus policy document is "to protect people's health and reduce smoking prevalence, all HSE campuses will become tobacco free by 2015" (Health Service Executive, 2016).

This chapter sets out to give an overview of the policy and legislation that continues the drive to tackle the world epidemic that is tobacco and the local tools available to managers to help them reach these targets.

1.2 International legislation and guidance documentation

Figure 1 Funnelling effect of legislation



The above Figure 1 shows the funnel effect of the legislation which starts with the international level i.e. the World Health Organisation (WHO) and filters down to local implementation. The WHO has a targeted programme to combat the tobacco epidemic called Tobacco Free Initiative (TFI). As part of this initiative there has been a number of publications produced. The two most recent reports have focused on smoke free environments and second hand smoke. The (World Health Organization, 2009) report in relation to the implementation of smoke free environment that *"Globally about one third of adults are regularly exposed to second hand smoke".* The report also points out that "there is no safe level of exposure to tobacco smoke. All people should be

protected from such exposure." Some of the recommendations have a cross over to the successful implementation of a tobacco free campus in hospitals, with this recommendation being strong on enforcement of law:

> Implement and enforce the law. Passing smoke-free legislation is not enough. Its proper implementation and adequate enforcement require relatively small but critical efforts and means.

The WHO Framework Convention of Tobacco Control (WHO FCTC) also concluded that 100% smoke-free environments are the only proven way to adequately protect the health of people from the harmful effects of second-hand tobacco smoke, because no level of exposure is acceptable (World Health Organization, 2010)

Finally the model in the WHO report on the global tobacco epidemic, 2008: the MPOWER package outlines in detail the MPOWER model:

- **M**onitor tobacco use and prevention policies,
- **P**rotect people from tobacco smoke,
- **O**ffer help to quit tobacco use,
- **W**arn about the dangers of tobacco,
- **E**nforce bans on tobacco advertising, promotion and sponsorship, and
- **R**aise taxes on tobacco.

This model forms the basis of implementation of tobacco measures. The researcher will be referencing this model in the discussion phase to determine the levels of compliance with the parts of the model that are applicable to a tobacco free campus. (World Health Organization, 2008)

1.3 EU Legislation

Ireland became a member of what was then the EEC on 1st January 1973. Since then there have been several EU Directives and Policies which have impacted several aspects of Irish life. The EU Directives relating to tobacco control have focused on the actual product and the advertising of it. The EEC directive in 1989 brought in the rule to prevent any tobacco advertising on television. One of the reasons cited in the directive

was to protect the physical, mental and moral development of minors in programmes and in television advertising".

The Tobacco Products Directive (2014/40/EU) among other things restricts the size of the cigarette package and requires that 65% of the cigarette package contains health warnings about smoking. The first version of this directive was passed by the EU in 2001 and at that time the focus was on health warnings on the package. In 2001 only 10% of the package was required to be covered with health warnings.

1.4 ENSH (European Network for Smoke Free Hospitals) Standards

The ENSH has a certification process and it awards bronze, silver and gold. To achieve these standards the hospital must carry out a self audit questionnaire. Arising from the answers a certification is awarded. The ENSH also has eight standards (ENSH, 2016):

> Standard 1: Governance and Commitment. The healthcare organisation has clear and strong leadership to systematically implement a tobacco-free policy
>
> Standard 2: Communication. The healthcare organisation has a comprehensive communication strategy to support awareness and implementation of the tobacco-free policy and tobacco cessation services.
>
> Standard 3: Education and Training. The healthcare organisation ensures appropriate education and training for clinical and nonclinical staff.
>
> Standard 4: Identification, Diagnosis and Tobacco Cessation Support. The healthcare organisation identifies all tobacco users and provides appropriate care in line with international best practice and national standards.
>
> Standard 5: Tobacco-free environment. The healthcare organisation has strategies in place to achieve a tobacco-free campus.
>
> Standard 6: Healthy workplace. The healthcare organisation has human resource management policies and support systems that protect and promote the health of all who work in the organisation.

Standard 7: Community Engagement. The healthcare organisation contributes to and promotes tobacco control in the local community according to the WHO FCTC and/or national public health strategy.

Standard 8: Monitoring and Evaluation. The healthcare organisation monitors and evaluates the implementation of all the ENSH Global standards at regular intervals.(ENSH, 2016)

These standards will form a crucial role in the development of the focus group script.

1.5 Irish Tobacco Legislation

The Oireachtas has passed comprehensive tobacco control laws such as the Public Health (Tobacco) Act, 2002 and the Public Health (Tobacco) (Amendment) Act 2004. These Acts include provisions to: increase prohibitions on tobacco advertising and sponsorship; restrict the marketing and sale of tobacco; provide for mandatory health warnings and restrict labelling; and provide for prohibitions on smoking tobacco products.

The Tobacco Products (Control of Advertising, Sponsorship and Sales Promotion) Act, 1978 introduced for the first time in Ireland the health message on packaging. It also outlined how crucial it was to restrict the sale of cigarettes at bargains prices.

The Tobacco (Health Promotion and Protection) Act 1988 is notable in that it was the first time in Ireland that there was a restriction on where people could smoke. The act notes that it now *"prohibited or restricted to consume of tobacco products in a cinema, theatre, concert hall or in such other place of indoor public entertainment as may be specified."*

Public Health (Tobacco) Act, 2002| and Public Health (Tobacco) (Amendment) Act 2004 are the first acts to have prohibited smoking. Under Section 47. the Minister may, by regulations, prohibit or restrict the smoking of tobacco products in:

(a) an aircraft, train, ship or other vessel, public service vehicle, or a vehicle used for the carriage of members of the public

for reward other than a public service vehicle,

(b) all or part of—
(i) a health premises, or
(ii) a hospital that is not a health premises,
(c) all or part of a school or college,

There are future plans for legislation in Ireland that will impact greatly on present smokers and assist in the decrease of future smokers. The UK has signed off on plain packaging. This had been opposed by tobacco lobbyists in Ireland (Department of Health, 2013b). The Irish Government needs to implement the plain packaging legislation as soon as possible (Clancy, 2014). The other area soon signed in to law is second hand smoke in cars with the Protection of Children's Health (Tobacco Smoke in Mechanically Propelled Vehicles) Act 2014.

1.6 Department of Health Reports/Publications and HSE policies

In November 1999, the Oireachtas Joint Committee on Health and Children published "A National Anti-Smoking Strategy - A Report on Health and Smoking" which recommended that a national anti-tobacco strategy be adopted in Ireland. Another such report is discussed below:

Towards a tobacco free society(Department of Health and Children, 2000) was part of four reports around this time to focus on tobacco cessation. The key messages from this report were:

- To change attitudes
- To help people give up smoking
- To protect people from passive smoke (ETS)
- To focus on children

The more recently published Tobacco Free Ireland has several recommendations that are of particular relevance to this study:

- Protect People from Tobacco Smoke

- Monitor the effectiveness of the current smoke free legislation, including the review of existing exemptions and the monitoring of compliance with these provisions.
- Offer Help to Quit Tobacco Use
- Train all frontline healthcare workers to deliver interventions for smoking cessation as part of their routine work.

Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025 sets out the change in emphasis with the Government aiming to move from hospital based health care to more preventative measures. The tackling of tobacco is a major part of this framework. (Department of Health, 2013a)

As outlined above the development of HSE policies is the culmination of several reports from international level down to EU to Government and DOH. The mandate is there for the HSE to move Ireland to be tobacco free.

1.7 HSE Implementation of Tobacco Free Campus

The HSE published the Tobacco Control Framework - Tobacco Free Ireland in 2010 and this document details a series of actions. (Health Service Executive, 2010)

The HSE produced the first Tobacco Free Campus policy document in 2011 and this was signed off by management in 2012. The challenge outlined in this document was to have all hospitals tobacco free by 2015. At the time of publishing the policy document there were X hospitals tobacco free.

In April 2016 the HSE published a detailed document titled “How to Implement “HSE Tobacco Free Campus Policy” Tobacco Free Campus Implementation Guidance Document (Health Service Executive, 2016). This document provides hospitals with specific details on how to implement and maintain implementation of the hospital as a tobacco free campus. The policy was written in line with the ENSH standards. There are specific details about E-Cigarettes which are banned in all HSE hospitals and facilities. The HSE also continues to promote and deliver brief intervention training. These training courses target front line health professionals as per the HSE National Service Plan.

The HSE Service Plan 2016 outlines the key priorities for the year in relation to tobacco cessation and among these are:

- Maintain and strengthen the implementation of the HSE Tobacco Free Campus Policy.
- Build capacity amongst frontline workers to screen and support smokers to quit through the delivery of brief intervention training, so they have the skills and confidence to treat tobacco addiction as a care issue.

The table below is an excerpt from the Health and Wellbeing Operational Plan 2015.

Figure 2 Tobacco related funding in HSE Service Plan 2015

2015 Budget by Service / Function	€m	€m	€m	€m
Service/Function	Pay	Non Pay	Income	Net Expenditure
Environmental Health and Tobacco	33.5	8.2	(3.7)	38.0

The number of frontline healthcare staff trained in brief intervention smoking cessation was 1,350 in 2014 with a target of 1,500 in 2015.

1.8 Conclusion

The target for 2025 is 5% smoking prevalence for the general population of Ireland (Department of Health, 2013b). The target of HSE policy is directly determined by the agenda of the Government; the legislation and reports outlined above have a funnelling effect and the international and EU climate for health promotion have an influence in the development of the Government's *Healthy Ireland* document (Department of Health, 2013a). The reason the researcher has made reference to tobacco related issues such as plain packaging and EU regulations is that all of these measures will directly impact on the success of tobacco free campuses. It also outlined the measures and standards which the HSE and ENSH have listed as being integral to not only the implementation of tobacco free campus but the sustainability of same.

Chapter 2. Literature Review

2. 1 Introduction

The discovery of the dangers of tobacco is a relatively recent occurrence. It is only in the 1940's and 1950's that cigarettes were confirmed as being a cause of lung cancer. Prior to the tobacco epidemic lung cancer was seen as a rare disease among physicians. Every year cigarettes claim 1.5 million lives every year (Proctor, 2012). In addition to deaths there are the tobacco associated chronic diseases that put a strain on health services across the world.. This researcher aims to discover what research has been done in Ireland in relation to implementing and supporting tobacco free campus and determine examples of best international practice for same.. These will support the themes that emerge from the research in both hospitals.

2.2 Search Strategy

The literature review started with a wide research base and picked up on certain common themes based on international evidence and the standards of the ENSH and WHO. Full details of the search results and resources are outlined in Appendix A Search Strategy.

2.3 Why bother with a tobacco free campus?

WHO notes that the reason to have a smoke free environment is to de-normalise smoking. The researcher also looked at the implementation of the comprehensive workplace legislation which came into place on 29th March 2004 to determine the positive effects this has had on people's perceptions of smoking. A study completed in 2006 by Fong et al. (2006) noted that overall, 83% of Irish smokers reported that the smoke-free law was a "good" or "very good" thing. The support for smoke free laws, once implemented, is very striking. The most prominent results from this survey were the support for a total ban in bars/pubs, which increased from 13% to 46% following the ban. The knock on effect to smokers also makes a strong case for a smoke free environment with nearly half (46%) of smokers in this study reporting that the smoke free law has made them likely to quit smoking. Of those who had quit, 80% reported that the law helped them to quit and 88% said it helped them to stay committed to a life without tobacco.

2.4 Studies of Tobacco Free Campus in Irish Hospitals

The researcher found six relevant studies in Irish Hospitals. In the study carried out in University Hospital Galway (UHG) by Evans et al. (2014) to ascertain how effective the tobacco free campus policy is there. Researchers set out to count the number of cigarettes smoked at different locations outside the hospital. The team of researchers observed staff and patients at 58 different intervals and the results showed that 11% were smoking within the hospital grounds. The same observation was done at Merlin Park Hospital, Galway and the result was similar at 10% (Health Service Executive 2014). This method of observation research is effective if the researcher will actually witness the smoking but this method would be very time consuming for this particular research. There were high levels of litter outside the perimeter walls. This research also quoted previous research by the NHS, in that a lot of staff and patients are afraid to approach smokers. A survey of both staff and patients at SVUH was carried out in 2009 by (Fitzpatrick et al., 2009). The varied response from patients was interesting. One patient noted “I’ve had a smoke with a doctor and a nurse (laughing). You might want to wipe that!”. It was also noted in this study that the prevalence of smoking was dropping among staff, but not among patients. The study found that a poorly implemented smoke free campus can be counterproductive and has a negative image for hospitals. There were no details listed in this study as to how cessation at the hospital could be improved.

The Government has continued to focus on improving the health of the public, as noted in with the implementation of several aforementioned laws such as the Public Health (Tobacco) Act, 2002 and the Public Health (Tobacco) (Amendment) Act 204. The focus of both the Government and the HSE has shifted to prevention and better self care in relation to obesity, mental health, alcohol and tobacco. The focus on tobacco cessation is further in tune with the Protection of Children’s Health (Tobacco Smoke in Mechanically Propelled Vehicles Bill), which originated in the Seanad and was brought before the Dáil recently and is expected to be made law by early 2015(O'Regan, 2014).

The HSE has adopted the Tobacco Control Framework(HSE, 2010) that sets the target for all HSE campuses to be tobacco free by 31st December 2015. The HSE Service Plan 2015 also sets a target to increase the number of nurses to quit smoking and also to meet the target of all hospitals to be tobacco free by December 2015 (Health Service Executive, 2015). The HSE Tobacco Control Framework Implementation Group

(TCFIG) is currently working on ways to improve implementation of tobacco free campuses.

The study by O'Donovan (2009) focused on what cessation methods work best. Over half of respondents (59.5%) rated nicotine replacement therapy as the preferred aid. However, of the ex-smokers questioned, two-thirds cited going "cold turkey" as their method of cessation. The survey by Bartels et all (2012) found that 61% of patients stated they had been asked about smoking by a healthcare professional and only 44% received smoking cessation advice from a health professional.

Although nurses will not be questioned as part of this research it is important to note the study completed by O'Donovan (2009), which found that nurses' role in health promotion is underutilised. The study highlighted a lack of training (65%) of nurses and time (74%) for nurses to train. It was found that the nature of nurses' work is task driven and focused on the routine. Health promotion is not part of this routine. Only 14% of nurses had received training in smoking cessation. The attitudes of smokers and non smokers towards the effects of smoking on health also found that 89% of non smokers agreed that smoking is a risk to health compared to 65% of smokers who believed it is a major risk.

The attitudes of staff in the O'Donovan (2009) research towards banning smoking on the hospital campus also varied greatly with the response to the question: Do you agree with the ban on smoking in public places? 65% of non-smokers agreed while only 25% of smokers did so. The attitudes to the effect of smoke free campus on helping smokers quit also reflects this variation as only 25% of smokers believed that the smoking ban will encourage smokers to quit.

The most recent Irish study the researcher found took place in Beaumont hospital (Ho, et al. 2013). This study identified four barriers to the delivery of cessation advice to patients. These were:

1. Time and Service constraints
2. Patient and staff attitudes
3. Information not readily available
4. Smoke free campus implementation.

This qualitative research was of particular interest to the researcher due to the similarities in research type. There was no widespread support for the concept of smoke free campus with one doctor stating.

> is not fair for the palliative patients", despite helping other patients with smoking cessation, and suggested that exceptions should be made for these patients" (Interview 9 – doctor).

However, other medical staff support the smoke free campus with one surgeon saying they have to respect the restriction.

> Hospital staff would also theoretically be motivated and encouraged to quit smoking, as there is a "restriction they have to respect" (Interview 1 – surgeon).

The researcher has not found any evidence in the literature of respect across the medical profession for tobacco free campuses.

Finally an audit on the smoking prevalence and awareness of HSE smoking cessation services among 1,064 HSE staff gave an interesting insight into the variations in smoking among different staff categories (hAiseadha et al., 2014). The study showed that 15% of HSE staff smoke. The fact that it was stratified research was interesting in that it shows the differing levels of smoking prevalence amongst different staff members, such as doctors and nurses. The study also recommends targeted intercessions; 5% of doctors this compared with smoking prevalence of 11% by nurses.

2.5 Importance of political champions

(Currie & Clancy, 2011) point out that:

> The Irish smoke-free legislation was a success as a policy initiative because of timing, dedication, planning, implementation and the existence of strong leadership and a powerful convinced credible political champion

In other countries it is notable the strength that legislation can have on implementation of policy. WHO have noted that Turkey has made a remarkable turnaround in tobacco enforcement. The Turkish Prime Minister Recep Tayyip Erdoğan when addressing a

meeting of the National Tobacco Control Programme in December 2007 stated that "the struggle against the use of tobacco products has "become as important as our counter-terrorism struggle" (World Health Organization, 2015)

In Spain the political champions were in the shape of the Ministry for Health who helped pass two laws. In 2005 the law banned smoking in indoor places and in 2010 the ban was for outdoor areas of certain premises such as hospitals. Martínez et al. (2014) conducted a review of the effectiveness of these laws on smokers and in particular at a cancer centre. The smoking prevalence dropped from 30.5% to 22.2% following the passing of the first and second laws.

Outside of Ireland there are many examples of strong national commitment. Abdullah & Husten (2004) point out that "Brazil, Thailand, Qatar and South Korea have made a strong commitment to controlling tobacco". This study highlights the power of combining tobacco control objectives with political commitment.

2.6 Gaining buy in from Clinicians and Nurses to promote tobacco cessation

The above examples are the results of success stories of implementation when a government brings in legislation. When front line staff are attempting to implement tobacco free policy the literature has different results.

The researcher had difficulty in finding studies of the efficacy of cessation programmes and these were mainly restricted to North America. One such study: A survey of staff in two EDs was carried out in 2014 by Katz et al.(2014) to determine perceptions regarding the implementation of smoking cessation guidelines. In particular in these hospitals they staff were using face-to-face training on the 5A's (Ask-Advise-Assess-Assist-Arrange).

> Time pressure and competing demands in the ED were frequently cited as barriers to cessation counselling by both Emergency Nurses (EN) and Emergency Physicians (EP).

The quotes from the survey summed up the reality on the ground for staff working in a busy ED:

> At nights it was really busy and we were trying to get somebody in and out quick, you just kind of ask them if they smoke…and that's a big gateway opener

Another interesting issue that emerged was clarity of roles and who is responsible for approaching staff to ask if they want support:

> EPs often expected ENs to take the lead on smoking cessation counselling while ENs reported a similar expectation of EPs

However ENs did acknowledge their role to put the information out there and at least get people to start thinking.

The article most applicable to mainland Europe by Balmford et al, (2014) looks at implementation and effectiveness of a hospital smoking cessation service in Germany. This study was of interest in that it confirms why medical staff should approach patients in the hospital. The study was based around the effectiveness of a dedicated smoking cessation service at University Medical Centre in Freiburg. The results showed that over half of patients who received counselling (n=615) agreed to formulate a plan and receive post discharge support. There was an interesting statistic that those who wanted to quit were younger than those who did not.

In a qualitative study by Li et al. (2014) regarding the barrier to effective smoking cessation counselling services for inpatients from nurse counsellors perspectives it was found that a team approach was required to a cessation-oriented environment was required. One nurse noted:

> For patients to quit smoking, they require a whole team of health professionals to support and assist them

A study done in German hospitals found that 90% of inpatients are asked about smoking. (Raupach et al 2011). It was found by Borland et al. (2012) who conducted a study in 15 countries that in the USA, Thailand and Malaysia there was a high percentage of patients who received medical advice about smoking cessation. The attitude of health professionals was also interesting in each country. In Holland for

instance there was a low rate of advice as the researchers understand it that medical professionals consider it the right of patients to choose the lifestyle they want.

2.7 Incentives to quit smoking and to promote quitting

Li et al., 2014 all noted that there was a lack of commitment from other health professionals. The physicians were cited by nurse counsellors as not partaking in the promotion of cessation services:

> Most physicians are not interested in providing a smoking cessation service even brief advice…. they won't receive any funding so they lack the financial incentive.

Azzopardi et al. (2014) also noted that smokers are awarded unofficial breaks. The researcher reviewed all HSE documentation and found gaps in reference to smoke breaks. The researcher noted that in Section 12 of the Organisation of Working Time Act 1997 employees are only entitled to time off work for breaks, depending on time worked. If, for example, an employee gets a 15 minutes break every 6 hours, then the smoke break must be taken from these 15 minutes. The HSE Terms of Employment was also reviewed and the inclusion of smoking education and rights in all induction programmes for new staff is included. However, there is no mention of entitlement to smoke breaks or normal tea breaks.

2.8 Learning from smoke free campus in universities

The researcher also reviewed the effects of smoke free campuses on other areas, other than health settings. A study done by Seo et al. (2011) compared one university campus to another. The attitudes to those surveyed showed that the smoke free campus changed the normalisation of smoking and made it less socially acceptable. However there needs to be caution for this research, as those who completed the survey were not randomly selected rather volunteered. This may have resulted in a bias. The researchers also noted that the respondents were all white, non-Hispanic and the results may not be replicated in other campuses.

2.9 Training of staff

Armenia hospital campuses had been smoke free since 2005, though success rates have been very poor due to a lack of training and enforcement (Movsisyan et al, 2014). A three-facetted intervention was undertaken to make improvements: 1. Information, communication campaign, posters flyers etc. 2. Establishing a non smoking hospital, removing ashtrays etc. from the campus. 3. Nurses to discuss tobacco cessation with patients. The results were very positive. The results did not result in a 100% smoke free campus but it was a major improvement and these inventions could be implemented in the rest of the hospitals in Armenia.

The researcher also read the actual Brief Intervention for Smoking Cessation Participant Resources which is available on the HSE website (Health Service Executive, 2012). The National Training Programme on the website is available for download. The researcher has reviewed this compared to www.quit.ie and the tobacco cessation section on National Health Service (NHS) in UK. There appears on initial review to be a lack of practical tips and the training programme is very wordy. The first Irish hospital to become tobacco free was St. Vincent's University Hospital. The definition given to the ethos of a tobacco free campus is "to promote a completely smoke-free environment throughout the entire hospital and that the hospital has a duty to provide a healthy environment and a safe place for patients to be treated". The hospital provides a lot of information in their pamphlet. Finally the researcher compared the quit options by the HSE to the NHS. The big difference is the infrastructure and resources the NHS has available as they have what they refer to as a "local stop smoking service". This is a service that is not available yet in Ireland.

2.10 Health promotion and aids to quitting

A survey in Malta showed interesting findings that the majority 24.6% were successful in quitting without any help (Azzopardi et al., 2014). Nicotine Replacement Therapy (NRT) accounted for only a 4.3% success rate for quitting. Of the 25.7% who had previously smoked, health reasons was cited as the main reason for quitting although setting an example and other people's health were also listed as reasons to quit.

Research in other countries indicated how thinking outside the box could help relieve stress in medical patients as an alternative to smoking. Bock et al. (2012) found that

after a six-month complimentary therapy with services such as yoga and mindfulness. There is no costing model available for this study. In the long term it may not be financially viable to pay for a therapist to provide this service.

A study done in two Canadian hospitals by Shopik et al. (2012) broke their study into several themes. The researcher was particularly interested in theme 4: enforcement and compliance. The research was qualitative, interviewing patients. The comments from the patients were quite telling and showed the importance of getting the balance right between enforcement and patients' security and safety. One patient noted "It is one thing to impart knowledge and tell people to be healthy. It is another thing to punish them, or to harass them if they choose not to be healthy". This study did not name either of the hospitals in the study.

Li et al. (2014) discussed the theme of modifying a smokers' lifestyle one nurse counsellor in this study noted that:

> Healthcare providers should not only emphasise how crucial quitting smoking is for promoting patients' health, but they should also shift their emphasis to other health-promoting behaviours such as exercising, maintaining a healthy diet, and managing stress.

The bigger picture approach that smoking cessation is part of a whole approach to improving one's health is also a central theme in the Irish Government document, Healthy Ireland (Department of Health, 2013a)

2.11 Communicating the message

In a study done in two hospitals in the Sydney area an observation study was carried out (Poder et al, 2012). The hospitals had a high success rate of smoking cessation. This appears to be down to a number of factors. Communication with staff was one area of interest.

In Egypt it was found that the best way to overcome the barriers to implementation was to improve communication (Radwan et al, 2012). Communication of the message was also the subject of study by Fahy et al. (2012) and the "importance of pro ban advocates of repeating key health messages" was noted. The media has a crucial role

to play in changing public opinions and the study concluded that: “print journalists had the social power to define the central issues of the smoking ban in the public sphere and therefore in the policy process”.

2.12 Integrated Community Based Cessation Support

There is a theme in the literature for a trend to move to integrated community based cessation support where the patient is treated for addiction as close to home as possible.

Li et al. (2014) noted how it is important to continue intervention beyond the hospital stay and it is essential to build collaboration with outpatient clinical settings and community based social services and advocacy groups.

Goldstein et al. (2009) in the study of the state adoption of 100% smoke free acute non federal Hospital Campus Policies noted that in most states the adoption rate of a smoke free policy coincided with strong grassroots activism and local leadership. The researchers give the example in Michigan which spread the efforts in hospitals to local communities.

In the USA Lubetkin et al. (2010) studied what the attitudes were of primary care centres around the New York area to providing tobacco cessation support to people in low income areas. The results showed that the majority of providers routinely asked about tobacco use (92%) and advised users to quit (82%). Sixty four percent of providers were interested in providing tobacco-related patient navigation services at their practices. Although most providers believe they can help patients quit smoking, they also recognize the potential benefit of having a patient navigator connect their patients with evidence-based cessation services in their community.

Abdullah & Husten (2004) also point out that strengthening community participation is also key to changing the public’s mind-set. The study gave several examples ranging from Massachusetts, where a mass media campaign linked with community cessation programmes doubled the numbers planning to quit in the next 30 days

There was no mention in the studies of the cost of primary care supporting tobacco cessation programmes and this would need to be considered.

2.13 Conclusion

The literature illustrates that the same struggles to implement tobacco free campuses are a universal problem. There is a cycle of improvement when legislation is brought in but a struggle to implement a local policy. The implementation of the tobacco free campus is the same no matter if it is a hospital or a college campus. There requires being a top down approach with a designated person driving the change. This literature review also gives an overview of the benefits of having tobacco free campuses and it leaves the researcher with the conclusion that despite the lack of complete success that some success is better than none. The recurring theme in terms of successful countries is, continuous support politically at the highest level. This support filters down both to the general public and staff and this has a transformational effect on the public and staff. This was most evident with the introduction of the smoking ban in public places in 2004.

Chapter 3. Research Methodology

3.1 Introduction

This chapter describes the methodology used to conduct the study by outlining the research aims, objectives and questions; the research design; the approach to sample selection; the design of the measurement instruments; the data collection process; the data analysis process and any ethical issues involved.

3.2 Research objectives

The objectives of the study are to determine to what extent the two acute hospitals are tobacco free and to determine how implementation can be improved.

3.3 Research questions

1. To what extent is the campus tobacco free?

2. What do the health promotion committees believe are the best measures that could improve the success rate of the tobacco free campus?

By answering these questions the researcher will be able to determine first if the hospitals' campus is tobacco free.

3.4 Research setting/sample

The research was carried out in two acute hospitals in the East Coast of Ireland. The researcher agreed to keep both hospitals anonymous; therefore, there will be no information on the number of beds or patients attending at either hospital. The research is not a comparison between the two hospitals but to garner as much evidence as possible to determine if tobacco free campuses are tobacco free and what can be done to improve implementation.

3. 5 Research design

The reason qualitative research was chosen is that it "believes that humans are complex, somewhat unpredictable beings and that individual differences and idiosyncratic needs override any notion of universal laws" (Cavana et al 2001). The four characteristics of qualitative research can also be described as:

- For generating new theories or hypotheses
- For achieving a deep understanding of the issues
- For developing detailed stories to describe a phenomenon
- For mixed methods research

(Trochim, 2008)

The researcher saw how this tied in with the tobacco free campus and determining the extent to which they are tobacco free. The researcher used focus groups to determine what has been done to bring about implementation and what can be done to improve this. Smoking on the grounds of a hospital can be described as a phenomenon and to get as close to the truth as possible the researcher decided it was best to visit the grounds and see what is occurring. The second phase was to talk to the employees tasked with implementing the tobacco free campus, the members of the local health promotion committee.

3.5.1 Observational study

This method was chosen to determine the extent to which the tobacco free campuses were tobacco free. Are there people smoking on the campus? Is there evidence of cigarette butts? The researcher chose an observational study as the first part of the study, as it was determined it got to the truth of the matter in a more "reliable way and free from respondent bias" (Cavana et al., 2001)

The researcher was concerned that the study was not to become a divide between interviewing smokers and non smokers and to question whether they believed it was a tobacco free campus. The objective is to seek the truth as to the reasons why if it is not fully tobacco free and what can be done to improve the situation. The observational study would also allow factoring in the effect of environmental influences such as weather (hot, cold rainy).

The studies in Galway University Hospital by Evans et al.(2014) and in other countries like in Australia by Poder et al. (2012) used an observational audit. There were also practical tips from the research on how to carry out this study by "dressing in casual

clothing and being seated within the observation area. The researcher and usually had a magazine or newspaper and refreshment or food of some kind so as to blend into the environment.

3.5.2 Focus Group

The work carried out in the first two exercises assisted greatly in the questions written for the focus group. The rationale for choosing the health promotion committees in both hospitals was not that each person in the hospital is represented by the committee members but that the committee as a whole is tasked with the successful implementation of the tobacco free campus. The researcher believes that the health promotion committee was best placed to give the reason for any barriers to the implementation and to give suggestions for the improvement of implementation.

3.6 Sampling strategy

The researcher chose the Health Promotion Committee in both hospitals for the focus groups. The researcher is not attempting to determine the opinion of the staff in the hospital as a whole but to learn from improvements/measures put in place in one hospital who have had success with it and shared this learning.

The health promotion committee in both hospitals has a membership across several disciplines in the hospital.

3.7 Source of bias

The researcher is cognisant of the potential for bias to creep in to both an observational study and focus groups. The nature of the observational audit means “there could be recording errors, memory lapses and errors in interpreting activity, behaviours, events and non-verbal cues” (Cavana et al., 2001). To eliminate the risk of this, the researcher has discussed with one previous researcher from the Galway audit (Evans et al., 2014) how they overcame this risk to the validity of the data. The researchers in this case believed that the design of the recording template and carrying out the audit over a series of weeks and at one hour at a time eliminated the potential for errors.

3.8 Access negotiation

The researcher met with the Area Manager of Hospital A. The manager was very supportive of the research proposal and also brought a member of the health promotion committee to the meeting. It was following discussion at this meeting that the research method changed from mixed methods to solely qualitative.

The researcher also made contact with the Chief Operating Officer, Hospital B who was also supportive of the research being carried out in the hospitals.

Following completion of the negotiation with the hospitals and submission of Ethics Application to Trinity College Dublin the researcher received approval to begin the research, see Appendix B REC Approval.

3.9 Inclusion and exclusion criteria

Inclusion criteria for an observational audit

- All smokers will be observed at the locations selected to be observed at different time intervals on different days.

Exclusion criteria for an observational audit

- There will be nobody excluded from the audit.

Inclusion criteria for the focus group

- Every member of the health promotion committee in both participating hospitals.

Exclusion for the focus group.

- No member of the health promotion committees will be omitted from the study.

3.10 Data Collection process

3.10.1 Observational audit

The structured observational study took place on both hospital campuses on three occasions on each campus.

The design of the template (see Appendix C Observation Study Template) was based on the method used in the audit carried out in Galway University Hospital(Evans et al., 2014). The count of cigarette butts on the template was discounted after the first observation due to issues of feasibility with the large amount to count. The researcher divided those observed into the following categories:

- Staff (wearing a uniform, hospital badge)
- Patients (in a wheelchair, on a drip, in night gear, wrist band)
- Visitors (not classified as staff or a patient)

Two locations in both hospitals were chosen.. This was based on increasing the chances of observing the largest numbers of people smoking.

- Main Entrance(<50 meters from main entrance)
- Outside the Emergency Department

The observations were in line with those used by Galway which were originally based on the methodology used by Nagle et al (1996).

The observations were made on three different occasions in both hospitals. The times were chosen as a mixture between the busiest and quieter times in the hospitals. As noted above this is not a comparison or a study to determine the exact smoking rate at the hospital but it is still important when reviewing the results to note the busiest times at the hospital. The Outpatient Clinic is open in both hospitals between:

Hospital A 09:00 am – 17:00 pm Monday to Friday
Hospital B 08:30 am to 18:30 pm every day Monday to Friday.

The Emergency Department opening times as follows:

Hospital A open 24 hours a day, 7 days a week
Hospital B open 24 hours a day, 7 days a week.

The researcher also observed the signage in the hospitals and the availability of information on tobacco cessation. The researcher designed a collection template to count all the signs observed at both the ED and outside and around the main entrance.

The researcher also kept separate field notes on the observation template about different occurrences on that day. (Bowling, 2014)

3.10.2 Focus Group

Two focus groups were held with members of the health promotion committee of both hospitals. The researcher designed an interviewer guide which was based on methods recommended by (Krueger & Casey, 2002). The focus group began with an unstructured, open question and then moved to more content based questions. These content based questions were based on the eight ENSH Global Standards (ENSH, 2016). The researcher used post it notes and asked the committee to write down their names and a name and a code was assigned to each person. The researcher arranged the focus group through the head of the health promotion committee. The meeting took one hour.

The design of the interview questions were slightly changed for the second focus group as strong themes emerged from the first focus group and the researcher wanted to develop these themes further. This was based on Pope et al. (2000) who suggested that data analysis often takes place alongside data collection and the process is refined as themes emerge.

The recording of the focus group was done with, both real time recording of notes by the facilitator and recording of key words in a note book. Each respondent was given a code name in order to maintain confidentiality. The focus groups were recorded on two devices; an iPad and Dicto Olympus Dictaphone.

Both files were shared in a public folder on dropbox and shared with transcriptionist and subsequently removed from the public folder on dropbox. The transcriptionist completed the confidentiality declaration form which is included as Appendix K Transcriptionist Nondisclosure Agreement

3.11 Analysis of the data

3.11.1 Observation Audit

The information from the hard copy transcripts were written up on the day or the day after the visit to the hospital, as anything not recorded on the field note was still fresh in the researchers' memory. The data was typed up in a table and when all the observation audits were completed, all the three dates were combined and an overall total was calculated.

3.11.2 Focus Group

The researcher received the full transcript from the transcriptionist and began the coding of the data. The first part was to read through the text to determine if there were any particular themes. As the researcher was basing the second part of the focus group on the eight ENSH standards, a framework analysis was the most appropriate form of analysis.

There are five key stages to the analysis of the text sourced from Trochim, (2008)

1. **Familiarisation.**
The researcher became immersed in the raw data by listening back to the tape of the sessions and reading the transcripts of both focus groups.

2. **Identifying a thematic framework.**
The transcript was divided into chunks of identifiable themes

3. **Indexing**
The researcher based the questions on the eight ENSH standards and a code structure of 1-8 was given. When a noticeable sub theme was found it was assigned a code to the standard it was most applicable to. For example the mention of using aids such as nicotine replacement therapy was 4.1, under the main code of 4.0 Identifying and providing cessation support.

4**. Charting**

The researcher formed a chart in Microsoft Excel and included the most appropriate verbatim raw quotes. For further details on this method see Appendix I Example of a section of a Thematic Chart

5. **Mapping and interpretation.**

The researcher produced a detailed mind map and determined which themes had emerged with the most instances. To analyse the data further, to determine the main themes and how the bottom up codes were linked, the researcher used a mind mapping technique. For further details on the technique the researcher used see Appendix J Sample Mind Map.

3.12 Reliability of the data

The reliability of the observation data can be questioned, as there was just one researcher on site for one hour on three different occasions. There were two sites monitored during this one hour, both the main entrance and outside the ED. All smokers could not be monitored at all times, therefore, the figure cannot be an accurate figure of the number of smokers on the campus smoking at that time.

3.13 Participant recruitment

The researcher obtained access to both health promotion committees through the link person provided during the ethical application. All participants signed off on the consent forms prior to the start of the focus group.

3.14 Ethical issues

There were no ethical issues as the study did not involve patients. It was not expected that there would be any risk to the participants in the interview. The observational audit was to be carried out in a covert manner but the identity of those smoking on the campus was strictly anonymous. There would be no pictures taken of the people smoking or of the campus site itself.

3.15 Criteria to guarantee the anonymity of subjects

Even though the researcher interviewed members of the health committee it was agreed to keep each member and the hospital anonymous. This would allow for greater expression of opinion.

3.16 Conclusion

This study took place on two acute hospitals sites. This researcher had to first establish to what extent the hospitals are tobacco free. This was a time consuming process. The researcher had initially considered the option of survey monkey to determine staff views on whether it was tobacco free. On an initial visit to the hospital and following the reading of the Audit in Galway the observational audit was considered to be the best option. The researcher opted to discuss the implementation exclusively with the health committees of both hospitals to determine the measures that both have put in place. This discussion with both committees helped determine what was deemed to be a success and what can be done in the future.

Chapter Four Results

4.1 Introduction

In this chapter the results of the qualitative study are presented. The chapter will display in great details the themes arising from both focus groups held in both hospitals.

4.2 Observational audit

This stage began over Easter 2016. The first day of the observation audit the researcher combined the counting of smokers with a signage audit. The rest of the audit consisted of the researcher visiting the hospital for approximately one hour in duration and observing smoking activity outside the Main Entrance and the ED entrance. The researcher used a coding system: F= female M= male. The researcher also made note of the number of time e-cigarettes were observed and this was recorded as Fe (female with e-cigarette) or Me (male with e-cigarette)

4.2.1 Signage count in Hospital A

On 25th March 2016 the researcher counted all the tobacco related signage at the vehicle entrance to the hospital, at the main entrance, concourse areas and also outside and inside the emergency department. The table below gives a detailed breakdown of the signs in the hospital on this date:

Table 1 Signage count at Hospital A

Total number of tobacco free signage	Location	Details of information
2	Emergency Department	The strictly no smoking sign on the door of ED was torn in half
1	Main gate	One large sign “This is a smoke free campus: Please do not smoke anywhere on the grounds”
6	Main entrance to hospital	Of these two are large and three are small
2		
9	Main concourse area	One poster on door to out

Total number of tobacco free signage	Location	Details of information
		side garden 3 A4 size posters with information regarding e-cigarettes. Not places in very prominent positions

Other observations during signage audit:

- The large Health Education Learning point is hidden under the stairs. The interactive screen is not activated and appears to be out-dated. There are no leaflets on how to quit smoking.
- There are a number of hand hygiene dispensers right in the middle as you enter in to the hospital with alcohol dispensers.
- There were no audio recordings anywhere heard on the campus
- There was no health promotion information in the “smoking hut”
- The visual display in the ED, run by the private company Digital Advertising Network contained no health promotion information
- There was no tobacco related health promotion information in the ED Waiting room
- Nine A3 size campaign posters for Mental Health Little Things campaign including 3 pull up stands. This is in the main concourse of the building. There was only one HSE QUIT campaign pull up poster.

4.2.2 Signage count in Hospital B

Table 2 Signage Count at Hospital B

Total number of tobacco free signage	Location	Details of information
11	Outside main entrance	There is one large sign on entrance to the hospital grounds at the gates.

Total number of tobacco free signage	Location	Details of information
		There is an audio message playing on a loop outside the grounds of the hospital regarding the smoking of cigarettes including e-cigarettes.
6 no smoking signs painted onto the ground	On footpaths leading to front entrance	
2	ED	

Other observations during signage audit:

- When the researcher walked into the main entrance it was noted that there was a wall of hand hygiene dispensers, however, the researcher did not observe any health promotion information pertaining to tobacco cessation in the main concourse area.
- In the Irish Cancer Society information area there is a large poster: “Have you ever stopped to think what’s really inside you? And also a large HSE Quit campaign pull up poster. The information booth also gives away free bookmarks with top ten quit smoking tips.
- The cycling hut was used as an unofficial smoking area on the way in to the hospital

4.3 Results of Observation audit.

The audit was carried out at different dates and times in both hospitals. The overall result was that neither hospital was tobacco free. There are more detailed results and field notes from each visit to the hospital in Appendix G Observation Audit Full Results.

4.3.1 Results at Hospital A

The pie chart and table below shows the combined results for Hospital A over three dates: 25th March 2016, 15th April 2016 and 10th June 2016.

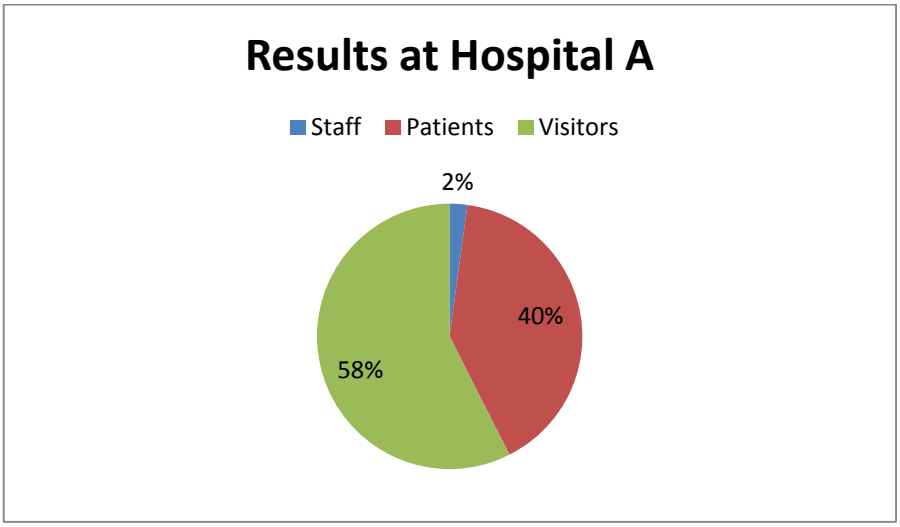


Figure 3 Results at Hospital A

Table 3 Combined Observation audit results at Hospital A

Location	Staff	Patients	Visitors	Total
On grounds of main hospital	F1	F12 M3	F16 M11	F29 M14
Outside ED		F3 M1		F3 M1
Total	**F1 (1)**	**F15 M4 (19)**	**F16 M11 (27)**	**F32 M15 (47)**

4.3.2 Results at Hospital B

The pie chart and table below shows the combined results for Hospital B over three dates: 30th March 2016, 23rd May 2016 and 4th June 2016.

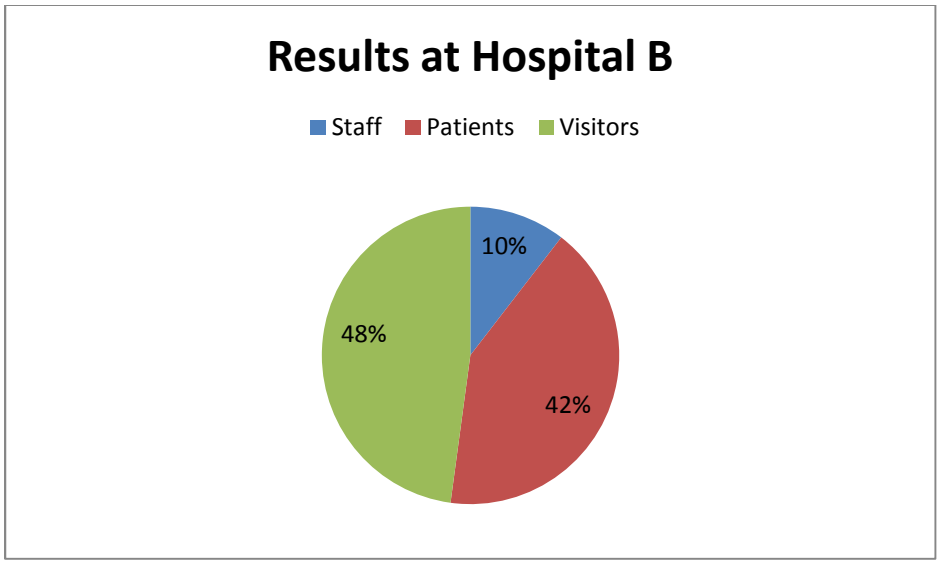


Figure 4 Results at Hospital B

Table 4 Combined Observation Audit results at Hospital B

Location	Staff	Patients	Visitors	Total
On grounds of main hospital	F3 M4	F30 M13	F51 M28	F84 M45
Outside ED	F10	F16 M9		F26 M9
Total	**F13 M4**	**F46 M 22**	**F51 M28**	**F110 M54 (164)**

4.3.3 Combined total of two hospitals

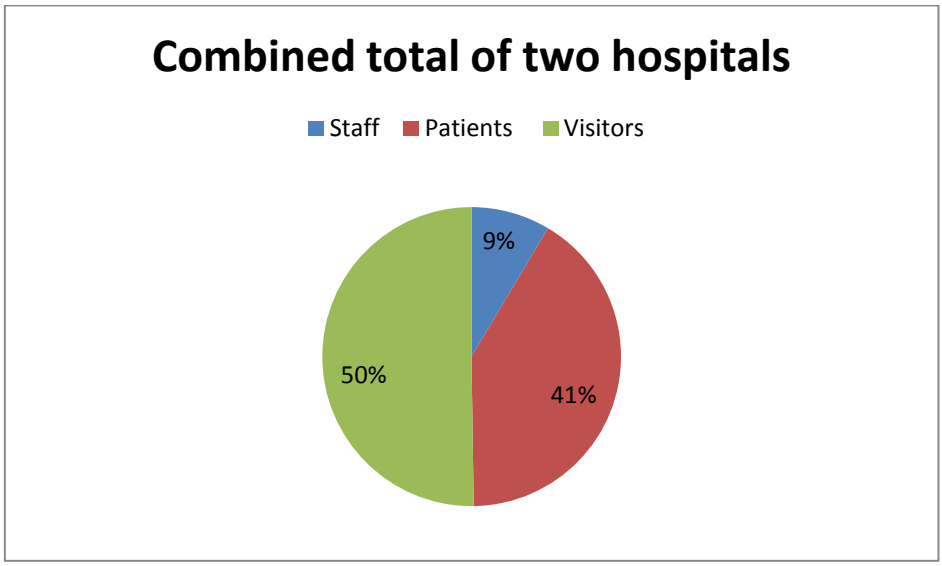


Figure 5 Combined Observation audit results from Hospital A&B

Table 5 Overall results of observation audit at both hospitals

Location	Staff	Patients	Visitors	Total
On grounds of main hospital	F4 M4	F42 M16	F67 M39	F113 M59
Outside ED	F10	F19 M10		F29 M10
Total	**F14 M4 (18)**	**F61 M26 (87)**	**F67 M39 (106)**	**F142 M69 (211)**

4.3.4. Summary of key statistics

- A total of 211 people were observed smoking at both sites over the three dates.
- 67% were female and 33% male.
- 172 of the total were observed smoking outside the main entrance and 39 outside the ED.
- 50% visitors smoking, 41% patients and 9% Staff.

4.3.5 Summary of key points from the field notes

- A total of eight patients were observed smoking electronic nicotine delivery systems (ENDS)
- Sixteen patients were observed in both sites either smoking on the campus in a wheelchair in a dressing gown or attached to a drip.
- The counting of cigarette butts became impossible due to the large number observed on first observation at both sites. The litter was generally observed all over both campus and in hospital A under the no smoking sign.
- The weather was recorded for each visit. The lowest numbers observed smoking (17) was related to the worst weather on 15th April 2016 (7 degrees) compared to the highest number observed smoking (75) on 23rd May 2016 (17 degrees). The researcher does note that the times of observation has a major impact on numbers smoking.

4.4 Focus Groups

4.4.1 Participant profile

There were seven participants in total from both hospitals. All participants were members of their respective hospitals health promotion committee. The gender of participants was all female. The age of all the participants was approximately between 40 and 60 years of age.

The coding of participants is listed as follows:

P1-P5 Hospital A
P6 and P7 Hospital B

4.2.2 Focus Group Details

The focus groups were held on two separate dates

Hospital A Date: 26.05.16 Duration: 45 minutes
Hospital B Date: 10.06.16 Duration: 45 minutes

4.5 Focus Group results

The results are displayed under the most prominent themes. Using the coding scheme, the coding table and mind map the results were formed into key themes.

The structure of the focus group sessions; both focus groups were first asked an open-ended question:
What do you think can be done to improve implementation of the tobacco free campus at your hospital? This lasted around 10 minutes for each group.

There were eight questions based solely on the ENSH standards (See 1.5) Further details on the focus group script available in Appendix F Focus Group Script Hospital A and B.

1. Governance and Commitment (88)
2. Identification, Diagnosis and Tobacco Cessation Support (47)
3. Communication (31)
4. Education and Training (22)
5. Community Engagement (17)
6. Health workplace (9)
7. Tobacco-free environment (9)
8. Monitoring and Evaluation (8)

In order to display the results in themes that linked across all the different standards and sub themes the research divided the responses into bottom up codes that could relate to one of the ENSH standards. This is in line with the filtering down of EU legislation and standards as noted in 1.3 International legislation and guidance documentation. The researcher grouped the results in this manner putting the themes linked to the persons who effect change; this will be examined in the discussion chapter. There is a full transcript from both focus groups included in Appendix L Focus Group Hospital A 26.05.16 and Appendix M Focus Group Hospital B 10.06.16.

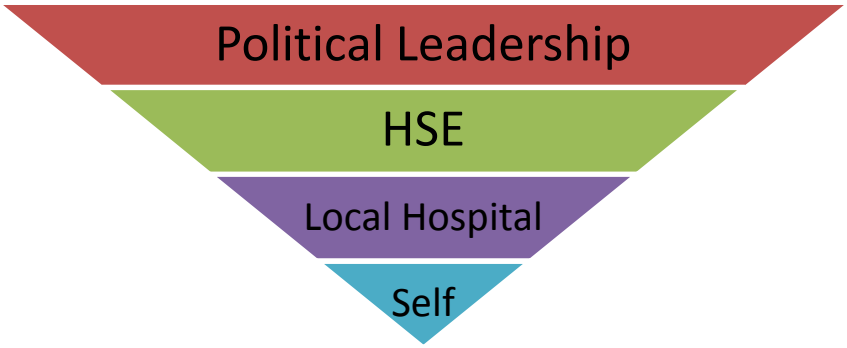


Figure 6 Area/Person responsible for implementation

4.6 Political Leadership

4.6.1 Government Leadership

The researcher asked the question based on the first of the ENSH standards and a strong theme of leadership from the Minister and letting the hospital implement came through:

> They need to lead and we need to implement (P2)

4.6.2 Comments from a Junior Minister

The strong theme of leadership from the Minister and letting the hospital implement came through:

> Yeah he's done a lot of damage (P6)

> He came out there recently and said he thought that some of the restaurant stuff should be reversed; I mean he's going backwards (P7)

4.6.3 Legislation

The power of legislation from the Government was also discussed by Hospital A. There was a discussion around the comparison between the healthy workplace environment and the pub and restaurant smoking ban introduced in 2002.

> when Micháel Martin brought in the smoking ban, that changed everything, really, then, because --[changed people's attitudes] (P1)

4.6.4 National Media Campaign

The focus on a National Media campaign to improve awareness was a strong theme particularly in Hospital A:

> Absolutely no point in us being committed to it if that isn't being supported, and I think, I think something like what P1 is saying, a national campaign that's out there in your face, when you're looking at television (P2)

The instances of this being brought up occurred four times and by all the attendees at the focus group. Further views on this ranged from:

> If you had a similar kind of ad to (Gerry Collins Quit smoking) ad, something to catch the imagination that puts it out there (P2)

The response from attendees focused on National Policy and the requirement to send out a message to the general public that you cannot smoke on the hospital grounds:

> With the new Minister for Health, and if you're continuing on the policy since its introduction, you need to reenergise it, you know, and you need to bring that emphasis back and this back to the limelight (P1)

4.7 HSE

4.7.1 Resources

The issue of resources more than actual policies was a recurring theme in the discussion.

> you were actually full time in the programme as the health promotion officer, and in recent times that was reduced (P1)

> We did have smoking groups, I had a stop smoking clinic, that was the service that was there and it was just taken away. (P5)

The theme of resources was recorded 21 times. This is recorded as a bottom up code under the ENSH Standard Governance and Commitment. The theme was mentioned by 6 out of 7 participants.

In hospital A there were a lot of links between resources and the ability of staff to approach staff and also attend brief cessation training programmes to ask them to quit smoking:

> frontline staff in any department here, in any discipline are under extreme pressure and your EDs are extremely busy and it has to be addressed within your working day…..it is very, very difficult then for staff to be released to go on training, and your challenge would be in the first instance release staff to go on the mandatory training, so they're after what isn't mandatory, It wouldn't be a top priority anymore **(P1)**

4.7.2 Sourcing and funding of signage

The strong theme that arose in this section was both the sourcing and funding of signage.

In relation to the small A4 sized locally produced e-cigarette posters the researcher queried whether it would be helpful to have one manual that had it all. This was confirmed:

> We actually had that e-cigarette poster actually, from another hospital, from a sister hospital. It would be good to have standardised signs all over Ireland (P5)

The funding for communications initiatives was also discussed:

> We are funding ourselves. (P1)

Hospital B did not note any funding issues and acknowledged that staffs have become immune to the audio message playing on a loop outside the main entrance:

> They said sorry, where did you hear that? you do become immune to it. (P7)

The theme of a national campaign was first mentioned in the open question and was repeated several times through the focus group.

> Support us with a national campaign. (P1)

Hospital B agreed on this area:

> It's probably a good idea" to have a national campaign focused on smoking and hospitals.(P6)

4.7.3 Time lost to staff smoking off site (Smoke Breaks) Analysis code

In reference to the absence of any written policy on smoke breaks in HSE Terms and Conditions of Employment:

> If they want to smoke, they can smoke on their break (P7)
> Oh, custom and practice, drives me nuts (P6)

4.7.4 Nicotine Replacement Therapy (NRT)

The subject of aids to tobacco cessation such as Nicotine Replacement Therapy (NRT), which was briefly mentioned in the open question section for Hospital A, was also addressed.

> There is reduced costing you know. All staff members know how to access them (P3)

4.7.5 Brief Cessation Training Programmes

The researcher asked the Hospital A group if the uptake for the Brief Cessation intervention training was good. Although this theme related to local hospital

> The uptake isn't good; probably half of them have cancelled. (P5)

Hospital B acknowledged that more can be done to improve the uptake on these courses:

> I suppose we don't publicise it enough, but perhaps if the committee takes off we could look at it (P7)

There was a discussion on the worth of the training, and the consensus was, it is a very worthwhile course. The investment in staff and how the message arising from the courses can be vital was discussed:

> It's really, really well, well planned that, it's a fantastic course but again it's just being, being released (P3)

> very much interactive and they get experience in role-play on the day P4 957

> That's what gives you, gets you the buy-in then, you know, you come back and you're, you're enthusing about it and the next person then is more likely to go. You've invested in the employee, (P2)

> It's the participation of other people on the group that you learn as much from each other as you do the facilitators (P3)

The discussion turned to the past and the previous courses that used to be held:

> We used to run the smoking cessation classes as well in the evenings, that was stopped (P2)

It was confirmed to the researcher that the reason these evening classes at Hospital A were cancelled was down to funding and requirement of staff to work.

The discussion with Hospital B also alluded to the importance of self-care/and education at home (analysis code 3.2)

> It has to come from the home as well (P6)

4.7.6 Community Engagement

The ENSH Standards describe this as contributing to and promotes tobacco control in the local community. This again is heavily linked to resources and the researcher has placed this theme in this section as a decision for HSE Senior Management on how to allocate resources best to focus on this area:

Transition year students from school visit the hospital:

> We link into schools as well, let the schools come in here (P5)

> The transition years Well they'd be just exposed to the general ethos of the hospital, and health, what is health, the radiology manager has given her presentation, she's put up, you know, the actual CT or the x-ray of healthy lungs, and then she's put up the x-ray of the lungs of, of the smoker (P1)

There were visits to local pharmacies and shopping centres to promote smoking cessation:

> we have gone out to like local pharmacies and local shopping centres (P5)

> We spent a whole day actually, down in Boots I think, around a year or two ago. So we would have that linking in anyway, you know, every month or anything like that, (P2)

The issue of resources again was discussed:

> Resources would be huge to continue (P5)

The local primary care clinic also provides a valuable support.

> I was going to say, in the local primary care centre now, just in the last six months, the community tobacco support person, X, she set up a clinic in the centre (P5)

> I think that it is, it's worked very well in, in an area like where service was cut and reduced, that to have that in the community to link people in (P5)

4.7.7 HSE Policies

The theme of commitment from HSE Nationally was discussed here and how up to date the policies were:

> Things have moved on and changed (P1)

This was continued further when questioned if the hospital policy is up to date:

> No, we don't need to update it because the national hasn't changed until they change it. (P1)

> We refresh and revise our policies on a two-yearly basis, and there's many policies within the HSE that are there since two thousand and two, and we're still referring to them. (P1)

4.8 Local Hospital

4.8.1 Signage

As noted above relating to the funding and sourcing of signs both hospitals noted that a decision needs to be made relating to the sourcing of funding. The researcher noted that both hospitals have done all they can with resources available to them to maximise the number of signs in the hospitals:

> I'm telling you outside the ED, I've put signage on the wall and on the floor, on the ground. I can't put any more signage (P1)

in comparison to what, the way it was, and certainly I think people are well aware of the fact that it's, that it's meant to be a no-smoking campus (P2)

This theme was also discussed by Hospital B

> I think there's a lot of signage in general (P6)

There was also a comment in relation to how staff can become immune to the signage and in this instance the audio message.

> I'm on that committee, and I just said well, I said listen folks, I said if we're saying zero tolerance, what are we doing about it? I said we're saying it every day, I said it's going around, it's buzzing in my ear,: they said sorry, where did you hear that? I said coming in the front door, you do become immune to it.

4.8.2 Local Security Staff

The researcher probed the group to determine if there is commitment from all staff in the hospital and there was discussion around the security staff involvement in the hospital:

> security as well have a security policy and part of their policy would be, it would be defined in their policy that they would support (P1)

The researcher queried whether the hospital management has used a corporate walk around every two months as recommended in the latest HSE Toolkit.

> I actually did myself and a health and safety rep, within the hospital, actually did a walk around in, and it's trying to monitor that underground car parking. (P1)

> Everybody knows, knows the trouble area (P2)

4.8.3 Approaching smokers

The issue of approaching smokers to stop smoking which was also raised as part of the open question was repeated in this section:

> I just walk, I generally just say it and walk away.(P3)

> Within the policy it actually states how you should approach someone (P4)

There was a theme of acceptance of the difficulty of approaching smokers and the dangers to those approaching:

> Sure what can you do, like, people in ED like it's an emergency and they've only just arrived I and you daren't go near somebody. (P6)

> Some people here you won't go near them. (P6)

> If you saw somebody stealing your car, you wouldn't go near them, not to mention if they're smoking a cigarette" (P6)

The issue of approaching smokers, smoking on the grounds of the hospital was also discussed in this open question section:

> You draw it to their attention and then they say to you, yeah, well, you know, I've just had bad news (P1)

> You see people in hospitals are stressed. They're in, It's a hugely different thing, (P1)

Exceptions made to staff that wish to smoke was also debated by the focus group. There were conflicting opinions:

> It is really difficult because people are, people nowadays are very intolerant of anybody approaching them (P2)

> They've enough to deal with without telling patients that you cant smoke (P6)

This theme was further discussed by Hospital B:

> They have the smoking unit outside ED because you've got people coming in who are probably, could be very sick, traumatised (P6)

4.8.4 Exemptions for staff

The exemptions and smoking hut (Analysis code 1.3) was raised and Hospital A discussed bringing back the smoking hut for staff but this was rejected strongly:

> We've removed it for staff and I would hate to see a hut coming back for staff (P4)

4.8.5 Time lost to staff smoking

The governance and line management of staff lost to smoke breaks was then discussed. Hospital A noted how another hospital has to bring in change of rules to prevent staff from leaving the site for a smoke:

> Now other hospitals have made the decision because, you know, they have had staffs that is getting in their cars at lunchtime, driving off site having the cigarette and then coming back in the car, so they're losing staff off site (P1)

This theme continues with the bad impression this gives to visitors to Hospital A:

> But we have a worse situation, almost, in the sense that we have our staff smoking right at the entrance, an entrance to a hospital, and they were visible to the whole general public. (P1)

Hospital B developed this theme further noting the importance of line management in controlling the behaviours of staff:

> all you need to do is look at the hut sometimes, you're walking in and out and you see, you kind of, you kind of do wonder, I mean I don't work, nobody in this department smokes but I think if you worked in a department and you hear someone smoking, they were nipping in and out -(P7)

Managers are not managing (P6)

> If they want to smoke, they can smoke on their break.(P7)

One solution to this was provided:

> If we asked them to clock out of Core when you're going out to smoke, that might nip it in the bud. (P7)

4.8.6 Reaching ENSH Standards

The aim of reaching the ENSH Gold Standards was discussed.

The hospital does a self audit on ENSH every two years

> It's the same things we fall down in every time, we're not at the moment going to make any change, there is no change that we can make (P5)

The difference between gold and silver standard

> there's actually quite a lot of work to be done to achieve that gold standard, and Vincent's have a whole department (P4)

> we were part of ENSH, European network of smoke-free hospitals, we were members of that and have been for a number of years, and would have always followed, you know, the bronze, silver, gold. (P5)

4.8.7 Consultant and Nurses Role

The important role of consultants in identifying the issue and promoting tobacco cessation support was raised:

> Some of the surgeons, cardiothoracic surgeons will say to the patients, I'm not operating on you till you've given up your cigarettes (P2)

> It's a consultant-led vision that Vincent's have (P4)
> Like if we could get them just to buy in, even, to it (P3)

> it would be very powerful for the consultant to say to a patient, you know, you won't be smoking while you're in here, I'm going to give you Nicorette as a replacement.(P1)

> even said once, we'd be on a winner. (P2)
> To get consultant buy in it needs to come from the medical lead" (P3)

> medic to medic (P2)

4.9 Self

There was acknowledgment that tobacco is an acute addiction but that a lot has to come from the person and their own will to quit:

> We're dealing with an acute addiction (P5)

> it is an addiction, it is a chronic disease. So how we respond, but at the same time, the impact that smoking has and the demands of the health service and what it's costing our health service(P5)

> But again we still see people coming back after surgery smoking. (P2)

> Smokers are the first to get out of bed after surgery, and they'll be the first, first in the shelter before, before non-smokers would even be to the toilet. (P3)

4.10 Conclusion

The observation audit was a very effective method to confirm to what extent both sites were tobacco free. The findings showed that both sites are not tobacco free and there are major challenges that need to be overcome. The learning and experience of actually being on site and seeing first-hand the smoking was very beneficial. It was important going into the focus group, as there was something tangible, to relate the discussions to. In the next section the presented findings will be discussed in terms of the literature and best international practice, to determine if the suggested implementation improvements are feasible.

Chapter Five Discussion

5.1 Introduction

This chapter aims to discuss the results determining the validity of the themes raised by the participants. This chapter was arranged in such a way as to group the themes, as per the results chapter, into four defined areas:

1. National leadership
2. HSE
3. Local Hospital
4. Self

The reason is that each grouping has responsibility for making decisions whether it be regarding resources, legislation, policy or one's own conviction to quit smoking. The results are also compared with similar themes form the literature and also the ENSH Global Standard and Implementation criteria (ENSH, 2016) to determine what needs to be done to reach gold standard.

5.2 Political Leadership

5.2.1 Legislation and a political champion

The power of National Leadership and a Government's drive against tobacco was a strong theme in both focus groups. In a study done by O'Donovan (2009) it was noted that the positive effect of Irelands' smoking ban in 2004 had a domino effect across the world. It was followed by Norway (June 2004) New Zealand (December 2004) Scotland (March 2006) Northern Ireland (March 2007) and England (July 2007). The success of this legislation is well illustrated in Spain where two laws were passed; the first in 2005, which banned smoking in indoor places and in 2010 a ban on outdoor areas, which included hospitals (Martínez et al, 2014).

(Abdullah & Husten, 2004) also noted the commitment of national government as being essential for implementing a more comprehensive approach to cessation in both

developed and developing countries. This was proven by the success of the implementation of the smoking ban in Ireland on 29th March 2004.

All of this positive work by Government can be undone by negative comments by a politician. The consensus of the participants in the focus group was that a Junior Minister's call for more public sympathy for smokers (O'Regan, 2016) was a "backward" move". On the other hand positive decision making can have the opposite effect with the drive shown by a former Minister for Health who on 23rd May 2013 approved a scheme to introduce standardised packaging for tobacco products. This was included in the legislation passed in May 2016 (Department of Health, 2016). This bill has not yet been introduced and the concern from participants is the lack of a political champion to "re-energise the campaign and bring it back into the limelight".

5.2.2 National Media Campaign

Article 12 of the WHO Framework Convention on Tobacco Control states that each country shall: "promote and strengthen public awareness of tobacco control issues, using all available communication tools, as appropriate (World Health Organization, 2015). The benefit of using all these tools was discussed by the participants in focus group Hospital A. The participants called for a national media campaign to highlight that that you cannot smoke on the grounds of hospitals. This message is supported by Fallin (2011) as part of future studies section in her dissertation. She suggested the need to test different messages, as well as to use multiple communication channels, such as radio or newspaper ads. WHO also note that some governments dedicate at least some tobacco tax revenues to comprehensive tobacco control programmes, which often include mass media education campaigns that publicise the harm caused by tobacco use and exposure to tobacco smoke. This is not the case in Ireland.

The participants also noted the success of the HSE Gerry Collins Quit smoking ad which "resonated with so many" 491 (P3). However, this places all emphasis on a media campaign to fix issues in regard to tobacco free campus. The research notes that a national media campaign cannot be the only answer. This is supported by Goldstein et al 2009 who states that change does not always come from the top down and the process of policy adoption is occurring through "grassroots activism and local leadership"

The success of local stories picked up by the national media supported by on-going Quit campaign efforts may be more feasible. This is due to the limited resources available to the Department and HSE to target a specific campaign on smoking in hospitals. The role of the media in the success of the smoking ban in 2004 was noted by (Fahy et al., 2012) who found that “an allegiance was formed to argue in favour of the legislation through the media.” This included groups such as the Department of Health, Action on Smoking and Health (ASH) and the Irish Cancer Society (ICS), among others.

5.3 HSE

5.3.1 Dedicated Health Promotion Staff

A common theme of a lack of resources to assist with implementation of tobacco free campus was discussed by both focus groups. In Hospital B there is no dedicated person working as a health promotion officer and in Hospital A the role has been “reduced to half.” (P5). One participant in hospital B noted that the role taking away the health promotion officer wasn’t a good idea…. there’s nobody pulling it all together,(P7)

A lack of staffing resources is a worldwide issue as (Martínez et al., 2014) points out that the most commonly identified barriers to smoking cessation efforts include: lack of resources, knowledge, time and support.

This contrasts with Goal One from the HSE Corporate Plan 2015-2017, which is to: “promote health and wellbeing as part of everything we do so that people will be healthier. The success of this will be measured by a reduced prevalence of smoking to <15% of the population”.

The success associated with having dedicated teams working to implement tobacco free campus can be seen at St. Vincent’s University Hospital, which received gold standard. One participant noted that “Vincent’s have a whole department of health and wellbeing there and it’s consultant-led. It’s a consultant-led vision that Vincent’s have, so they have a very well developed…783 (P4) This theme of resources for staff

interventions emerged as a prominent theme and will be noted in lots of the following themes.

5.3.2 Funding and sourcing of signage

The study done by Nagle et al. (1996) provided evidence that the introduction of signage reduced the numbers smoking by 4%. The conclusion in this study was that signage is important for reducing but not eliminating smoking. This theme was agreed as being important by all participants in the focus groups. The researcher noted following the observation audit that the number of visual and audio messages was very high, yet saw little evidence that they were making any impact. One participant noted that the audio message playing on a loop had become “immune to members of the health promotion team” when it was noted in conversation. Both groups also agreed that there needs to be support from the HSE in terms of sourcing the signs and funding them "It would be good to have standardised signs all over Ireland" (P5) When questioned about the e-cigarettes signs on the campus one participant noted “We actually had that e-cigarette actually, from another hospital, from a sister hospital. We adapted it" (P5). The researcher examined these comments compared to the How to implement “HSE Tobacco Free Campus Policy document and can confirm there is a section on signage templates in the appendices. (Health Service Executive, 2016) The researcher also noted that some of the participants did not appear to be familiar with this document which was published in April 2016. The communication of this document could be improved for front line staff.

5.3.3 Time lost to staff smoking offsite

The issue of staff themselves smoking is a major issue in Italy where the rate of smokers in health professionals is twice the rate of smoking in the general population (44%) (Ficarra et al., 2010). A high prevalence rate was also estimated in workers in a Portuguese hospital (40.5%) which contrasts with the low population prevalence of 20.9% (Ravara et al. 2011). Nurse smoking rates have had an appreciable decrease, mainly after the passage of the 2nd law. (Martínez et al., 2014)

Nurses constitute the largest section of healthcare professionals and have the most direct contact with patients. Nurses are in a prime position both to encourage smokers

to think about giving up and to provide the patient with appropriate information to help them to quit (Wallace-Bell, 2003)

In this study it was found that 21% of nurses were smokers, 23% were ex-smokers and 56% were non-smokers (O'Donovan, 2009)

The theme of staff away from their duties to take a smoke break was agreed by both focus groups as being an issue and also gives a bad first impression to visitors to the hospital.

In relation to the HSE the researcher checked the HSE Terms and Conditions of employment and there is no reference to entitlement to smoke breaks. In fact, according to Section 12 of the Organisation of Working Time Act 1997, employees are only entitled to time off work for breaks depending on time worked. If for example an employee gets a 15 minutes break every 6 hours then the smoke break must be taken from these 15 minutes.

The removal of this custom and practice loophole is crucial to change staff attitudes and this is supported by (Azzopardi et al., 2014) who noted that the fact that smokers are granted unofficial cigarette breaks may serve as a deterrent to smoking cessation. This in effect is a perk of smoking and this study noted that “awarding” smokers should be avoided. Superiors need to be stricter with their smoking staff and abolish unofficial smoking breaks altogether.

5.3.4 Community Engagement

Engaging with the community has been a success in many countries such as South Africa where community members are trained to deliver smoking cessation programmes and arrange camps. Similarly in Fiji local villages are empowered to promote smoking cessation

One participant in Hospital A noted that community engagement was previously attempted and was a success. This included attending local pharmacies and transition year students being brought in to the hospital.

In hospital A the linking in with a local Primary Care centre provided a lot of support for the hospital to provide extra smoking cessation courses. This has been curtailed due to lack of resources.

This feedback and attempts to engage with the community is supported by the ENSH Global Standards and Implementation Criteria. Standard 7 notes that "the healthcare organisation contributes to and promotes tobacco control/prevention in the local community".

The researcher checked the How to implement "HSE Tobacco Free Campus Policy (Health Service Executive, 2016) and this document does highlight the need for the HSE to support the Department of Health to progress the de-normalisation of tobacco use in schools, colleges, city councils, public sector workplace campuses and sporting organisations etc. It is clear that both hospitals in this research have attempted to engage with the community but more resources are required to continue this.

5.4 Local Hospital

5.4.1 Brief cessation training programmes

The issue of staff not attending brief cessation training programmes due to lack of time available was a theme that both groups reached consensus on. Hospital A agreed that "it is not that there is no interest in the courses but it is a case of being released 871 (P3)

The argument is supported by previous studies such as the study by Raupach et al., (2011). In another study just under half of smokers stated that they had received cessation advice while in hospital (Bartels et al., 2012) WHO also recognise that in order to be in the highest category of it is recommended that smoking cessation courses are provided.

The HSE National Service Plan 2016 (Health Service Executive, 2016) sets a target of 1500 staff which is up 250 staff from 2015. This contrasts with the total number of staff working delivering health services in Ireland which was 97,000 whole time equivalent in 2015 (Health Service Executive, 2015)

The participants in both hospitals agreed that the investment in staff to attend these courses is crucial and can create a viral type effect:

The theme of hospital being an opportune time to help patients quit as they can see firsthand the results of smoking is supported by the study done by (Balmford et al., 2014).

The researcher must note that the HSE also provides a lot of supports outside of the brief cessation training and the HSE QUIT website also mentions several different ways of quitting. Among these is a low call quit line. This is noted by WHO as placing a country with such a phone line in addition to NRT and brief cessation qualify to be in the highest category for countries implementing smoke free environments (World Health Organisation, 2009).

Finally the researcher asked the participants if these cessation courses could be provided online which may give the opportunity for more to avail of the service. This was rejected by the majority of participants in Hospital A who believed actually physically attending the courses was vital.

The researcher noted that there is a lot of information available to those who cannot attend courses online with access to the full participant resources but there appears to be a gap in the communication of these cessation services.

This is supported by the study done by hAiseadha et al, (2014) who noted that “staff are aware of the cessation support services available for themselves and the smoking population. Unfortunately, less than two-thirds are aware of any cessation service.”

5.4.2 Approaching smokers

The participants of both groups noted the difficulty for staff to approach other staff, patients or visitors smoking on the campus:

This reality for staff working on the ground is supported by the study by Katz et al, (2014)

> Especially nights where it was really busy and we trying to get somebody in and out quick, you just kind of ask them if they smoke and didn't really go too much in to it.

One nurse from this study also noted that when she asked a patient if they smoke:

> they just stop and say "That's not why I'm here. I'm here for a reason, and if I came in and wanted to quit smoking then I'd ask you"

This aggressive tone from smokers is not fully addressed in the latest HSE document in relation to implementation. There is some support in terms of a reminder card which is approved by NALA and received the Plain English mark. There is no evidence of this being translated in to different languages. There was no mention in the focus groups of alternative ways to approach staff.

The participants from the focus groups also noted the role of security staff in approaching smokers. The researcher from the observation audit did not observe any security staff or hospital medical staff at any stage approaching smokers. The participants noted that this is not their sole remit and they are under pressure at times. In order to get to gold ENSH Standard the hospitals must ensure that all staff "know how to approach tobacco, associate devices/e-cigarette users, including visitors, to inform them of the tobacco-free policy and tobacco cessation services.

5.4.3 Consultant and nurse role

The WHO Framework Convention on Tobacco Control (WHO FCTC) recognises the role that health professional organisations have in reducing the numbers smoking. (Azzopardi et al., 2014).

The highest levels of advice to quit were found in the US, where there has been a great deal of effort to encourage doctors to apply evidence based guidelines. On the other hand in the Netherlands many Dutch physicians are reluctant to intervene with what many consider the right of patients to "choose" the life style they want. As a result, most restrict their advice on this matter to patients with smoking related complaints) (Borland et al., 2012)

The qualitative research by Katz et al (2014) supported the participants in the focus groups who “I think our role is to put the information out there and at least get the people to start thinking”.

The lack of any dedicated staff or a process by the participants is again supported by Katz et al (2014). “Physicians expected Nurses to take the lead on smoking cessation and vice versa”. This theme is also prominent in the results of this research, as noted above, the low uptake levels for brief cessation training.

Time pressure and competing demands in the ED were frequently cited as barriers to cessation counselling by both EN’s and EP’s, however. Although EP’s and EN’s supported the intent of the intervention, time constraints often trumped ideals. (Katz, 2014). The same theme was agreed by both focus groups. The ENSH Standard 3 Education and Training notes that key clinical staff are trained in motivational tobacco cessation techniques in line with researched best practice”. The evidence from this research is that this is not happening.

There was also no mention in either focus group of the 30 Second Stop Smoking Advice which is a two-page sheet which outlines how to “Ask, Advise and Act.” This was produced by the HSE Tobacco Control Programme in partnership with the National Cancer Control Programme.

5.4.4 Health Promotion in the hospital

The theme of tobacco cessation as being part of the bigger picture of health promotion was agreed by the majority across both hospitals as being essential to tackle tobacco addiction.

However, again this was linked to the theme of resources and one participant noted that “a lot of hospitals within the HSE have taken on someone to roll out Healthy Ireland” and this was evident to the researcher when visiting both hospitals. In Hospital A the health promotion stand is hidden under the stairs and not in a prominent position. Similarly when the researcher questioned participants about health promotion

stands in the Hospital B it was noted the Irish Cancer Society stand provides information on quitting smoking.

This bigger picture approach is supported by Li et al (2014) with one counsellor noting the need for a shift of emphasis to “other health promoting behaviours such as exercising, maintaining a healthy diet and managing stress”.

Similarly the Healthy Ireland document states that there are “Proven economic benefits flow from having a healthy society. Prevention at the population level results in better value, increased productivity and improved quality of life.” (Department of Health, 2013a)

5.4.5 Exemptions for patients/staff

There was a theme of tolerance and debate among participants as to how feasible it is to police. In both hospitals there are smoking huts. In Hospital A the hut is for patients only but staff and visitors were observed smoking there also.

The HSE officially allows for exemptions for certain patients who in exceptional circumstances may be granted an exemption to the policy to a service user/client.. (Health Service Executive, 2016) There is no official exemption for staff and this can lead to issues as noted relating to unofficial smoke breaks and extended time away from the workplace is not permitted.

In one hospital where patients with acute addiction were allowed smoke in the hut the researcher noted on the coldest observed day that elderly patients were wheeled out in wheelchairs in very light hospital clothes to the hut at the front of the hospital. There is evidence that exemptions for patients and the providing of a hut for patients at the front of hospital A is being abused by staff and visitors who are also using this hut. This is against the ENSH standard 5: Tobacco-free environment which notes that the grounds and transport systems are completely free of tobacco use. (ENSH, 2016)

5.4.6 Hospital Policy Document

The participant from Hospital A advised that their hospital policy document has not been updated since the original HSE tobacco document in 2012. The HSE policy states that documents will be reviewed at the end of 2015. The policy also notes that the policy could be communicated via pay slips, briefing sessions, email, website etc. The latest document available on the HSE website is from 2012.

The ENSH Global Standards and Implementation Criteria clearly state under Standard 1 Governance and Commitment that the "healthcare organisation has clear and strong leadership to systematically implement a tobacco-free policy. Among the implementation criteria for this standard is that there are clear policy in place. The evidence from the focus group is that Hospital A were awaiting updates from national HSE to update their policy. The implementation criteria also notes that there needs to be commitment by all staff with the policy. There was not evidence from the focus groups that the policy is communicated to all staff.

5.4 Self

5.4.1 Home/Self care

The negative attitude of staff when approached as noted in the results is linked to the importance of smokers taking responsibility for their own actions.

This is supported by the Katz et al (2014) study:

> "My personal thoughts are that people don't take responsibility for their own actions. So, they can always blame it on something else and I think that's the mind frame that, you know they do that…..we can't hold their hand" [Nurse, Hospital 1]

All the above initiatives if implemented with full resources are meaningless if the person does not want to quit. This is backed up by a systematic review by Rigotti et al (2007) confirming that hospital smoking cessation counselling is effective, but stressed the importance of ensuring that treatment extends beyond the hospital stay.

It is also important to note that the person who smokes needs to be empowered and not victimised.

There is strong evidence to suggest that people who smoke are from a disadvantaged background (Fitzpatrick et al., 2009).

Contrary to the study hypothesis, the adoption of smoke free campus policies appears to have very little influence on the rate at which hospitalised patients receive cessation counselling. Hospitals that have adopted these policies do not differ from those that have not adopted a smoke-free campus. (Williams et al., 2009)

5.4.2 Funding for Nicotine Replacement Therapy (NRT)

Almost half (43.8%) of the surveyed population find difficulty in refraining from smoking in forbidden areas and a further 43.3% would find it most difficult to give up their first cigarette of the day. A near quarter of these smokers (23.6%) require their initial cigarette in the first fifteen minutes after waking up. (Azzopardi et al., 2014)

The use of NRT is seen as very beneficial by both focus groups in assisting patients refraining from smoking. However, both indicated that there needs to be more funding provided to cover the costs and give an incentive for staff and patients to avail of the services. Hospital B participants noted the big cost involved there.. The study done by O'Donovan noted that the benefits of NRT are supported by over half, 59.5% of the sample. They rated NRT as the preferred aid to smoking cessation. Ex-smokers were asked how they quit smoking, over three-quarters of the sample respondents chose "cold turkey" as their method of cessation, indicating nurses' low uptake of smoking cessation interventions (O'Donovan, 2009).

The role of subsidies is not always a major factor. For example Australia had much higher levels of medication use, most being NRT, which is not subsidized and New Zealand, with a sophisticated and widely available subsidy scheme, has relatively low levels of medication use.

5.5 Conclusion

The results of the focus groups show that the implementation of tobacco free campus starts outside of the gates of the hospital. It begins with the Minister for Health to the HSE right down to the smoker. There is no silver bullet response and although resources were highlighted as a key area that needs to be improved, even with all the money in the world there still needs to be an improvement of communication, leadership and local culture to bring about real change. These findings need to be reviewed by HSE Tobacco staff to improve implementation.

Chapter 6 Conclusion

6.1 Introduction

The study provided conclusive evidence that neither site is tobacco free. Despite the visible signage and audio messages there were still many staff, visitors and patients smoking on the campus. To determine why this phenomenon occurs both focus group participants provided key information that led to themes being established and analysed. This analysis highlighted that in order to have successful implementation of tobacco free campus and reach ENSH Gold Standard there must be a combination of time available to staff to educate and promote health in such a short window of time. There must be a focus on continuous care, in the community and at home. The hospital must be a starting point to give information and set up a pathway of care. This study highlighted that despite the proclamation that Ireland has tobacco free campuses there now needs to be a rethink on what is the real success, declaring that the hospital is tobacco free or that it is a functioning beacon of health promotion.

6.2 Limitations of the study

The observation audit was limited to three days in both sites and was not a detailed study of the sites.

The focus groups were limited to two sessions with five participants in one hospital (Hospital A) and two participants in the other (Hospital B). The participants of hospital B opinions' may not be reflective of the rest of the health promotion committee.

The two studies took place in Leinster based Hospitals and there may be differing opinions in other hospitals around the country.

6.3 Recommendations

The following are the recommendations that arose from the results/discussion chapters.

6.3.1 Recommendations for Political Leadership

1. Attitudes were changed in 2004 with the introduction of the smoking ban. Legislation needs to be considered for outdoor bans on smoking, particularly in hospital settings.

2. Whole of Government approach. Cuba has a Ministry for Public Health focused on prevention not cure. Turkey, also as noted in the literature review, has a similar all party approach. A long-term vision should be tabled at the new cross party health committee.

6.3.2 Recommendations for HSE

1. Improve the communication of documents such as ”How to Implement “HSE Tobacco Free campus Policy” to ensure all hospitals are aware of the contents.

2. Produce a dedicated signage manual containing all smoking posters from DOH, Irish Cancer Society and HSE.

3. Introduce initiatives to allow for time for staff to attend courses

4. Reduce gaps in information in HSE documentation such as Terms and Conditions of Employment in relation to entitlement to smoke breaks.

5. Focus on improving integration with Primary Care to provide support to patients requesting tobacco cessation support

6. Investigate the feasibility of carrying out a National Media Campaign to promote tobacco free campus

7. Update the Tobacco Free Campus Policy document every two years as noted in the document.

6.3.3 Recommendations for Local Hospitals

1. All nurses' role is to first approach the patient and once it is flagged that they are a smoker the consultant/physician to then at least give them one line of warning to shock into action and give them information. Develop a tag team.

2. Dedicated staff trained to be watchdogs so others do not have to take it on themselves to confront people over smoking for fear of an aggressive response.

3. Link with other hospitals and create a network of learning. This came about in second focus group when trying to suggest ideas to improve implementation.

4. Clear guidance for exemptions and placement of huts not out the front of a hospital. Air conditioned rooms inside the hospital could be considered.

5. If there are exemptions for patients the researcher does not see any reason why the older, chronically ill smokers should not be given a blanket in winter if going outside to smoke.

6. Build time into a nurse's day as a matter of routine, to promote smoking cessation in smoke free campuses.

6.3.4 Recommendation for smokers (Self)

1. Smokers must take advantage of services available, such as NRT.

2. Smokers on the campus must treat staff with respect and respect the rules of the campus to not smoke.

6.3.5 Recommendation for Future Studies

1. Future studies to focus on developing more communication and training for staff. To create awareness of the importance of promoting health in the hospital and also of setting an example to patients. (Bartels et al., 2012)

2. Look at undergraduate training and incorporating training of nurses to make it part of the daily job to ask about smoking cessation.

3. Future studies focus on disciplinary matters such as littering the campus with cigarette butts.

4. Carry out research in more hospitals across the country to determine what the key themes are.

5. Extensive survey to question to staff who both smoke and those who wish to promote health promotion to determine how to improve supports to staff.

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Appendices

Appendix A Search Strategy

The aim of the literature review is to document the literature on the area of the attitudes to tobacco free campus by staff and to ascertain the methods other reviews used for gathering information. I wanted to read the types of questions asked and determine the best methods to use for my research.

The research was not limited to the dates of publications. The predominance of smoke free bars, international legislation dominated the search.

The index at the bottom of articles was reviewed in order to find other relevant articles I found useful. For example words such as

The funnelling technique was used to build up the key search word to determine exactly how much information was written on the topic. I broke my focus in to two areas: studies regarding implementation of tobacco free campus in Ireland and implementation of tobacco free campus internationally.

I was looking for articles and studies that deal particularly with the implementation of smoke free campus and the learning from this. I found from my searches there are a lot of studies done on

A broad search was carried out and it was found that this worked well on some search engines like Pub Med. I had to use

When journals were searched it was discovered that using advanced search engines such as Pub Med. Following some tweaks to the Boolean expressions, (tobacco free campus) AND Ireland for example gave me no returns. However, (tobacco free campus) AND hospital gave 24 hits. I chose relevant articles by reading the titles and abstract. When the Boolean expressions reduced the number of search hits to an amount of less than 150 I could then read through each title and abstract.

There was plenty of literature around National implementation of smoking bans in countries like Italy or Scotland. There were also a lot of studies on reduction of exposure to second hand smoke. The issue my research is focusing on is reducing smoking on the campus, this mean outdoors and also how this can be improved. Some of the recommendations were used to determine by questions for the focus groups.

Backward tracing was not used for finding addition articles as the purpose of my literature review was not to read every article written on tobacco free campus's but to take a sample and determine how studies were done. I did not limit myself to just Irish studies, as I believe that as nicotine addiction is the same for the entire end goal of tobacco free campus is the same no matter where in the world and findings can be used from these studies in Ireland. The literature review will also help me decide on my final method of research and to focus on what study would be of benefit to the real work being done by Tobacco Control Framework Implementation Group (TCFIG), HSE. I had no limits in terms of publication dates, as I wanted to read as wide a variety of information as possible. However I found that all the research I did find relevant was written in the last 10 years, when tobacco legislation has been rolled out in more countries. I primarily used four databases for the research, but I did not discount information from other sources such as Lenus and the HSE website which was useful for the review for the background and grey literature review.

Website	word search combinations	number of hits	relevance to topic
PubMed	Tobacco AND Ireland AND hospitals	7	0
PubMed	Smoke free policy) AND tobacco free policy) AND policy implementation) AND compliance) AND hospital) AND hospitals) AND tobacco free	0	0

Website	word search combinations	number of hits	relevance to topic
PubMed	smoke free policy) AND tobacco free policy) AND policy implementation) AND compliance) AND hospital) AND hospitals) AND tobacco free	11	8
Web of science	Tobacco AND Ireland AND hospitals	82	2 (Shopik et al., 2012) (Balmford et al., 2014)
ABI/Inform	tobacco AND Ireland AND hospitals	1,068	To many to review
website	word search combinations	number of hits	relevance to topic
Science Direct	tobacco AND Ireland AND hospitals	3,400	To many to review
Science Direct	"Ireland" AND "tobacco" AND "smoke free" AND “hospital”	118	0
ABI/Inform	smoking AND tobacco AND (tobacco free campus) AND hospital AND Ireland	54	2

Website	word search combinations	number of hits	relevance to topic
Science Direct	smoking AND tobacco AND (tobacco free campus) AND hospital Initial results 635. Applied filters in Science Direct of Patient, medical center, smoke, medicine, hospital	219	2
Embase	tobacco AND free AND campus AND smoke AND hospitals	13	6
Lenus	tobacco AND free AND campus AND smoke AND hospitals	169	3

Appendix B REC Approval

Coláiste na Tríonóide, Baile Átha Cliath
Trinity College Dublin
Ollscoil Átha Cliath | The University of Dublin

Vincent Crossan
44 Cannonbrook Park
Lucan
Co. Dublin

24 February 2016

Re: To determine to what extent two acute hospitals are tobacco free and the measures that could improve implementation.

Application 01J/2016/01

Dear Vincent,

Thank you for your submission of the above proposal to the HPM/CGH REC.

The REC has given ethical approval to the proposed study.

Yours sincerely,

Prof Charles Normand
Chair of the HPM/CGH REC

Bainistíocht agus Beartas Sláinte
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Appendix C Observation Study Template

Tobacco Free Observation Study Template

Date Time	Location Hospital A	Smokers Staff Patients Visitors	Smokers Staff Patients Visitors	Cigarette Butt Count

Appendix D Participant Information Leaflet

Participant Information Leaflet

STUDY TITLE

To determine to what extent two acute hospitals are tobacco free and the measures that could improve implementation.

RESEARCHER

My name is Vinny Crossan and I am a final year student of the post-graduate Masters in Health Services Management programme in Trinity College Dublin. This study is conducted in part-fulfilment of a Masters Degree programme.

BACKGROUND

The Health Service Executive (HSE), as the leading healthcare provider is committed to reducing the use of tobacco and its harmful health effects. The HSE aims to create a healthier tobacco free, clean environment for its staff, patients/service users and visitors. As part of this initiative the aim is ensure that all HSE campuses are tobacco free by 31st December 2015. The Government produced policy document Healthy Ireland notes that the general public must take personal responsibility and build communities whereby health is at the very centre. The report also notes that 6-15% of the total health budget is spent on treating tobacco related disease – this amounts to between €1-2 billion every year. In 2008,

smoking- attributable diseases accounted for an estimated €280 million in hospital costs alone. There are also significant productivity losses due to excess absenteeism, smoking breaks and lost output due to premature death. The Government has also been set a target of 5% smoking prevalence by 2025.

There can be no more important centre in a community for promoting health than the hospital, a centre with a captive audience, the hospital can promote health care by both setting an example and giving patients encouragement to quit and given them every chance to do so.

OUTLINE OF STUDY

The purpose of this study is to identify to what extent two acute hospitals are tobacco free and the measures that can be put in place to improve implementation. I plan to conduct an observational audit on the grounds of both hospitals. This will be partly based on the ENSH standards. The next phase will be to determine how implementation of the tobacco free campus be improved. This will be done by focus groups with the health promotion committees of both hospitals.

VOLUNTARY PARTICIPATION

Participation in this study is completely voluntary. Participants will be required to give written consent to participate in the study. Each participant may withdraw from the study at any time and for any reason.

METHOD OF DATA COLLECTION

Data will be collected in two phases in the study. Phase one data will be by observational audit where I will determine to what extent the campus is tobacco free. I will note the number of smokers and non smokers at a few different locations on the two campus at different times. I will also observe the number of no smoking signs, any audio messages regarding the tobacco free campus and any information available in relation to tobacco cessation training. The second stage is to arrange two focus group meetings, one in each hospital. The focus group will be the health promotion committee in both hospitals. The focus group will be a semi structures format, it will begin with an open ended question and then move on to 6-7 structured questions.

PARTICIPANT INVOLVEMENT

I am currently seeking your consent to participate in a focus group, which is phase one of the study. You will have access to the transcript of the focus group within ten days of the focus group.

BENEFITS / RISKS OF PARTICIPATION

Participation in the study will assist the researcher in producing recommendations based on the observations and discussions arising from the focus groups with both hospitals. The finding s from the research will be shared with the HSE Tobacco Control Framework Implementation Group. The researcher has been in contact with this group and they are interested in the

learning from this which can feed in to revised national protocol on implementation of tobacco free campus. There is no risk of adverse outcome for research participants.

CONFIDENTIALITY AND DATA STORAGE

The data gathered from the focus group will be recorded in an anonymised form. Each participant will have access to the transcript within ten days of the focus group. Data will be coded and stored electronically in an aggregated form.

Only the researcher and his thesis supervisor will have access to the raw data. No published data will be attributed to named individuals, citation of focus group statements will instead be attributed by an anonymous system of field note codes. Self-identifying information from the focus group scripts will be removed as deemed appropriate by the participant concerned, who will have the opportunity to review transcripts for this purpose. Audio-tapes of interviews will be destroyed upon completion of the study.

FUTURE USE OF THE DATA

Anonymised data will be held under secure storage for five years as specified by Trinity College Dublin. It will be held by the principle researcher only. Results of this study may be published, although no published data will be attributed to named individuals.

Ethical approval has been obtained from Trinity College Dublin for this study.

If you have any queries or require further information, please contact me on 087 6163311 or at vincent.crossan@hse.ie.

Appendix E Focus Group Consent Form

Title of research study:

To what extent hospital setting is tobacco free and engaged in health promotion related to tobacco control?

Principal Investigator: Mr. Vincent Crossan

Background: In terms of policy and practice there is a lot of focus on Healthy Ireland by the Government. I was a member of the HSE, Tobacco Control Framework Implementation Group (TCFIG).

The aim is to have all hospitals in Ireland tobacco free by December 2015.

The information from my research can be incorporated into the national plan to improve the quality of patient care around tobacco use. The TCFIG group is constantly looking for data, this could be exploited, there is a potential to use it for comparison purposes year on year, hospital to hospital, country to country , etc.

All information collected will be anonymised and will remain strictly confidential.

Declaration: This study and this consent form have been explained to me. The researcher has answered all my questions to my satisfaction. I believe I understand what will happen if I agree to be part of this study.

I have read, or had read to me, this consent form. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction. I freely and

voluntarily agree to be part of this research study, though without prejudice to my legal and ethical rights. I understand that I may withdraw from the study at any time and I have received a copy of this agreement.

PARTICIPANT'S NAME: XXXXXXX

PARTICIPANT'S SIGNATURE:

Date:
Date on which the participant was first furnished with this form:

Statement of Investigator's responsibility: I have explained the nature, purpose, procedures, benefits, risks of, or alternatives to, this research study. I have offered to answer any questions and fully answered such questions. I believe that the participant understands my explanation and has freely given informed consent.

INVESTIGATOR'S SIGNATURE:
Date:

Appendix F Focus Group Script Hospital A and B

Welcome

Good morning and welcome to our session. Thanks for taking the time to join me. My name is Vinny Crossan and I am studying my MSc in Healthcare Management in Trinity College Dublin.

Overview

I'll just you a brief overview of the study and why it is important to talk to you here today. The title of the research is "A study of tobacco free campus at two acute hospital setting". Both hospital remain anonymous.

There are two objectives to the research:

To what extent both hospitals are tobacco free
To determine what can be done to improve implementation

I have completed the first part and I can announce today that the hospital is not tobacco free. I am not totally completed the research.

Today I the aim is to find out how implementation could be improved.

I an invited you here today as you are best placed to discuss what has been done to improve implementation

and the research would be all the better for having your opinion on the matter.

I am basing today's focus group on two particular documents which I have emailed on to you and also tabled here for discussion.

Groundrules

The format for this discussion. This will be broken down in to themes that have arisen from my literature review and also from the observational audit. Yu will have an opportunity at the beginning and the end to address any other issues that were not covered by these themes.

Everyone is encouraged to give their opinion. Keep in mind that we're just as interested in negative comments as positive comments, and at times the
negative comments are the most helpful. I have been in contact with Miriam Gunning HSE Tobacco Group and she is very interested to learn how implementation of tobacco free campus can be improved

You've probably noticed the microphone. We're tape recording the session because we don't want to miss any of your comments. It is just myself here, I'll try to jot down some notes but people often say very helpful things in these. Please note that this session will be recorded (or [name] will be taking notes during the focus group) to ensure we adequately capture your ideas during the conversation. However, the comments from the focus group will remain confidential and your name will not be attached to any comments you make.

Please keep in mind that there are no "right" or "wrong" answers to any of the questions I will ask. The purpose is to stimulate conversation and hear the opinions of everyone in the room. I hope

you will be comfortable speaking honestly and sharing your ideas with us. Feel free to speak your minds. I will not be recording who said what.

Well, let's begin. We've placed name cards on the table in front of you to help us
remember each other's names. Let's find out some more about each other by going
around the table. Tell us your name and where you live.

Finally I have just left out a consent form which is a formality for TCD

Do you have any questions before we begin

Questions

Unstructured section

Open ended question:

What do you think can be done to improve implementation of tobacco free campus policy at your hospital?

Structured Section

Standard 1: Governance and Commitment The healthcare organisation has clear and strong

leadership to systematically implement a tobacco-free policy

What do you think of the current governance in the hospital and support from the HSE to the tobacco free policy. Do think this can be improved?

What is the biggest problem with governance of the tobacco free campus.

Prompt: The HSE Toolkit document

Standard 2: Communication The healthcare organization has a comprehensive communication strategy to support awareness and implementation of the tobacco-free policy and tobacco cessation services.

I have noted there is a lot of signage on the campus, do you think more can be done to What can be done to improve communication of the message?

What is the biggest issue in relation to signage?

Has there been any thought gone in to putting in an audio message?

Has there been any support provided in relation to signage for e-cigarettes

Prompt: E-Cigarettes, Funding for signage

Standard 3: Education and Training The healthcare organisation ensures appropriate education and training for clinical and nonclinical staff.

What is the process in the hospital for education and training of clinical and non clinical staff in tobacco cessation?

What is the biggest issue when trying to increase number attending training courses?

Standard 4: Identification, Diagnosis and Tobacco Cessation Support The healthcare organisation identifies all tobacco users and provides appropriate care in line with international best practice and national standards.

What measures are in place in the hospital to identify smokers?

Do you think there enough information given to patients who smoke?

Prompts: Brief Cessation Training.

Standard 5: Tobacco-free environment The healthcare organisation has strategies in place to achieve a tobacco-free campus.

Has the hospital got a strategy in place to maintain a tobacco free campus?

IF no?

Follow up question

Has any support been requested from HSE in relation to assistance with drafting this

Standard 6: Healthy workplace The healthcare organisation has human resource management policies and support systems that protect and promote the health of all who work in the organisation.

Open Question
What do you think of the current promotion of health in the hospital. Is there enough uptake of Brief Cessation Training Programmes?

Do nurses ask patients if they smoke whether they want to avail of nicotine replacement therap.

Prompt: Smoke breaks

Standard 7: Community Engagement The healthcare organisation contributes to and promotes tobacco control in the local community according to the WHO FCTC and and/or national public health strategy.

Are there any initiatives in place to link in with the community?

Standard 8: Monitoring and Evaluation The healthcare organisation monitors and evaluates the implementation of all the ENSH Global standards at regular intervals.

Summary Questions:

If you had one minute to talk to the Director General, HSE and he said he has earmarked 1 million in funding for tobacco free campus, what would you spend it on?

Just to review again the purpose of today was to get to the truth of how implementation can be improved. Before we wrap up:

"Have we missed anything?"

Thanks very much for your time.

Reminders to interviewer

Documents to circulate to participants:

ENSH Gold Standard
Tobacco Free Campus

Note ask probing questions throughout:

Please tell me more

Please give me a specific example

Please help me understand this better.

Appendix G Observational Audit Full Results

Observation of smoking activity Hospital A

Date: 25.03.16

Time: 09.00am – 10.00am

Location	Staff	Patients	Visitors
On grounds of main hospital		F2 M2	F5 M1
Outside ED		F2 (inc. F1e)	
		Overall total	F9 M3

Field notes:

The time and date may not give an accurate number a this was Good Friday and may have been quieter in the hospital.

Weather: Sunny

All patients observed were noted to be smoking in the designated smoking hut

Two patients were smoking outside the front entrance.

One patient was observed walking outside the perimeter of the hospital and went on a walk by himself around the outside of the hospital.

Cigatette butts were counted on this first observation and 152 were counted. This part of the research was not

continued as it was not feasible to count during each observation.

Observation of smoking activity Hospital A
Date:15.04.16
Time: 5.30pm – 6.30pm

Location	Staff	Patients	Visitors
On grounds of main hospital	F1**	F9 M1	F4 M1
Outside ED (note patient		M1	
		Overall total	F14 M3

Field Notes:

Weather:
It was a very cold wet day. 7 degree Celsius. Overcast with heavy intermittent showers

- The drain outside ED was full of butts
- **Observed one staff member smoking in the "smoking exempted" hut near the main entrance
- On arrival the researcher observed two smokers under trees smoking
- One patient was seen smoking twice within the hour and another patient observed smoking three times in the hour.

- The researcher was asked to light a cigarette by a nurse pushing an elderly patient outside to the smoking hut.
- In total three patients in wheelchairs were observed smoking and one in a dressing gown. Note the temperature was 7 degrees and the researcher was well dressed and found it cold. Some of the patients were just wearing very light dressing down (Note suggestion for discussion at focus group may be the handing out of a blanket for frail patients smoking outside.

Observation of smoking activity Hospital A

Date: 10.06.16

Time: 11.30am – 12.15am

Location	Staff	Patients	Visitors
On grounds of main hospital		F1	F7 (inc. F1e) M9
Outside ED		F1	
		Overall total	F9 M9

Field notes:

Weather: Overcast 16 degrees Celsius

Observation of smoking activity Hospital B

Date: 30.03.16

Time: 18:00-19:00pm

Location	Staff	Patients	Visitors
On grounds of main hospital	F2 M3	F8 M5	F25 (inc. F1e) M10
Outside ED (note patient	F7	F1 (inc F1e) M1 (inc M1e)	
		Overall total	F43 M19

Field notes:

Weather
It was a mild evening no rain

- The first patient observed by the researcher on first visit to this hospital was obese in an electric wheelchair and smoking. The researcher observed 3 patients in total in wheelchairs smoking on the grounds of the hospital in this hour on this day.

- The researcher must note the difficulty at ED to decipher who is a patient and who is a visitor therefore the researcher will be noting these all as patients.

- The researcher observes a lot of coughed up blood in and around the smoking areas outside the hospital

- There were no bins therefore the counting of cigarette butts has become pointless.

- There was a security guard but the researcher did not see any evidence of enforcement of the ban on any occasion.

- The cycling hut installed to promote health is used as an unofficial smoking hut.

- There were two unofficial smoking huts observed. One was noted on the entrance to the hospital grounds and the other outside of the ED.

Observation of smoking activity Hospital B
Date: 23.05.16
Time: 17.30-18.30

Location	Staff	Patients	Visitors
On grounds of main hospital	F1	F15 M6	F14 M10 (incl. M1e)
Outside ED (note patient		F14 M8 (inc M1e)	
		Overall total	F44 M24

Field notes:

Weather
It was a mild 17 degrees Celsius, sunny with small amount of clouds.

- One female staff member was observed smoking near the main entrance and discarded the cigarette butt near the front entrance.
- Taxi driver observed smoking.
- Two patients were observed being outside for three quarters of an hour during the period of observation. This may have also been down to the nice weather.
- There was a security guard but the researcher did not see any evidence of enforcement of the ban on any occasion.
- 4 female patients in dressing gowns came out the front door of the hospital together to smoke.
- The audio message was again playing on a loop in relation to smoking cigarettes and e-cigarettes.

The researcher observes a lot of coughed up blood in and around the smoking areas outside the hospital

Observation of smoking activity Hospital B
Date: 04.06.16
Time: 12.30-13.15

Location	Staff	Patients	Visitors
On grounds of main hospital	M1**	F7 M2	F12 (incl. F1e) M8
Outside ED (note patient	F3	F1	
		Overall total	F23 M11

Field notes:

Weather

It was a sunny no clouds. 22 degrees Celsius.

- There were two posters observed in windows of staff offices. One is of a make up powder with the words “Clinically proven to give you crinkly skin” and another poster with picture of moisturising cream “after cleansing, exfoliating, toning and moisturising, how about some poisoning”. Note for conclusion
- Taxi driver observed smoking.
- There was a security guard but the researcher did not see any evidence of enforcement of the ban on any occasion.
- 3 female patients in dressing gowns came out the front door of the hospital together to smoke.
- There was another female patient was wheeled out by a staff member.

- The audio message was again playing on a loop in relation to smoking cigarettes and e-cigarettes.
- **Staff member smoking with patient in wheelchair, smoking at the old site of smoking hut gazebo.
- Employee survey results were observed in the Citizen information and Health information area in the main foyer of the hospitals with the following results:
    - Is signage clear: 66% Yes, 34% No
    - Overall experience of attending the hospital is enhanced: 86% Yes, 24% No
    - Categories of respondents: Employees 25%, Patients 39%, Visitor 36%

The researcher observes a lot of coughed up blood in and around the smoking areas outside the hospital

Appendix H Framework Analysis Coding

1. Governance and Commitment
    - 1.1 National Leadership
    - 1.2 Approaching smokers
    - 1.3 Exemptions: Smoking hut
    - 1.4 Exemptions Patients and effect on staff
    - 1.5 Time lost to staff smoking off site (Smoke Breaks)
    - 1.6 Disciplinary measures
    - 1.7 Hospital Tobacco Governance Team Policy
    - 1.8 Role of security team
    - 1.9 Corporate Walkaround
    - 1.10 Resources WTE
    - 1.11 Senior Management in hospital/Leadership
    - 1.12 Legislation

2. Communication
    - 2.1 National Media Campaign
    - 2.2 Signage
    - 2.3 Sourcing of signage
    - 2.4 Funding for signage
    - 2.5 Linking in with other hospitals/HSE Departments

3. Education and Training
    - 3.1 Uptake of cessation programmes
    - 3.2 Self Care/Education at home
    - 3.3 Health Promotion Stand

4. Identification, Diagnosis and Tobacco Cessation Support
    - 4.1 Consultants role
    - 4.2 Nurses role
    - 4.3 Acute addiction/Identifying smokers

4.4 Nictotine Replacement Therapy (NRT)

4.5 Visitors relatives

4.6 Continuous counselling

5. Tobacco-free environment

5.1 Litter from cigarette butts

5.2 Smoking hut

5.3 Fire risk

5.4 E-Cigarettes and keeping smoking in peoples' minds

6. Health workplace

6.1 Comparison with Smoke Free Pubs/Restaurants

6.2 Success of implementation

6.3 Health Ireland implementation

7. Community Engagement

7.1 External support for training from Primary Care

7.2 Schools involvement

7.3 Education starting at home

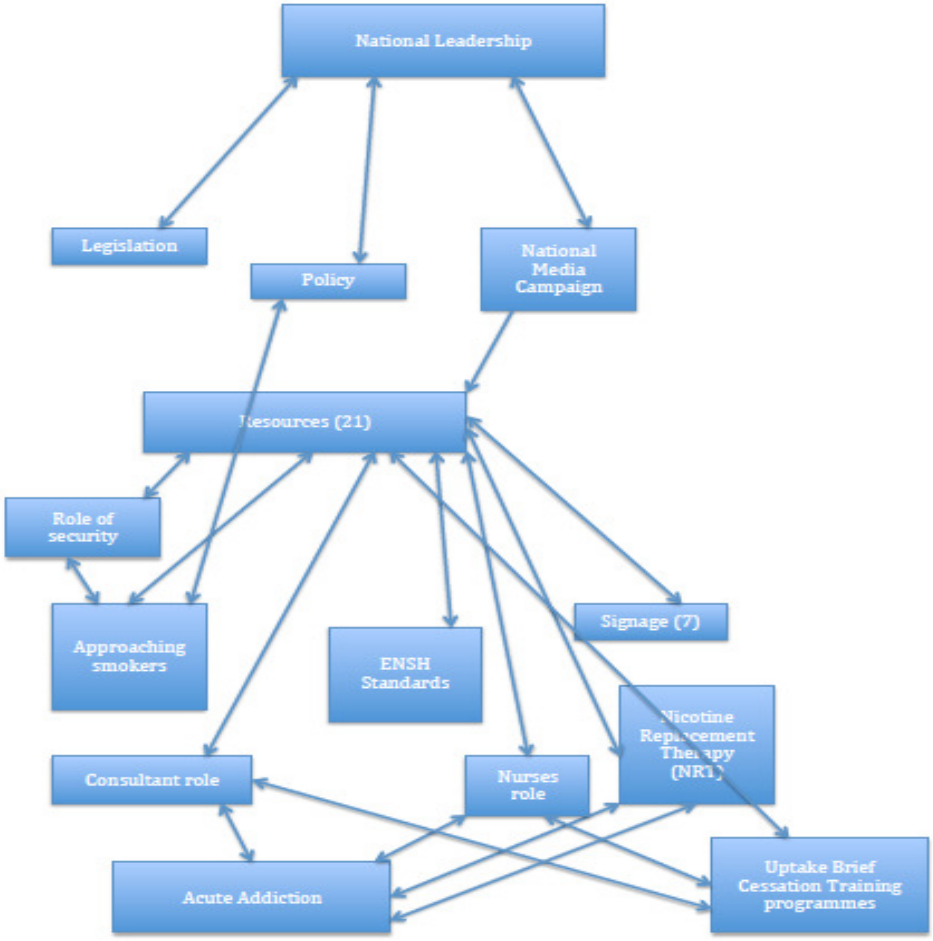
8. Monitoring and Evaluation

8.1ENSHStandards

Appendix I Example of a section of a Thematic Chart

Top Down/Bottom up codes	No. of reporting (n=7)	No of instances raised at different points in the focus group	Raw Data Quotes
1. Governance and Commitment			
	P1, P2 , P3	12	1. "new Junior Minister for Health has actually caused a blowback in its implementation with his comments you know, so if that's, you know, the national lead, that's a negative." (P1) 04 2. "I think the, with the new Minister for Health, and if you're continuing on the policy since its introduction, you need to reenergise it, you know, and you need to bring that emphasis back and this back to the limelight" (P1) 13 3. "So the National Hse policy is out of date" (P2) "Things have moved on and changed" (P1) 4. "No, we don't need to update it because the national hasn't changed until they change it." (P1) 1068 5. Yeh theirs is due for updating. (P3) 1072 6. Yeah, it's been challenged.by a Junior Minister for Health. 1271 (P1) 7. They need to lead,and we need to implement. 1362 (P2) 8. he came out there recently and said he thought that some of the restaurant stuff should be reversed, I mean he's going backwards" (P7) 1099 9. I mean it says it all, like you know, what we're saying about Finian McGrath" 1184

Appendix J Sample Mind Map



Appendix K Transcriptionist Nondisclosure Agreement

Transcriptionist Nondisclosure Agreement

This Nondisclosure Agreement is entered into by

KATHRYN LAMBE (Transcriptionist) and

VINCENT CROSSAIN (Researcher) for the purpose of preventing the unauthorized disclosure of Confidential Information as defined below. The parties agree to enter into a confidential relationship with respect to the disclosure of certain proprietary and confidential information.

1. **Definition of Confidential Information**

For purposes of this Agreement, "Confidential Information" shall include:

- Information or material that has or could have commercial value or other utility in the business in which Researcher is engaged
- Any communication (oral, written) between Researcher and Transcriptionist regarding study and/or participants
- Conversations with participants regarding the study
- Information, opinions and ideas gathered during data collection (ie. during interviews and focus groups)
- Information on the participants, especially that which could indicate or suggest the identity of the participant

2. **Obligations of Transcriptionist**

Transcriptionist shall hold and maintain the Confidential Information in strictest confidence for the sole and exclusive benefit of the Researcher. Transcriptionist shall carefully restrict access to Confidential Information to employees, contractors and third parties as is reasonably required and shall require those persons to sign nondisclosure restrictions at least as protective as those in this Agreement. Transcriptionist shall not, without prior written approval of Researcher, use for Transcriptionist's own benefit, publish, copy, or otherwise disclose to others, or permit the use by others for their benefit or to the detriment of Researcher, any Confidential Information. Transcriptionist shall return to Researcher any and all records, notes, and other written, printed, or tangible materials in its possession pertaining to Confidential Information immediately if Researcher requests.

3. Time Period

The nondisclosure provisions of this Agreement shall survive the termination of this Agreement. The Transcriptionist's duty to hold Confidential Information in confidence shall remain in effect indefinitely unless Researcher sends written notice releasing Transcriptionist from this Agreement.

4. Integration

This Agreement expresses the complete understanding of the parties with respect to the subject matter and supersedes all prior proposals, agreements, representations and understandings. This Agreement may not be amended except in a writing signed by both parties.

5. Waiver

The failure to exercise any right provided in this Agreement shall not be a waiver of prior or subsequent rights.

This Agreement and each party's obligations shall be binding on the representatives, assigns and successors of such party. By signing this agreement, the Transcriptionist agrees to have fully understood the conditions of the Nondisclosure Agreement. By signing this Agreement, the Transcriptionist accepts all conditions of this Agreement and understands the severity of breaking such contract.

Kathryn Lambe (Signature of Transcriptionist)

KATHRYN LAMBE (Printed Name)

Date: 31/5/16

Vincent Crossan (Signature of Researcher)

VINCENT CROSSAN (Printed Name)

Date: 31/5/16

Appendix L Focus Group Hospital A 26.05.16

Names key:

I: Interviewer
P1: Participant 1
P2: Participant 2
P3: Participant 3
P4: Participant 4
P5: Participant 5
P: Unidentified participant

Transcript begins at 0:00:00

I: That's taping there. Okay, thanks a million for coming, it's a quarter past one here on the twenty-sixth of May and I welcome you all here to the, the focus group, thanks a million for coming and organising this. Just to give you an overview first, the, the, I'm doing the Masters in Trinity and the title of the, of the thesis so far is, it's a study of tobacco-free campuses in two hospital settings, two acute hospital settings, both will be anonymous in the final, final version, and the two objectives of the research, the first is to what extent both hospitals are tobacco-free and then to determine what can be done to improve implementation if, if it's determined that they're not tobacco-free. So today I've been doing observation audit so far I, I was, I was originally going to do a survey but focused on doing observation audit because they done similar in Galway, so I've actually been on site just a few times, I'm, just with a template, just counting people smoking on different sites, so I was mainly just out, the main part of the hospital and just outside the ED for an hour and it was, so far I've been here twice, so it's, the results, I haven't typed, I've some basic results but there is, there is smoking on the campus, really, so what today really is mainly to focus on what ye

think could be done to improve the implementation or any ideas so you can, you can, you can speak freely because as we were saying, everything's anonymous here and there's no negative, negative comments are welcome too, more tan positive ones. So I've also been in contact with the tobacco, HSE tobacco group to say if anything can be improved at either national policy, so any learning from this final thesis would be linked I'll, I'll link it in with them at the end, see if, if there's anything they want to take from it for any new versions they're bringing out of the, they have a toolkit, I've printed that off and it's, and it's, it's recent enough, they've done that up, it's how to implement the tobacco-free campus policy, there is some interesting information there that might help as well for the discussion. So yeah, as you know, as I say I have the microphone here, so I'll just be tape recording this so I'll be, I might take a few notes but at the end I'll, I'll be getting someone to transcribe it so I can send you on, on a copy or if there's anything that doesn't seem right or you want to take out, it's fine by me. And, so that's grand, sure we can, I can, I'd say the first thing, I was going to do like an open question first, like a structured and unstructured, or the second part will be more structured, like I have different themes I'm going to base that on, I, I just gave you that copy to, to see ENSH global standards, so the idea is to go, maybe go down through those and see is there any areas where ye think that ye could improve or to refocus on, and first, the first question I suppose would be this, what, what do ye think can be done to improve implementation on the, in the hospital or to improve in general, is there anything ye could think of off the top of your head, first of all, or just throw it out there? Is there any…?

P1: Well probably your new Junior Minister for Health has actually caused a blowback in its implementation with his comments,

I: Yeah.

P1: you know, so if that's, you know, the national lead, that's a negative.

I: Yeah.

P2: Are they going to, are they going to --

P1: They do need to,

P2: continue the policy?

P1: yeah, they need to counterbalance that,

I: Yeah.

P1: and they wouldn't have done that effectively, I think, to date.

I: Yeah.

P1: And then I think the, with the new Minister for Health, and if you're continuing on the policy since its introduction, you need to reenergise it, you know, and you need to bring that emphasis back and this back to the limelight

I: Yeah.

P1: and focus more directly on this. So I think nationally, there needs to be the campaign, like with the Road Safety Authority's.

I: Yeah.

P1: You're sitting watching the television and you see these very effective ads,

I: Yeah

P1: so the media is utilised very effectively in that regard, but equally you don't see, and there was one good ad, but they based it on one good ad, the former, you know, Dublin

P2: The captain.

P1: footballer, with regard --

P2: Yeah.

I: Yeah.

P1: Yeah, with regard to smoking, but they, that was smoking and, and actually, you know, giving up smoking

I: Yeah.

P1: and overall, it wasn't a compliance with smoke-free campus sites, within

I: So you're thinking --

P1: the Health, you know --

I: Would you say that the, the campaign, the quit campaign has been successful but the kind of overall --

P1: No, the quit campaign is not about, you know, adherence to a policy of no smoking on

I: Yeah.

P1: hospital

I: Yeah.

P1: campus site,

I: Yeah, it's an overall quitting.

P1: it's not, it's not about that, it's about an individual giving up smoking

I: Yeah.

P1: for X, Y and Z reasons. It's about that, it's

I: Yeah.

P1: not about, so you need to have a different focus. So I think nationally you need to, you know, feed back that, you know, the media should be used in the same manner of the Road Safety Authority is, but bring a focus on the hospitals, you know,

I: Yeah.

P1: cannot have you smoking on site, you know, and if you're going to talk about secondary smoking and the ill effects of secondary smoking, that has to be a message that it is unfair of you to stand outside our accident and emergency [00:05:00] department, which has the signs

I: Yeah.

P1: on the wall and beneath them, they stand on the signs

I: Yeah.

P1: and smoke, you know. You cannot, and that you're at risk, you're putting other people at risk of second-hand smoke.

I: Do you think then that the enforcement of it, is it the communication can be improved then, is that what you're saying, like

P1: Well the

I: the overall message?

P1: enforcement of it, you know, and you know, we have spoken about this ourselves within different committees in the hospital that the, the health and wellbeing committee, the health and safety committee, all of us are to, because we've adapted the local, the national policy locally,

I: Yeah.

P1: so all of us are taking responsibility to seek to implement it, you know, within our remit on, you know, site. But that in itself is very difficult

because the patients, you know, turn around and as I say they're standing outside of the non-smoking sign, smoking.

I: Yeah.

P1: You draw it to their attention and then they say to you, yeah, well, you know, I've just had bad news, I don't

I: Yeah.

P1: want to discuss it, you know, and that would be a pleasant reaction, actually.

I: Yeah.

P1: But other people have had, you know, very disrespectful,

I: Yeah.

P1: derogatory reaction from the general public, which now will, you know, you're not going to be putting yourselves

I: Yeah.

P1: in that situation where you're going to be verbally abused

I: So you're saying --

P1: by the public, you know, we have enough to do in our day's work, you know.

P3: There's so much.

P2: My, my, my thinking on it, I, I, because I read through the, the stuff that was sent, that's a lot of work for people who are already

I: Yeah.

P2: completely stretched and busy

I: Yeah, yeah.

P2: at work. So I think P1's point about support is, is a, is a big one, and like, you know, we're a small committee of a, of a small number, all with huge workloads

I: Yeah.

P2: outside of anything like this. We're all very committed to it,

I: Yeah.

P2: to, to a smoke-free

I: Oh yeah, definitely.

P2: campus, absolutely no point in us being committed to it if that isn't being supported, and I think, I think something like what P1 is

saying, a national campaign that's out there in your face, when you're looking at television,

P1: Yeah.

P2: the message needs to be coming from above,

P1: [inaudible, 00:07:00]

I: Yeah.

P2: and all the way down.

I: Yeah.

P2: You know, it's, it's, and it is really difficult because people are, people nowadays are very intolerant of anybody approaching them when it comes to --

I: Do you think what we learned from the, the, the ban that came in like for restaurants and pubs, how that, people, those people would smoke in the hospital, would they, would, they wouldn't smoke in say a restaurant so like it's the,

P2: No.

I: the difference.

P1: You see people in hospitals are stressed.

P2: Yeah.

I: Yeah. It's different, yeah.

P1: They're in, It's a hugely different thing,

P3: But --

P1: going in to have a --

P3: In relation to

I: Yeah.

P3: pubs and restaurants, normally they're facilitated nearer, you know, while it, it's not taking place on the premises, there's smoking areas very adjacent, so, which wouldn't be as applicable to

I: And the difference --

P3: the general hospital.

I: Yeah, and then you have different --

P2: Exactly.

P1: You see it's managed,

I: Yeah.

P1: they, they're not smoking internally

I: Yeah.

P1: in, you know, the restaurant or, you know, the pub, but I mean, externally they have set up,

I: Yeah.

P1: as, in a business-like

P3: We have set up.

P1: manner, they've set up

I: Yeah.

P1: Well, by the national policy, we, we should be taking those away

P2: Yeah.

P1: and we've made a decision, you know, as a risk assessment, you know, decision, because the national policy does state that there are exemptions and there are allowances for, you know, the patient to smoke, so therefore you can't not have

P2: No.

P1: a facility. So even the national policy itself,

I: Yeah.

P1: you know, is incomplete in its thought process,

I: Yeah.

P1: very incomplete, and it's conflicting,

P3: Yeah.

I: Right.

P1: you know, so it wasn't thought out accurately. Now other hospitals have made the decision because, you know, they have had staff who are getting in their cars at lunchtime, driving off site,

I: Yeah.

P1: having the cigarette and then coming back in the car, so they're losing staff off site

I: Yeah.

P1: for, say, in the, you know, already stretched work environment, to put back in the staff smoking hut, but put it in, in a hidden manner within this, the actual hospital campus,

I: Yeah.

P1: so that the staff can, so this means now the staff are away less time.

I: Yeah, because that was, that was, was one of the areas I was going to ask you

P1: Yeah.

I: about, the, the breaks like and break times

P4: Yeah.

P2: Yeah.

I: of, the staff leaving, like --

P4: I, I personally wouldn't

I: Yeah.

P4: see that as a retrograde step. I think when we went smoke-free here in the hospital, I think initially, and there was good, like well, well supported by hospital management when it came in, it was well advertised, and generally we really did get good compliance

P1: Yes, yeah.

P4: from staff.

P2: [inaudible, 00:09:21]

P4: And staff, and I know there, there is the odd one, but I, I, and I personally would think we've gone that far, we've removed it for staff and I would hate to see a hub coming back for staff,

P1: And I do think

P4: I think that's a --

P1: the hospital actually had somewhere onsite and their, their boundary was that you had to drive off.

P4: Well the, the issue there is --

P1: But we have a worse situation, almost, in the sense that we have our staff smoking right at the entrance, an entrance to a hospital, and they were visible to the whole

I: Yeah.

P1: general public

P3: In uniform.

P4: In uniform.

P1: in uniform

I: Yeah.

P1: as a hospital employee

P4: That's not the area that was

P1: so --

P4: identified to be used, it was down at the launch [00:10:00] was what was said originally, that

P3: we didn't really want them anywhere.

P2: No, I know that, but I think when you --

[inaudible, overlapping speech, 00:10:07]

P2: --outside the hospital grounds,

P3: Yeah.

P2: It was very difficult to specify where outside the hospital grounds you were telling them to…

I: And did they suggest, yeah.

P2: You know, you, you tell them to get off site, well they are off site,

P4: And even --

P3: They are off site,

P4: And even when they are off site,

P3: They just happen to be,

P4: it's very hard.

P3: you have no remit then,

P4: I, Yeah.

P3: you know?

P2: No. We can't tell them where to, you know.

P4: Well I personally feel it's, it is making a statement that actually staff aren't allowed smoke in the hospital campus, even if they're smoking outside the gate,

P2: But there's --

P4: at least it's identifying

P2: Yeah.

P4: that there is an issue around people smoking in the hospital campus.

P2: We --

P4: So I personally would, would not

I: Yeah.

P2: Hut.

P4: want to see another hut going back in. I think --

P2: I wouldn't like to see that either but, but we, I mean we've, we've people smoking all the time in the underground car park,

P1: Yeah.

P4: Yes.

P2: staff, constantly, which --

P4: And I do think

P2: If they had a [inaudible, 00:10:50-2]

P4: from a staffing point of view --

P1: Yeah, but it's about, you know, and that becomes a job then,

I: Yeah.

P1: you know,

I: You can't be expected to --

P1: another job for me,

P2: Yes.

P1: and I have to go and get cleaners to go around and, you know,

I: Yeah.

P1: pick up fag butts in the underground car park and then send out a memo with regard to it as part of enforcing, but once you monitor it and you put in that, you know, safety system for a while, which isn't sustainable because that's, you know, I need my front foyer cleaned

P2: You can't be doing that all the time.

P1: more than the underground car park. Then it's, it actually is resolved for a time period, but the habit goes back again, and I think you have to, you know, we say you give people choice,

P2: Yes.

P1: smoke or not smoke,

P2: Yes.

P1: it's their choice, but we have to balance things as well.

P2: Well I, I --

P1: Now I'm not asking for smoking to come back into the hospital, I'm not saying that, I was merely pointing out that's what somebody else had to do, that was their challenge,

P5: I don't think so,

P1: but I'm not saying that.

P5: if there policy there, well then it is management's

P1: Yeah.

P5: role to implement the policy and it does become a job, if a policy comes in. There is work around implementation and policy, whatever policy it is.

P1: And it is management's role to, to seek to implement, but

P5: Yes.

P1: there's also accountability on every employee

P5: Yes.

P1: within the HSE, as per their

P5: Yeah, yeah.

P1: HSE contract, however,

P5: Yeah.

P1: the problem is, P5, is that there really isn't that support mechanism to really discipline somebody, should you need to discipline somebody.

P5: Well you see that's the --

P1: There really isn't, that's the bottom line,

P2: But where do you start?

I: That's a different thing then.

P1: there really isn't that sanction, there isn't that sanction.

I: That's where the difference is too with the, the restaurants and the pubs like,

P1: Yeah.

I: because you can be shut down or the, the

P1: Yes.

I: environmental officer goes in

P4: Yeah.

P2: Yes.

I: and there's no kind of threat

P1: No.

I: or discipline threat.

P1: No.

P4: That would be one area then that maybe as well, for supporting management that, that they would have a disciplinary measure that, you know, a feasible, a reasonable

I: Yeah.

P4: disciplinary measure they could use for persistent

I: Breaches.

P4: breaches, offences, but we're only talking about staff members here. The public are different, there's three different groups

I: Yeah.

P4: in the hospital.

P2: Yeah.

P3: [inaudible, 00:12:48]

P4: You've the patients, who are a whole different group at all, and they have exemptions.

I: Yeah.

P2: Well they're more clearly defined,

P4: And, yeah.

I: So they're --

P2: the patient is more clearly defined

P4: Definitely.

P2: in how you manage the patient.

I: And is there, do you have a, a process for the patient for, say, an elderly person smokes and they want to,

P4: Yeah, yeah.

I: is there a form to fill out or do you have a system?

P4: Yeah, yeah, it's in the, it's in the policy.

I: Yeah.

P2: Like in that --

P1: That causes staffing issues.

P2: That causes huge issues

I: No, just --

P1: (That's not hugely appealing? 00:13:13)

I: Yeah.

P2: If, if a patient wants to smoke and has to go out to the front gate, in the policy it states a staff member has to go with them.

I: Yeah.

P4: Yes.

P2: They can't do that, we're already down staff.

P3: They do it.

P2: Yeah.

P3: They do it

P2: Yeah, but it's --

P3: It's resources, it's very difficult.

I: No, I have observed, that was, just in my two days here that, like patients and very elderly or very frail maybe,

P3: Yeah.

I: but even I, one day I was here, it was so cold, I was just imagining, I don't know how they can even do it like, the…

P2: How desperate you are.

I: Yeah. It's, it is, it's --

P1: I mean it's, that's, that's a problem.

P3: Smokers are the first to get out of bed after surgery,

I: Yeah.

P3: and they'll be the first, first in the shelter before,

P2: Yeah.

P3: before non-smokers would even be to the toilet.

P2: I mean when I come in at half seven in the morning, they're sitting there

I: Yeah.

P2: having a cigarette.

P1: So like, it, it, it's, it's

P5: I suppose the idea is that

P1: a difficult one.

P5: we're dealing with an acute addiction,

I: Yeah.

P5: a really intense addiction

I: That's very --

P5: and I think how we treat it has to, it has to, that has to influence us how we treat it, because it is, and, and it is chronic disease as defined by the World Health Organisation,

I: Yeah.

P5: you know, it is an addiction, it is a chronic disease. So how we respond, but at the same time, the impact that smoking has and the demands of the health service and what it's costing our health service,

I: Yeah.

P5: smokers…

P2: That might be important to advertise.

P5: Yeah.

P2: Yeah, yeah.

P3: Oh yeah, yeah.

P2: You know, the cost of, the cost of smoking to the health service, yeah.

P4: But you know there are some, some of the surgeons--

P3: Stretching, or already short.

P2: Some of the surgeons, cardiothoracic surgeons will say to the patients, I'm not operating on you till you've given up your cigarettes,

I: Right.

P2: you know, so you could delay your surgery by six months. They are doing that, some of them.

P1: Right.

P2: But again we still see people coming back after surgery smoking.

P1: That's the addiction.

P2: You do, yeah.

P5: That's the addiction.

P2: Yeah.

P5: And I do, in fairness to the hospital, I, I, I've seen huge increase in the use of nicotine

I: Yeah.

P2: Yeah.

P5: you know, I, [00:15:00]

P2: Yeah And they are --

P5: and I go up and when get to, when I have to go up and see patients on the wards, there is a smoking referral as part of the CNS, it's on the referral, it's not quite what it used to be, but hopefully it'll get back

there. But when I go up, most patients have been offered nicotine replacement therapy. Some refuse to use it, that's their choice.

I: And ye have the patches here on

P5: Oh yes,

I: campus?

P5: it's all available, but, and it's --

P2: Yes. And we've made them available

P5: And --

P2: at, for a

P5: Yeah.

P2: reduced price for staff as well.

P5: Staff as well.

I: And what is the process for, like just say someone is, checks, or is an inpatient, the, who, who's the first person to ask them, is it the nurse or--?

P4: On admission.

I: On admission.

P2: Yeah.

I: It's on the, the form, yeah. And then when they're, is, is it generally asked, like, if they say yes and then do you offer them, would you like to be offered

P5: Nicotine.

I: nicotine, yeah.

P5: And it's, it's not an issue

I: Yeah.

P5: to get it up, and even I've had some patients that, before really dual-dosing started, now it is legalised now but before dual-dosing started, like on a one-to-one basis the consultants signed up,

I: Yeah.

P5: no problem.

P1: No problem,

P5: for anything, on the dual dosing.

P1: yeah, no, they are, they're good at, they're good enough

P5: So

P1: about that.

P5: from that point of view I, I have seen a huge improvement in the use of aids, smoking, pharmacological

I: Yeah.

P5: aids in the hospital. But it is, for the chronic, I suppose what we're getting down to as well, the smokers that are left are the real ingrained smokers

I: Yeah.

P5: in our population, you know, and in --

P1: In ten years

P5: In --

P1: it'll

P5: Yeah.

P1: be a different scene.

P5: Yeah.

I: Do you think it should be encouraged more on people who could change,

P5: I, yeah.

I: younger people

P1: Yeah.

I: or is there….

P1: Well, for us for the smoke-free campus, and we're speaking, you know, purely really about implementing a smoke-free campus, you know, we had well-defined mechanisms for that for the patient, as an inpatient, but it's the visitors and relatives

I: Yeah.

P1: you know, that we need to send a clear message to that it can't be tolerated,

I: Yeah.

P1: because if, they're mobile, so they're

I: Yeah.

P1: able to go off.

I: Yeah, yeah, there's no excuse.

[inaudible, overlapping speech, 00:16:57-59]

I: Yeah, okay, yeah.

P5: You know?

P1: You know, so if we could change that mindset that there's a tolerance that you can come outside the ED department

I: Right.

P1: and have that waft of smoke, you know, coming back into the ED department with very sick patients, you know, it's quite inconsiderate, really.

I: So are you saying the mind, changing the mindset is not, it won't be changed by putting up extra signage here or

P1: I'm telling you

I: audio, this, it needs to be a national, yeah.

P1: outside the ED,

I: Yeah.

P1: I've put signage on the wall and on the floor, on the ground.

I: Yeah.

P1: I can't put any more signage.

P4: But they put their cigarette butts out on the signage.

I: Yeah, yeah, I've seen, I was originally going to count the cigarette butts but it became ridiculous

P5: Yeah.

I: like I'd say it was pointless.

P5: [inaudible, 00:17:33]

I: But the signage, I, the first day I came in I did a kind of a mini signage audit, I just counted, like I, you couldn't fault the signage like or, the only thing I, there was no audio message, they have that in, in --

P2: That's, that's –

P1: We do, we do,

I: Is there?

P1: it's at the doorway,

I: Maybe I missed that.

P1: it mightn't have been turned on,

I: Oh maybe that was it,

P1: yeah, no, we do, it's hand hygiene and visiting and things,

I: Okay, yeah.

P1: it's non-smoking, we do have it, yeah.

I: I, yeah, I don't think, there's not many, yeah, silver bullets there to, I, I,

P5: Yeah.

I: I was going around

P5: Yeah.

I: thinking oh, they haven't got this or --

P1: And we've, we've, we've, I think we've done it

P2: We've been

P1: fairly well.

P2: [inaudible, 00:18:02]

I: Yeah.

P2: in comparison to what, the way it was, and certainly I think people are well aware of the fact that it's, that it's meant to be a no-smoking campus.

P3: Yeah, and the staff are very well-informed

P2: Well-informed.

P3: and will offer of,

P2: Yeah.

P3: you know,

P2: Yeah.

P3: the facilities that were there, such as the

P2: Yeah.

P3: reduced costing, you know. All staff members know how to access them.

P2: Yeah.

I: Right.

P2: I mean there is buy-in with the different committees in the hospital

P1: Oh there are, yeah, yeah.

P2: to actually, you know, implement it

P1: Yeah.

P2: and to seek,

I: Yeah.

P2: you know, to improve, but it's, you know, notwithstanding the challenges

P4: Yeah.

P2: that are there,

P4: Yeah, and

P2: you know, and it's

P4: it's amazing.

P2: constantly the same challenge,

P1: Yeah.

P2: and I think the one challenge that we have are that of the visitors and relatives, so I think

I: Yeah.

P2: nationally I'd be asking for that media,

I: So yeah, I mean nationally too, like --

P2: you know, assistance to actually tell them --

P1: And to highlight hospitals,

I: Yeah.

P2: Yes.

P1: to say

P2: Yeah.

P1: like our hospitals need to be smoke-free for the, you know, health and wellbeing of our

P3: [inaudible, 00:18:59]

P1: patients, relatives and staff and to get it out there.

P3: it's wonderful that you can win on, on the public, it's, you know,

P1: Yes.

P3: you can have a win with the public, patients are slightly different,

I: Yeah.

P2: Very different.

P1: But --

P3: but the public we can target

P1: Yes.

P3: and we can hopefully have a win on them.

P1: Yeah, yeah. And then I think it would reinforce for the staff, if you have the backing of those ads

I: Yeah.

P1: it would reinforce it

P: [inaudible, 00:19:16]

P1: because then they would say oh now did you not see the ad?

P2: Yeah.

P1: You can't be smoking,

I: Yeah.

P1: you know,

I: So

P1: come on, you know.

I: like --

P1: So I really think it's a small thing that could happen, I know, you know, it would require

I: Yeah.

P1: investment, but you know, it's a small thing that could happen, and once you get an ad or even a

P2: Yeah, yeah.

P1: second, then you, you've done it for all of Ireland.

I: And you think that campaign will come through the HSE like national

P5: Like it might,

I: campaigns office?

P5: it's not like --

I: Yeah.

P4: Yeah.

I: Yeah, similar, maybe a similar

P1: Yeah,

I: team would work up something, yeah.

P1: absolutely, but this, this is about --

P2: Very good ad, the chap that died of lung cancer,

[inaudible, overlapping speech, 00:19:45-47]

P2: I mean that was, that was excellent.

I: That was a big success, yeah.

P2: People were talking about it.

I: Yeah.

P3: It resonated with so many--

P2: Yeah. If you had a similar kind of, something to catch the imagination that puts it out there,

I: Yeah.

P2: and that then gives people moral, moral authority

P1: Yes.

P2: if you like, to, to follow

P5: Yeah.

P2: through

I: Yeah.

P5: Yes.

P2: then when you're [00:20:00]

P4: Absolutely,

P2: trying to, yeah.

P4: battling away and you're up and down,

P2: Yeah

P4: trying to…

P2: Yeah.

I: That's very good, yeah. That's grand. Sure I might just go through these, these global standards then, we've covered a good bit there, but probably, we'll probably be, I just want to make sure we have covered most areas here. The first one, the governance there, they're suggesting the, the healthcare organisation has a clear, clear and strong leadership to systematically implement, like you have the governance structure here for, would ye, you have your, is your, you're in charge of, would you be head or the --

P5: Chair

I: The chair, yeah.

P5: of the health and wellbeing,

I: Yeah.

P5: but that, that reports into quality and risk.

I: Yeah.

P5: P1, you're the …

P1: Senior hospital management representative, yeah.

I: Yeah.

P5: And I'm health and wellbeing, <name> and P1, <name> is assistant director of nursing

I: Yeah.

P5: and P1's on the health and wellbeing committee as well. And we have <name> is on cardiac rehab,

I: Yeah.

P5: catering dietician, patient dietician,

I: Yeah.

P5: physiotherapist

P3: Respiratory.

P5: so we've AHPs.

I: Yeah, you've a

P5: So a full –

I: full team in place like,

P5: Yeah.

I: you couldn't do much more there on that like, on the governance.

P2: But when you're talking about the healthcare organisation, you know, and, and this coming, you know,

I: Yeah.

P2: global, I don't see that just meaning it to be interpreted as meaning directly the hospital,

I: Yeah.

P2: it's the organisation

I: Oh yeah, yeah.

P2: so that's the HSE,

I: Exactly, yeah.

P2: you know, so that policy, P5

P5: Yes.

P2: is,

P5: That's where it came from.

P2: it's out of date.

P5: Yeah.

P2: Yeah, so --

P5: [inaudible, 00:21:20]

P2: So the policy is out of date.

I: The overall policy, the --

P2: Yes.

I: The one that I have here now, that's more the toolkit and how

P1: That's an implementation

I: to implement, yeah.

P1: toolkit.

I: The one you're on about is which one, that's the --

P4: The implementation of the tobacco-free campus,

I: Yeah.

P1: Yeah.

P4: the tobacco-free campus policy.

P1: So we, you know, refresh and revise our policies on a two-yearly basis,

I: Yeah.

P1: then equally we expect the organisation would, you know,

I: Yeah.

P1: and there's many policies within the HSE that are there since two thousand and two,

I: Right.

P1: and we're still referring to them, or

I: Yeah.

P1: two thousand and one and still referring to them, you know, and, and we're all doing Masters or have

I: Yeah.

P1: you know, and have done Masters, you know, and literature research, literature review updating

I: Of the best

P1: so --

I: international recommendations and

P1: Yes, yes,

I: standards.

P1: yes, yes, you know and things have moved on and changed

I: Yeah.

P1: drastically in ten years, you know, so that policy itself, P5, would have been written I think in twenty --

P5: Fourteen.

P1: Yeah, twenty thirteen it would be, or twenty fourteen,

P5: Yeah, we got it signed off,

P1: yeah, so for --

P5: and we were looking at it, actually --

P1: That's right, we signed off on it in twenty fourteen.

P5: Fourteen, yeah.

P1: So we're looking at, you know, that should be revised,

I: Yeah.

P1: I think, that should be

P5: Yeah.

P1: revised.

P5: And it was adopted, that's it, we

P1: We adopted that.

P5: adapted it from the national policy.

I: Yeah.

P1: Yeah.

I: Grand. I'll have to check that out. That's great, thanks.

P5: But there are very clear goals from the health and wellbeing committee up along to senior management in the hospital,

P1: There are.

P5: they're from senior management.

P1: Yeah.

I: But then again, just in the hospital again, like the designated on the ground like, do you feel like security or anything like that,

P1: Yes.

I: has any role?

P1: Part of their policy

I: Yeah.

P1: and I would, security as well have a security policy and part of their policy would be, it would be defined in their policy that they would support

I: Yeah.

P1: the implementation. So, and we have <name> is here from catering, as a catering manager, so it's hospital-wide, all staff

I: Yeah.

P1: within the hospital, be you

P2: Yeah.

P1: directly employed or indirectly employed

I: Yeah.

P1: have a responsibility to seek to implement.

I: And that would mean like if that security guard saw someone, a visitor

P1: Yes.

I: he'd say, look,

P1: Yes, yes.

I: you know, there's this,

P1: Yes.

I: he should approach, they should definitely do that.

P1: Yeah, absolutely.

I: That's, that's good, that's where, yeah, they're all aware of that.

P4: But like that, when people, security, they're doing, they're under a lot of pressure sometimes.

I: Yeah.

P1: Yeah, it's not, it's not their sole remit

I: No, no.

P1: to enforce it,

P4: No.

P1: no, no, no, it's, it's everybody's.

P4: Everybody's.

I: And would ye, is there, do you think there's enough training for like staff, say they're, you do approach someone who's, who's aggressive like, is there a training for how to handle patients or people who are …

P1: Yeah, we've recently had --

I: Is it that --

P3: I just walk, I generally just say it and walk away.

I: Yeah.

P3: I, I don't get confrontational

I: Yeah.

P3: with people,

P4: [inaudible, 00:23:55]

P3: I just kind of say it and,

I: Remind them, in a certain way.

P3: and they kind of say oh yeah, yeah I'll put it out, and you know well they're not going

I: Yeah.

P3: to put it out, but you just get your point across and you keep working.

I: Yeah.

P4: Yeah. And within the policy it actually states how you should approach someone,

I: Yeah.

P4: actually, you know, so it's in the policy.

I: And just in the, the HSE, that toolkit, I was looking at the other day, they recommend, they have appendices at the back, one is a corporate walk around, they recommend every two months I think it is to, to do this checklist and to walk around

P1: Yeah.

I: just to walk around --

P1: We did.

I: You've done that

P1: Yeah.

I: recently.

P1: Yeah

P4: Yeah.

I: Very good.

P1: I actually did myself and a health and safety rep,

I: Yeah.

P1: within the hospital, actually did a walk around

I: Very good

P1: in, and it's trying to monitor that underground car parking

I: Yeah. You've, you've highlighted the, the areas that are trouble there or, yeah.

P2: Everybody knows, knows the trouble areas,

P4: Yes.

P3: Yeah, they do,

P2: And people are, aware, like staff would be aware.

P3: they're well highlighted.

P4: And they move on, the areas move [laughing] once you start --

P5: They're very good at finding

I: Yeah.

P4: Yeah.

P5: new places.

P4: A new place, and going back to previously,

P1: Yeah.

P4: yeah.

I: Very good. Sure that, [00:25:00] that kind of covers that, then the communication, we've covered a lot about the signage

P1: Yeah.

I: there's not much, no, just I noticed the e-cigarette signage was quite small, I noticed in the --

P2: In the shop.

I: Yeah,

P2: Yeah.

I: it wasn't as, as prominent as the others, is there, is there standards for the HSE that have, have tobacco --

P4: Signs.

I: Yeah, have they, do they have a standard type of sign or sign, size of a sign, I mean?

P5: Not that I was aware of.

I: Is, ye had to make that yourself, yeah.

P1: No, well we make signs.

I: Yeah.

P1: No, they don't supply to you.

I: They don't, you have to, it's an in-house thing, yeah.

P1: [laughing] That's another thing, so you end up printing off

P2: Yeah.

P1: the website, in whatever sizes, and then getting it laminated and put it up,

I: Right.

P1: and they, the shop and catering, the café staff as well, they would enforce,

P5: Yeah.

P1: you know.

I: Just wondering, I didn't realise, so it's not standardised, there's no, like, each hospital has their own way of

P5: Yeah.

I: doing signs.

P5: We actually had that e-cigarette actually, we got it

I: Yes, okay.

P5: from another hospital,

P1: Yes, yeah.

P5: was it from Louth?

P1: Yeah, we had source that ourselves.

P5: We had to source that, a sister hospital up in the north Dublin area somewhere

I: So

P5: actually was using that sign, so we --

P1: We adapted it.

P5: We adapted it.

I: Because they have estates, I was doing something recently on, for working in outpatients, just about signage in general, it was like --

P1: It was the policy --

I: Yeah, they have a, a standard one for the signage to, to --

P5: Well it wouldn't be right if the HSE had --

[inaudible, overlapping speech, 00:26:11-13]

P1: I think that policy, it doesn't

I: Yeah.

P1: dictate that you have to have a set size, size sign, there's options of...

I: Yeah. But would ye think that would be, would be good for ye to have a recommended sign?

P5: Well I think it would be good to have standardised signs,

P4: Standardised signs.

I: Universal.

P5: signs all over Ireland.

I: Yeah.

P1: And that we're supplied with them,

P3: I was going to say that you had a number to ring

P1: that we are supplied with them.

P3: and say we need X number of

P1: Yeah.

P3: A-four size or whatever.

I: Yeah, just say e-cigarettes for example, you were saying locally we're trying to push that more here now and so can we have --

P1: But again, you could do that, you, that could be coordinated with the national media campaign and that

P4: Yeah.

P1: there's a slogan or a sign or something that's recognisable.

P4: And it's more readily

P1: Yeah, yeah.

P4: readily recognisable.

P1: And make it the same in every hospital or something, you know.

I: That's good, yeah, so that, that's, that's very, that's a good one, yeah. So to, yeah, you've done, yeah, the communications, covered a lot, is there anything else in communication before we move on? There's nothing else, so the funding, you're, are ye funding yourselves for signage, you don't get any

P2: No.

I: additional…

P1: We're funding ourselves.

I: Everything is, is –

P4: Yeah.

P1: All out of the hospital budget, yeah.

I: Comes from that. So like the initiative, like there's no-one incentivising for

P1: No.

I: for, for, for funding, there's no incentives really built into, into the budget at all.

P2: Nobody's told us we're going to get a big

I: Yeah.

P2: prize for being,

P3: Proactive.

P2: that we're going to get an addition to our budget

P: [laughter]

P2: or no award, no gold star.

P1: We're not going to get sent on a weekend.

I: Do you think that would be an interesting area to think about, the funding, if you got additional funding for it, just if ye could show that you're --

P2: Well as long as it's not now that they, they'll turn around and say they're going to dock you money, you know, I don't think that's, because that's not,

I: Yeah, true, yeah.

P2: negatively, you know, but a positive incentivisation, yeah.

I: Yeah, no, I just meant that certain hospitals, like Vincent's have that gold, you get a gold

P2: Yeah.

I: standard, if ye got that, wondering would it, if you got some recognition it'd be good.

P2: You could display it.

I: Yeah.

P5: Yes.

P2: An award.

P5: But I think we're really --

P3: But again the people, the public need to be notified of, you know,

P2: Yeah.

P3: how significant it is to obtain that standard,

P4: It is.

P3: again, it's about communication.

P2: Yeah.

I: Yeah.

P4: And there's actually quite a lot of work to be done to achieve that gold standard, and Vincent's have a whole department

I: Yeah.

P4: of health and wellbeing there and it's,

I: Yeah.

P4: it's, it's consultant-led.

P2: That goes back to the bronze and the silver and the --

P4: Yeah.

P2: Yes.

P4: It's a consultant-led vision that Vincent's have,

I: Is it? Oh right.

P4: yeah, so they have a very well developed…

P2: Model.

P3: Like if we could get them just to buy in, even, to it,

P4: Even, yeah.

P2: It would be nice.

P3: you know, it would be great if they would, you know, you know, have to kind of give permission for patients to go down and that, like they don't even…

P4: They don't engage.

I: So the consultants don't engage in it.

P2: No.

P4: Well not all of them, I can't say that, there's some that are very good.

P3: Yeah, there are some.

I: And you mean even for, for them communicating to the patient, is it talking to them

P4: Yeah.

P3: Yeah, talking

I: like through --

P3: to the patient and recommending, maybe, like I don't know, I've never been on the rounds here, but I just, I don't imagine that they would --

I: It's not part of their routine.

P3: No, it's…

P1: it would be very powerful for the consultant to say to a patient, you know, you won't be smoking while you're in here, I'm going to give you Nicorette as a replacement.

P3: And this is part of

P1: They don't do that.

P3: your treatment,

P1: Yeah.

P3: I'm giving you nicotine so you don't smoke and it is part of your antibiotic,

P1: Yeah.

P3: you know,

P2: Yeah.

P3: and it's part of your treatment plan.

P2: It's part of your treatment plan.

P2: Part of your treatment plan

P3: that you will be on nicotine and you will not be smoking while you're in the hospital.

I: Yeah.

P2: If that was even said once, we'd be on a winner.

P3: Yeah, on a winner.

I: Yeah. Now, so how do you think could you, could you buy, getting the buy in, would that be,

P2: Again it would have to

I: has it been tried?

P2: come from above.

I: Again, you know, ye think it's, again --

P2: And if it's, if it's from,

P4: A higher --

P2: if it's at a higher level

I: Yeah.

P2: and all the consultants are, you know, the --
P3: And it needs to come from a medical lead.
P2: A medical to, medic,
I: Right.
P2: medic to medic.
P4: You know, they only listen themselves.
P2: Yeah, yeah.
P5: And a hundred per cent buy in, like
P2: Yeah.
P5: it does have to be everyone.
P2: Yeah.
P4: Yeah.
I: Very good. Yeah, that's, that's a good one. So then that's, education and training, we kind of covered a lot of that as well. The cessation training programmes, ye have those here, do you, for
P5: Yes.
I: staff?

[inaudible, overlapping speech, 00:29:57]

I: Are the, is the, is the uptake good or do you find or? [00:30:00]
P5: No, I have to be honest, the uptake isn't good, probably half of them have cancelled.
I: Yeah.
P2: But that was due to the challenges
P5: Yeah.
P2: within staffing
P3: Yeah.
P2: within the HSE at the moment,
I: Yeah.
P5: Yeah.
P2: you know, there are --
P4: It's not that the interest is not there.
P2: It's not that the interest
P5: No.

P2: isn't there.

I: Is it hard to get off work, do you have to get off for an hour or something?

P5: No,

I: or is it a half day?

P5: it's the day.

P4: No, it's a full day. P3, you did it recently.

P3: I've recently completed it, yeah,

I: Yeah.

P3: and it's really, really well, well planned that,

I: Yeah.

P3: you know, it's, it's a fantastic course but again it's just being, being released

P2: Released from your...

P3: can be difficult.

P5: And just to say in better times, like this hospital was so good, the catering department were, the catering people on the wards were actually given training in brief intervention because they were going out giving the food and giving that so the,

P1: Yeah.

P5: people would

I: Yeah.

P5: raise the issue of smoking, and we,

P1: They were aware.

P5: they were aware --

P2: And how, how to deal with it.

P5: And how to cope with it.

P1: No, I find the hospital has always been proactive.

P5: Yeah, the hospital has always been very proactive, like when, when staffing was reasonable, staff were released

P1: Yeah.

I: Yeah.

P5: but it's just…

P2: And supported to be released. We used to run the smoking cessation classes as well, unfortunately that was,

P5: In the evenings, yeah.

P2: that was stopped but --

I: Yeah.

P3: For the patients.

P1: Yeah.

I: So --

P5: Yeah, and they were very

P1: Yeah.

P5: effective as well. I actually met someone in cardiac rehab there and he says I stopped ten years ago.

P1: At one of the classes, yeah. But even yourself, P5, I mean

P5: Yes.

P1: you know, you were full time.

P5: Yeah.

P1: You know, that's

P5: Yeah.

P1: a classic

P5: Yeah.

P1: example, you were actually full time in the programme as the health promotion officer,

P5: Yeah.

P1: and in recent times that was reduced

P5: Reduced to half.

P1: to a half post.

I: Okay, alright.

P1: You know, so that in itself,

P5: Yeah.

P1: you know, I think that's your--

I: That sends a message out to people too, doesn't it?

[inaudible, overlapping speech, 00:31:32-40]

P1: -- within the hospital, you know.

P5: And then we did have, we did have smoking groups, I had a stop smoking clinic.

P1: And you used to do consults to the wards,

P5: To the wards, yeah.

P1: yeah.

I: So time is a big thing, isn't it?

P5: And that was a service,

I: Yeah.

P5: that was the service that was there and it was just taken away.

P1: Dropped.

P5: Dropped.

I: So these are all good things that are being dropped over the years because of there's not enough resources or people can't get off or…

P3: It wasn't seen as a priority,

P1: [inaudible, 00:32:00]

P3: you know?

P2: It wasn't seen as a priority, you know?

I: Wasn't seen as a priority, yeah.

P5: Now that, yeah, but in fairness,

P2: So it needs to go back as a priority.

P5: in fairness there's hoping now that I will be able to go back full time in the role, but again, that's all depending on what's happened within our resources.

P1: Yeah, with the recruitment pause.

P5: With the, with the recruitment pause and whether

I: Yeah.

P5: [inaudible, 00:32:18]

P1: But that was one aspect, and then the other is, you know, frontline staff in any department here, in any discipline, you know, are, you know, extreme, under extreme pressure

I: Yeah.

P1: and your EDs are extremely busy and, you know, that, it has to be addressed within your working day, so it's any discipline at all, it is all to the fore

I: Yeah.

P1: and it is very, very difficult then for staff to be released

I: Yeah, yeah.

P1: to go on training, and your challenge would be in the first instance release staff to go on the mandatory training, so they're after what isn't mandatory,

I: Yeah.

P1: you know.

P2: This wouldn't be at the --

P1: It wouldn't be a top priority anymore.

I: And do you think should they look at the training to make it less, a shorter day like or even, I don't know, an online course, is there any other way

P4: To be honest

I: to do it?

P4: with you, the type of training, and P3 might agree with this, it's very much interactive

P3: No, I think it's very --

I: It has to be, yeah.

P4: and they get experience in roleplay on the day

I: Oh yeah.

P4: and the feedback that we get

P3: It's huge, great.

P4: from people is the, the roleplaying is so much part of

I: Yeah.

P4: the day, the day is not about giving you information, it really, it's a very

I: Yeah.

P4: different type of training.

P1: It's about equipping you with the tools.

P4: Tools, yeah.

P3: Very much so, and I don't believe it would work

I: Yeah.

P3: online.

I: Yeah.

[inaudible, overlapping speech, 00:33:30-33]

P1: And if you're doing training

I: Yeah.

P1: you know, training is training,

P3: Yeah.

P1: it is defined as, you know, that what is necessary to ensure the knowledge base is, you know, is given,

I: Yeah.

P1: you know, and the proper outcomes then can be achieved by those that are the trainees, but if you're going to seek to reduce that down or dilute it down, it's not effective.

I: Yeah, yeah.

P3: And it's the participation of other people on the group that you learn as much from each other as you do the facilitators,

I: Yeah.

P2: Sitting at it.

P3: you know.

P2: Well that's what gives you, gets you the buy-in then, you know,

P3: Yes.

P2: you come back and you're, you're enthusing about it

P3: Yes.

P2: and the next person then

I: Yeah.

P2: is more likely to go, you know, or to look to go or --

I: Yeah, kind of word of mouth.

P3: Yeah.

P2: Well you've invested in the employee,

P3: Yeah.

P2: you have actually, you know, they've given them the toolset to be abl to do,

P4: To deal with…

P2: you've motivated

P3: Yeah.

P2: them, you know, and they feel valued,

I: Yeah.

P2: so they feel very much part of your organisation and part of,

P3: The team.

P2: part of that team and that loyalty to pay back on behalf.

P3: It's increasing morale, actually.

P2: It is.

P1: Yes.

P2: it is, most definitely.

I: That's very good, yeah. The fifth one then, tobacco

P5: Identification,

I: strategies.

P5: diagnosis, and we talked about that, identification diagnosis and tobacco.

I: Yeah.

P5: I do think the identification is there in the diagnosis, it's part of, and people are routinely,

P1: Asked about support.

I: Yeah.

P5: and, and even though I've been reduced, I still get referrals to smoking cessation from the wards, people

I: Yeah.

P5: are referring into the service, so that is happening, I'd say, that's a fairly positive

P1: Yeah.

P5: thing in the hospital.

I: Very good.

P5: There is… [00:35:00]

P1: And are you the only resource, is there anyone external

P5: No, there is that, I was going to say,

P1: to you?

P5: in the [NAME PRIMARY CARE CENTRE], now, just in the last six months, the community tobacco support person, [NAME REDACTED], she set up a clinic in [NAME PRIMARY CARE CENTRE],

I: Okay.

P5: which I'm really linking into, it's a great resource, and anyone that I meet around the wards now that want further support when they leave the hospital, they can be referred into her.

I: And what is she, she, what does she do exactly now, she--

P5: She's the --

P4: Community.

P5: Yeah, community health promotion officer for tobacco.

I: And she, she goes through a programme with

P5: Ceasing programme,

I: someone who wants to, oh, very good.

P5: that's free for, for any member of the public looking to stop smoking.

I: That's very good, isn't it?

P5: Six weeks.

P3: Yeah.

P5: One to one.

P3: The great thing that [NAME REDACTED] said about that was that the lead-in time was short in terms of waiting

P2: Short, yes.

P5: Yes.

P3: lists, which is, was a surprise to us all.

P5: It needs to be short, if someone that's thinking about stopping smoking

P3: Yeah.

P5: you want to get to them quickly.

P3: Yeah.

I: That's interesting, and this is the, that's the Minister, Simon Harris is on about that too and that's, in my current job in outpatients, it's, I was explaining earlier about moving to the community a lot, it's, that's,

P5: Yeah.

I: that's a good help, primary care helping with

P5: Yeah.

I: extra

P5: Yeah.

I: clinics and that.

P5: Well I think that it is, it's worked very well in, in an area like where service was cut and reduced, that to have that in the community to link people in

P2: Yeah.

P5: with the community office.

I: Pretty good, yeah.

P2: Worked very well.

I: That's good. Just the strategies, well yeah, ye have your own strategy in place

P: [inaudible, 00:36:23]

I: I was going to ask you, but I believe you said that earlier, so that, that's --

P1: In line with the national.

I: Yeah.

P5: Yeah, yeah.

I: So yeah, and do ye update that regularly as well, at least do you do it every --

P1: No, we don't need to update it because the national hasn't changed

I: Oh yeah,

P1: [laughing]

I: until they change it.

P3: Yeah, theirs, theirs is due for updating.

P1: Theirs is due for updating,

P3: [inaudible, 00:36:37]

P1: and when they do, we will accordingly.

I: That's grand, yeah, you're sorted. Standard six then, healthy workplace, so…

P4: Well, we do.

I: Yeah, you have policies in place, yeah.

P1: Yes.

P2: Yes.

P3: Yeah.

I: So you're…

P3: We took part in, what do you call it?

P2: Operation Transformation.

P3: Operation Transformation.

I: Okay.

P3: We have a very, very successful.

P2: Great programme, yeah,

P3: Ten weeks, was it ten weeks?

P2: trying to use it, right.

P4: Yeah.

P3: And they got buy-in from AHPs, catering,

I: Yeah.

P3: things, like really.

P2: Operation Transformation menu in the canteen.

P5: Canteen, yeah.

P3: Which is still continuing.

P2: Yeah.

P5: Yeah.

I: Just the Healthy Ireland, do you know the, the

P2: That's right, yes.

I: overall policy,

P1: We're keeping that.

I: do ye have like much of that logo on it, because we did that, group work for the, or for the Masters on that, we just --

P4: P5 presented us

P5: Yeah.

P4: with t-shirts

P5: Yeah.

P4: last week.

I: Oh yeah, it is, it is visible there, the --

P5: Yeah, we have t-shirts and --

P1: And then they're, they're lime green, they're quite visible. [laughing]

P5: Quite bright.

[inaudible, overlapping speech, 00:37:24-27]

P2: Easily identifiable.

[inaudible, overlapping speech, 00:37:28-36]

P1: I don't know where it came from, I don't know.
I: Free t-shirts, that's --
P5: And to be honest, anything you do now, you know, around even Operation Transformation, for any, we're going to do something about the lunches
P1: Yeah.
P5: for the summer, around where you go in, have a sandwich and go out for your walk.
P3: Yeah, to increase activity.
P2: And we've had our mental health or the Little Things launch,
P3: Yeah, that was, that was excellent as well.
P2: that was hugely attended, very popular, yeah.
P3: We got really good feedback from that.
P4: Even Little Things…
I: Yeah, oh yeah, very good, yeah.
P2: So we're implementing in line with what is the national Healthy Ireland policy
P3: And I'd say our department
P2: or we try to do our bit.
P3: is well ahead of others,
P4: Yes.
P1: Oh we do.
P3: in what we do.
P5: [inaudible, 00:38:08] calorie counting and others.
P1: Yeah, yeah.
I: That's very good.
P1: And the canteen is (pre-awarded? 00:38:11)
P5: So in line, in line with any national policy
P1: Yeah.
P5: the hospital participates.

I: Yeah.

P2: It's very proactive.

P5: It's very proactive.

I: Yeah, there's nothing, there's nothing here that you don't know of,

P1: Well I don't think

I: if you're --

P1: I, I'd say we're ahead of some, in,

I: Yeah.

P1: you know, the catering

P3: According to [NAME REDACTED].

P1: side of things, the dietetic side of things.

P5: Yeah, yeah.

I: And ye have the calories up there and everything.

P1: Yeah, yeah

I: That's very good, yeah.

P4: But we had very good buy-in from all departments in the hospital, really, from, you know, from

P2: Physio to

P4: physio, management,

P2: occupational therapy.

P4: dietetics.

P2: Everybody.

P3: Great support, really, for everyone.

P4: Yeah.

I: And do you think that whole like, even talking about food, like, if you get into people's heads about, health is a big, it's more than the smoking, it's your food,

P4: Yes.

I: it's a

P4: Yeah.

I: big package deal, like

P4: Yeah.

I: get into everyone's heads that it's a

P3: Yeah.

I: move towards a healthier Ireland, yeah, that's very good. So the healthy workplace, yeah, you're, you're, you're, you're --

P4: I'd say we're

I: You're well on, okay. Community engagement, I wasn't sure about this one here now, the, that's what the standards are, but that'd be, that's more like the overall thing like engaging the community and promoting, you wouldn't be working with the community --

P1: Well again I think the healthcare organisation pertaining to HSE there,

I: Yeah.

P1: contributes to it, most of that would go through the community.

P4: Well we would have, in the past.

P1: Well, well P5 would have, would have started now,

P5: With [NAME PRIMARY CARE CENTRE].

P1: in the community.

I: Yeah, yeah.

P5: I've always done training with [NAME REDACTED], we did stop smoking groups and we had to get community in here

I: Yeah.

P5: to run groups, but that actually just fell by the wayside, unfortunately. But other things we've done as well is the hospital and AHPs as well have gone out to like local pharmacies and local shopping centres

I: Oh right.

P5: to promote various, whatever it was,

I: Yeah.

P5: whether it was --

P1: Blood pressure.

P2: Blood pressure, yeah, yeah.

[inaudible, overlapping speech, 00:39:48-51]

P5: We, we had huge --

P1: One for the community.

P5: We spent a whole day actually, down in Boots I think, around fast,

P1: That's right. [00:40:00]

P5: there about a year or two ago. So we would have that linking in anyway, you know,

I: That's good.

P5: at various times, not

I: Yeah.

P5: every month or anything like that, but, and --

P3: But as much as we can

P5: Yeah.

P3: link into the community, we do.

I: Yeah, that comes down to timing then, or resources

P5: Yeah.

I: too, it would be,

P5: Well actually,

I: would be hard

P5: resources would be huge.

I: Yeah.

P1: Resources would be huge, and that's on both sides,

P5: Yeah, yeah.

P1: actually, so it is, you know, but --

P5: But also we, we link into schools as well, let the schools come in here and --

P4: Yeah, that's right.

P1: Transition years.

P5: The transition years

I: That's very good, yeah.

P5: come in here,

P1: Run our programme, yeah.

P5: so, yeah, so --

I: And would, would that be linked to smoking too or would you be educating a bit or?

P5: Well they'd be just exposed to the general ethos of the hospital,

I: Yeah.

P5: and health, what is health, like we don't --

P3: Looking at each department and it's working --

P5: Such,

P3: Yeah.

P5: we wouldn't have anything as such for

I: Yeah.

P5: are you smokers now.

I: Yeah, yeah. Show, show you someone who's, someone sick from smoking or shocking --

P5: Well they're getting a, they're getting a health message.

I: Yeah.

P1: But we have done that, we've taken, when, when the radiology manager has given her presentation, she's put up, you know, the actual CT or the x-ray of healthy lungs,

I: Yeah. Interesting, yeah.

P1: and then she's put up the x-ray of the lungs of,

I: They would shock you, yeah.

P1: of the smoker, you know.

P5: Yeah, so…

P1: you know, so they, they, and then we had

P5: They had --

P1: when [NAME REDACTED] was here,

P2: Yeah, yeah, they are, yeah, absolutely.

P1: she would give her talk on substance misuse, yeah.

P5: Yeah.

I: I think it's more real then, you can see the,

P5: Yeah, yeah.

P1: Yes.

I: this is what, this is what, reality as it happens, yeah.

P1: So indirectly they're getting it through the theme of,

I: Yeah. That's very good.

P1: of what they're exposed to.

I: That's very good.

P3: I think a great help to this would be if they could still bring about, I know there's, it's been held up at the moment, but the plain packaging on cigarettes,

I: Oh, right.

P3: like I think

P1: Yeah.

P3: that in itself will contribute to …

I: That'd be a big thing for, for young people, yeah.

P3: For everyone. Yeah.

P2: Yeah, but again, that's, that goes back to the national campaigning, stuff like that.

P3: It's been held up.

P4: I think Australia too, is it in in Australia?

I: It's supposed to be coming in England soon, I think that, it's only a few weeks ago they have announced it, yeah, so that'd be brilliant.

P3: There has recently been an objection here, though, isn't it?

I: There was, yeah.

P3: Yeah, it's a week or

P1: Yeah, it's been challenged.

P3: ten days ago, it's been challenged, yeah, so it's going to be

P1: by a Junior Minister for Health.

P3: a, a further delay.

I: That's true.

P1: Incredible, isn't it?

P3: Yeah.

I: It is mad.

P1: Incredible.

P3: Yeah.

I: We're nearly there now, so the, the last one --

P2: (Farcical? 00:41:53)

P1: Yeah.

I: It is, it is mad. The, the monitoring and evaluation, would ye

P5: Well we're linked in to (edge? 00:42:00),

I: in general --

P5: we've always, since the, two thousand and two

I: Yeah.

P5: the hospital at the time became a health-promotion hospital and joined the Health-Promoting Hospital Network, and going back all that time

I: Yeah.

P5: and as part of that then we were part of ENSH, European network of smoke-free hospitals, we were members of that and have been for a number of years, and would have always followed, you know, the bronze, silver, gold,

I: Yeah, yeah.

P5: and the idea of incremental approach to the implementation, and I suppose the HSE then kind of went in with that approach as well, and that's the tobacco-free campus.

P1: That's it.

P5: But the hospital does a self-audit on ENSH every two years,

I: Oh very good. Yeah.

P5: and we've never --

P1: We're due this year now,

P5: We're due,

P1: aren't we?

P5: yeah, we're due, I was just thinking that,

P1: We're due this year.

P5: like and it's, it's the same

P1: Warned,

P5: things we

P1: yeah.

P5: fall down on every time, but, and we're not going to at the moment make a change, there is no change that we can make

I: Yeah.

P5: but you can see --

P1: And that's probably a lack of funding, that's

P5: All staff members are (taking action? 00:42:58), people,

P1: resources.

P5: resources.

I: And that's where you would, you would pinpoint

P5: Yeah, training would be, yeah.

I: any of the areas you need to improve on

P1: Yeah, that'd be the main thing,

I: like, so the resources are,

P1: support for the areas.

P5: Generally,

I: the focus is on --

P5: you can, yeah.

I: Yeah.

P5: So

P1: Yeah.

P5: you get your score and we're scoring around silver for the last I'd say six

P1: Couple of years.

P5: or seven years.

I: And have you a big jump to get up to gold, or it's a big --

P5: The gold is, the gold is, is --

I: It's a big difference, is it?

P5: It's a lot of work to do the gold, there's even research

I: Yeah.

P5: and all the auditing to be done and we'd need nearly somebody

P1: Full time at it.

P5: that was full time at the,

P1: Yeah.

P5: full time, yeah.

I: I imagine it'd be, yeah,

P5: Yeah, so --

I: like the Masters the difference between pass and distinction,

P5: Yeah.

P1: Yeah, and they,

I: it's a big jump, like.

P5: they don't hand them out, the gold, willy-nilly, so you really have to prove that you have actually done those things

P1: Ticked all the boxes

P5: and it's continuous, so at the moment I, I wouldn't see us as being anywhere near going for gold, I think if we can retain silver, it would be good.

P1: But that, that's a resource

P5: Yeah.

P1: limitation

P5: Yeah.

P1: you know, completely, and by resource, it's human resources,

P5: Resources, yeah.

P1: also funding

P5: Yeah.

P1: that's required.

I: Right, sure I'll just ask one last question, and it's just if you had one minute to talk to the director general or Minister, what would ye say to someone, like the main thing, what would ye think the main thing is if you'd say --

P1: Support us with, with

I: Support, yeah.

P1: a national campaign.

I: The national campaign is the, the theme that's coming through, yeah, it's --

P2: They need to lead,

I: Yeah.

P2: lead and we need to implement.

I: And let it funnel down from there, yeah.

P2: Yeah, yeah. They, they lead it and we'll implement.

P4: Implement it.

I: Yeah, very good, yeah, so that's, have I missed anything or do you, anything else you want to --

P1: No, that's very good, Vinny.

I: Yeah.

P1: Well done, excellent.

[inaudible, overlapping speech, 00:44:30-33]

[laughter]

P3: Thanks very much.

I: Thanks a million for coming, yeah.

[inaudible, overlapping speech, 00:44:35-36]

[End of recording, 00:44:36]

Appendix M Focus Group Hospital B 10.06.16

Names key:

I: Interviewer

P1: Participant 1

P2: Participant 2

H: Hospital name

Transcript begins at 0:06:07

I: So the, the first question is what do ye think off the top of your heads could ye do to improve the implementation, is there anything in particular or, that would, would you have an opinion on, do you think you really need, if you were to think of anything?

P1: Is that one of these questions here, or are you just asking us?

I: No.

P2: No, he's just asking us that.

P1: Oh yeah, yeah.

I: I thought I'd start with kind of an open, just even like just to throw it out there kind of thing, just to think, like is there anything.

P2: Personally I think taking away the health promotion officer wasn't a good idea,

I: Yeah.

P2: in the organisation.

P1: Yeah, I believe there was one here,

P2: Yeah.

P1: I'm here since February, just to say, P2 certainly knows --

P2: [STAFF MEMBER NAME REDACTED] was there, and it was, her role was health promotion and she was overlapping a little bit, but

I: Yeah.

P2: she had done quite a lot of work with patients and she would work with us for staff as well,

I: Yeah.

P2: but she left Christmas two thousand and fifteen,

I: Yeah.

P2: she's gone over a year, so there's kind of a, a --

P1: Fifteen.

P2: Yeah, isn't she?

P1: Was it fourteen, no? Fifteen is only just gone a few, six months ago.

P2: Oh no, no, sorry, she's fourteen then,

I: Yeah.

P2: she's gone, yeah, she's gone over a year. So there's nobody pulling it all together,

I: Yeah.

P2: you know. We're trying,

I: Yeah.

P2: we're definitely trying.

P1: And P2, what actually was her title, because --

P2: Health promotion officer.

P1: And what was, how was she connected to the risk register then, that just happened

P2: They just, yeah,

P1: by default, was it?

P2: she like, she was doing health promotion, she was working a bit with us and then she got pulled in to look at the risk register because there was nothing happening,

P1: Yeah.

P2: and…

P1: You see it's just

I: Yeah.

P1: to show that you've people dipping in and out of things and they don't

P2: Yeah.

P1: give a full commitment really.

P2: Yeah.

I: Do ye think that's a very important, you don't have anyone, you're, at the moment you're, both roles are kind of half doing part of it.

P1: No, no. We're not doing anything, I'm new here since February

I: Oh yeah, so you're not --

P1: P2 is an advanced --

P2: Nurse practitioner,

I: Yeah.

P2: so I would look after staff wellbeing,

I: Yeah.

P2: part of that is health promotion

I: Yeah.

P2: for staff, but it's probably only about ten per cent.

I: But is there a health promotion committee, there is a committee, is there? No?

P2: No,

P1: No.

P2: there was,

I: There was, okay, right.

P2: again, [NAME REDACTED] was leading that committee.

I: Okay, so it's kind of since she's left it's kind of, it's --

P2: Nothing's happened.

I: Yeah.

P2: I was on the smoking cessation

I: Yeah.

P2: committee with [NAME REDACTED], but I mean we hadn't had a meeting in, in terms of smoking cessation, like [NAME REDACTED] gone over a year, I'd say I'm talking two years since we've had a meeting.

I: Right. Yeah.

P2: And, you know, so nobody's pulling it all together,

P1: Yeah.

P2: and that's where I think

I: And then the role, is that

P2: is the problem.

I: like the WT or is that still there to be filled or is it just that they've

P2: No, it's gone.

I: taken the resources away, like as in it's been removed somewhere else for the,

P2: Well I suppose,

I: the funding part.

P2: like they've kind of, they kind of see it as being, health promotion as everybody's role and that the nurses on the wards will be involved with educating --

P1: There has to be a leader, though.

P2: Yes,

I: Yeah.

P2: there has to be a leader,

I: Yeah.

P2: but they would see it like that, and then I suppose [NAME REDACTED] would see kind of the staff part of it, he's kind of passed that over to me somewhat.

P1: Yeah, you see…

I: Yeah.

P2: Within my job.

I: I know what you mean, yeah,

P2: Yeah.

I: as another kind of

P2: Yeah.

I: add-on, is it?

P2: Yeah.

P1: What I'm trying to [NAME REDACTED] did say to me can we do something to get this up and running,

I: Yeah.

P1: you know, and I said fine, [NAME REDACTED], amongst all the other things that need to be sorted out here,

I: Yeah.

P1: but apart from that, what, what P2 is saying is, is that it's really a standalone role,

I: Yeah, yeah

P1: in itself. It's, I mean if there's five people in the smoking cessation alone in H___,

P2: Yeah.

P1: you know, that'll, speaks volumes. But anyway, in an effort to do something, or at least if we could get something down on paper…

I: Yeah, have ye considered putting together any business case or something?

P1: Some kind of a business case for it,

I: Yeah, to say look, this is really needed, yeah.

P1: but on foot of that and going back to that summit that I was at as well, the way to go now is prevention and

I: Yeah.

P1: education of people

P2: Yeah, absolutely.

P1: out there, and keep them out of hospital,

I: Yeah.

P1: but you can't do that unless you educate them,

I: Yeah.

P1: you know, because we're meant to be the professionals, we're meant to know how to maintain a healthy lifestyle, but we need to pass that information back to them.

I: Yeah.

P1: And rightly so, P2, what you're saying is when patients are going home, nurses should be saying lookit, you know, this is your diet plan

P2: Yeah.

P1: the dietician's involved as well, but

P2: In an ideal world.

P1: everybody's hectic, and actually patients are moved down now to the discharge lounge in a very quick,

I: Yeah.

P1: timely manner in the mornings, so the nurse that really looked after them probably isn't the nurse that's going to be discharging them, [00:10:00] would you say that?

P2: Yeah, definitely.

P1: Because there's a whole team of nurses down there now, and this is gong to be their first time seeing that patient, all they're doing is have you got your prescription, have you got your certs, have you got

P2: Yeah.

P1: your appointments?

P2: I mean in an ideal world you kind of look at it in, in kind of whose role is it, okay, it is everybody's role, but like the nurses are too busy making sure that the script is right

I: Yeah.

P2: and that's right and this is right. I mean you probably should, we probably should blend it in somewhat to maybe healthcare, the healthcare assistant role, like

P1: Yeah.

P2: before they go home, have you

P1: Yeah.

P2: like you're a smoker, have you ever thought about giving up,

I: Yeah.

P2: you drink heavily or do you drink or would you like

P1: A questionnaire.

P2: some advice,

P1: Yeah.

P2: something like that, that it would be, like, ideal world, you know.

I: And at the moment, do nurses or is there much of a practice in their daily job to ask people if they smoke or offer --

P2: Well it should be in it, like it's in when you go through a care plan,

I: Yeah.

P2: it definitely would be in it.

P1: There would be, yeah, yeah.

P2: Probably would be --

I: And do you think it's because that person, there's nobody in the role to kind of push that to make sure they're doing it or check up on them, or would, would it improve things?

P1: It would be a documentation [inaudible, 00:10:55]

I: Yeah.

P1: I'd have to go back and check, but you know what, Vinny, as you know and I know, I'm nursing by background as well, lookit, patients say, how, you smoke, how many would you smoke?

I: Yeah.

P1: About ten,

P2: They'll lie.

P1: you could double that.

I: Yeah.

P2: Yeah.

P1: And if they say they drink alcohol, they'd say --

I: Oh yeah, round it down a lot, yeah.

P1: Yeah, maybe at the weekend and you'd say fine, you'd leave it at that,

I: Yeah.

P1: you wouldn't go in, you don't have time to go into

I: Yeah.

P1: the nitty-gritties, it's kind of a separate thing altogether

I: I know what you mean.

P1: but I think what you would do is target certain high-risk people maybe.

P2: I mean cardiologies, your lung areas.

P1: You know, I mean there's no point

I: M

P1: talking to P2 about, you know, or me well, you know.

P2: About smoking or drinking or

P1: We're not perfect.

P2: overweight,

P1: But lookit,

P2: but at the same time, yeah.

P1: We'd, we know the people, and P2 --

I: And do you think of, even age groups, like is there certain people are beyond, not saving, but as in like trying to get them to quit? Is there

P1: Well, do you know what,

P: extreme cases?

P1: it's like smoking, Vinny, it's never a bad time to give up because

I: Right.

P1: your lungs will recover, as we know,

I: Okay. Oh yeah, there's

P1: straightaway.

I: clinically proven that,

P1: It is, yeah, it is,

I: after so long, even if you're --

P1: and Luke Clancy was, oh, he always said that, he said even if you're

I: Okay.

P1: eighty,

I: Alright.

P1: if you give up, he said the changes will be seen within the next week.

I: Amazing, yeah.

P1: Yeah, it is.

I: It's not too late, yeah, is a good message, yeah.

P1: Exactly, yeah, yeah.

P2: And is it just patients you're looking at, Vincent?

I: No, staff as well,

P2: Okay,

I: staff smoking.

P2: because when, when new staff come here,

I: Yeah.

P2: one of the questions on their questionnaire

I: Yeah.

P2: is do you smoke,

I: Right.

P2: and like, I, I don't do the pre-employments but the girls, we do the

I: Yeah.

P2: pre-employments in this department, so do you smoke, and if so, yes, how many? And then that's supposed to be an opportunity for us to say would you be interested in giving up,

I: Yeah.

P2: and we can do, we've all had the brief intervention training

I Great.

P2: in the department,

I: Yeah.

P2: so it would be a kind of an opportunity there to say look, if you want to come back to us and

P1: Yeah.

P2: talk about it, and

I: Yeah.

P2: we offer support for brief intervention, but at the moment nobody would be availing of it, in terms of staff.

I: Is that because the staff can't get off, off to do the course or is it because --

P2: No we're, we're all trained, all our,

I: Oh you're trained.

P2: all nurses have done that course

I: Oh, you've done the course.

P2: with [NAME REDACTED], isn't it?

I: Oh the, yeah, yeah.

P2: But I suppose they just don't come down to us.

P1: But you know, P2, having said that now, a lot of people do smoke in that gazebo place out there.

P2: Oh absolutely.

I: Is that at the front there?

P2: No, just here, we've got one as well.

P1: Out the back, canteen for staff.

I: So how many is there, exactly? There'd be a few, I know there's one on…

P1: I've never counted them, how about you?

P2: That's just one. I, I don't, well I don't smoke so I don't --

I: Your unofficial ones.

P1: When you say out the front,

I: Yeah.

P1: what are you talking about out the front, Vinny?

I: I saw,

P2: Is that one not gone?

I: there's one down on the way, on the entrance on the way, it looks like a bus shelter,

P1: I think that's the bicycle shed.

I: a bike shelter.

P2: Yeah.

P1: No, that's not for smoking.

P2: They're not supposed,

I: Yeah.

P2: they're not supposed to smoke there.

P1: But that's where they go.

I: And there's another one near the ED as well.

P2: They'll just tell you to move on.

I: There's one at the ED actually.

P2: There's one outside the ED.

P1: Sure what can you do, like, people in ED like it's an emergency and they've only just arrived and you daren't go near somebody

I: Yeah.

P1: there,

P2: Yeah.

P1: their relative could be so sick and…

P2: The one just here is staff, isn't it, just --

P1: Oh yeah.

I: And are there, is there exemptions for patients, you know the way it is in, in H___, they were saying there is, when I, when I was observing out there, there is a hut out front there where they have an exemption hut for, it actually says it on it, for patients, but I think I've seen staff there as well. But is there an official exemption hut or is it

P1: No, no, no.

I: just unofficial? Yeah.

P1: This is all really in the offing, Vinny,

I: Yeah.

P1: so it's up to any of us who's going to take it on

I: Yeah, yeah.

P1: or if we could identify somebody, but…

I: Yeah.

P1: But…

I: It is a big gap [inaudible, 00:14:01-03]

P1: There is a huge gap.

I: Yeah.

P2: And I would imagine that the, the, the cardiology nurses, a lot of those would all do the brief intervention training with --

P1: And I, I know one of them that does the education, actually she lives near me, I must talk to her about it.

P2: But like up in our cardiology department in, do you know any of the girls up there? I would imagine that they, like they speak to their patients, any of them that smoke, and give them counselling.

P1: Are you talking about the one inside the front door there? That cardiology?

P2: Yeah.

P1: Yeah, yeah.

P2: I can't think of any of their names now, any of the girls up there.

P1: Oh yeah, I know [NAME REDACTED] there, yeah.

P2: But part of their role would be to, to counsel patients if they're smoking,

I: Yeah.

P2: but that's in terms of patients. It is, it is, as we were saying, like when a patient is admitted, we would, like from my days back in nursing as well, you'd ask them do you smoke, have you interest in giving up and yes, no, and then have you ever thought about giving up or would you like

I: Yeah.

P2: the support, and you'd be handing out a leaflet or --

P1: We'd have to look at the nursing assessment form,

P2: Yeah.

P1: because I know they've been updated so many times,

P2: Yeah.

P1: but I came from a JCI-accredited environment, and there were certain goals

I: Yeah.

P1: that, that you would have to, [00:15:00]

I: Right.

P1: if somebody's going home, patient education was

I: Like a checklist to it, was it?

P1: the [inaudible, 00:15:03]

I: Yeah.

P1: And it was the nurse's role on the ground, yeah.

I: So it's built into your daily role.

P1: And we had patient allocation, so these were your five patients, I know that's very difficult now if you've got two nurses on a ward with thirty patients, which often happens nowadays,

I: Yeah.

P1: if somebody's sick, there's nobody at the agency, there genuinely isn't and the nurses aren't there, so they just have to get on with it.

I: Yeah.

P1: But like if you had your proper patient allocation, they would, that would be the way to do it, you would have your five patients and, you know, you, you would be,

P2: Yeah.

P1: you wouldn't have time for your education and all that.

P2: And then the same in, in terms of staff then, we ask some new staff, all come in, pre-employment, do you smoke, would you like to give up, would, if you, we advise them

I: Yeah.

P2: that if they, if they've got interest when they, when they start here, they can come down to us and use us as a support service. But like that, it isn't used, isn't utilised, and it's not publicised that well either.

P1: Yeah.

I: And you have a, there is a, a little stand out the front there, a health, is it a health promotion stand, is that maintained or is that, that's just glossy leaflets and that, I just took one of them.

P1: Is it specifically about smoking?

I: It's not, it's a mixture, I think alcohol, there's a few different issues, or it's like a citizen information stand.

P2: Yeah, the information stand, I actually don't know that the hospital --

P1: Oh, oh sorry.

P1: I've often

I: It's a mixture.

P1: I often go down that corridor

I: Yeah

P1: and I'll tell you what, I've seen, say for example when it was mental, mental health week

P2: Yeah.

I: Yeah.

P1: there were people in there and they were giving out brochures and

I: Yeah.

P1: do you know, the little green ribbon, that's specifically for if, if it's a specific week

I: Yeah.

P2: Yeah.

P1: and people will come in and man that stand, but then down further you may have seen, Vinny, on your way down here, the Cancer

I: I did see that,

P1: Society

I: yeah, yeah.

P1: and that's,

I: That's good, yeah.

P1: there's staff there all the time.

I: Yeah.

P1: So if anybody's diagnosed and their relatives want to go in there, because I went in there

I: Yeah.

P1: myself when I said, do you mind me asking what do you actually do or what

I: Yeah.

P1: are you about? And she said oh, anybody can come in

P2: Yeah,

P1: and it's confidential.

P2: that's a very good service.

P1: Now there's volunteers work there as well, but there is a nurse from the Cancer Society, but there are volunteers as well.

I: And is, are they volunteers from the hospital here or are they from

P1: There's

I: just, in --

P1: a hundred and fifty volunteers associated with the hospital.

I: And they work, they link in with the Cancer Society, the stand as well?

P1: Yeah, yeah, yeah.

I: Oh right, very good.

P1: Now I mean they're, they're, they're very careful as well in what they say to people and if there's any questions that they can't answer, they'll obviously call the nurse.

I: So they'd be promoting tobacco or cessation then,

P1: Well, we'd hope so.

I: as one of the things, yeah.

P1: We haven't gone down there, I wouldn't

P2: I have seen that.

P1: have discussed that.

I: They have flyers there, right, yeah, on the

P1: They probably would.

I: first day I was here I had a look, yeah.

P1: Yeah. But it would be only all a case of like this is what we have or, you know, they'd be guiding them in the direction.

I: Yeah.

P1: I'm not sure if they would be helping them specifically, but they'd be giving them advice and guidance.

I: Yeah, very good. That's good sure that, that's the opening question, that's actually there was a lot of information there.

[pager beeping]

P1: Yeah.

I: Then I'll just go, I'll go down through the standards here, okay.

[pager stops beeping]

I: Sorry. The first one then is just is standard-wise about governance and commitment, so that's the healthcare, healthcare organisation has a clear and strong leadership to implement, so we kind of covered a lot of that then, you know, would ye say that because you don't have that person in place there's a, there's an absence of governance in a way? Would that be fair to say, or?

P1: Well I wouldn't say governance now because that person would be more leading it

I: Leader, yeah.

P1: more than, yeah.

P2: The governance would be really from the senior management team, that they have buy-in into it. Now the thing is if they're going to have, if they're serious about this

I: Yeah.

P2: and if from a governance perspective and the way the health service is going more prevention, the, they, they will, they will have to allocate more resources,

I: Yeah.

P2: it's as simple as that.

I: And did the health promotion committee then, you were saying that, but they, hasn't met for two years, so that would be…

P2: Now that is, that was the smoking, smoking cessation --

I: Cessation, but there is a health promotion committee.

P2: Health promotion is a new committee that both P1 and I are on,

I: Oh yah.

P2: we've just started up since about March time, February, March time,

I: Right.

P2: and it, we, we, we're just getting going.

I: So then will it be coming back on the agenda again, the tobacco in --

P1: Yeah. Now having said that P2 has her full-time job, I'm coming and taking over

P2: Yeah.

P1: a role

I: Yeah.

P1: which is, it's a brand new role,

I: Yeah.

P1: so I'm trying to get systems in place

I: Yeah.

P1: and this is falling under --

I: Under --

P2: We're the only two people that are trying to guide this.

I: And what's your title, your role is exactly the --

P1: I'm patient safety and risk management lead,

I: Okay, yeah, right.

P1: so risk management, as you can imagine in a hospital

I: Would be, it comes under --

P1: this size,

I: Yeah.

P1: it's, it's, there's a lot of work to be done there.

I: A lot of, yeah, risks, yeah.

P2: I mean this, the health promotion part has just kind of been thrown

I: Yeah.

P2: in with it as an add-on

I: It's kind of in, it's like a job description,

P2: Yeah.

I: like at the end, and any other jobs that --

P1: P2, what I was going to say was that rather than setting up another committee, because

P2: Yeah.

P1: we're going to have to do something and at least then we can go with a business plan to them, but rather than setting up a new, another new committee, would the way to go to have both patients and staff combined in the one, because trying to get people together is a nightmare,

I: Yeah.

P2: I know myself, when I see meeting request, I say oh jeez, nota again, you know,

P1: Yeah.

P2: but, because you get no work done.

I: Yeah.

P2: So --

I: And would you have a terms of reference or that type of thing for, say like, like one of your things would be say tobacco or --

P2: No, I, lookit, I was in the HSE yesterday on another agenda and I happened to meet some of the executive team from Healthy Ireland,

I: Yeah.

P2: and I just said to them confidentially, I said look, can you give me some guidance and

I: Right.

P2: they said they'll, to, we'll meet

I: That's good.

P2: today or [00:20:00] sometime anyway, or tomorrow.

I: This to give you a steer on what to,

P2: Just

I: some advice, yeah.

P2: what are they saying to people or, or what, you know, for the average health promotion committee in a hospital or

P1: Yeah.

P2: they might have the, if they don't, that's fine,

I: Yeah.

P2: might, might say talk to a hospital, but you know, sometimes when you go into a hospital and say look it, oh, can I see what you're doing or, they don't want to give away a lot of their stuff to you, you know,

P1: Yeah.

P2: because they've put a lot of work into that as well.

I: Yeah.

P2: Now --

I: And would you link in with say [SENIOR HEALTH PROMOTION OFFICER, HSE] or that, that team, just say

P2: Who's [SENIOR HEALTH PROMOTION OFFICER, HSE]?

I: that, she's the lead for the --

P1: She runs the, the lead for the tobacco cessation

I: Yeah, in --

P1: training in the HSE, doesn't she, yeah?

I: Yeah, she'd be, she's like the, I don't know the exact title now, she's one of the leads for the country for tobacco cessation alright, but…

P2: Yeah. We haven't actually, Vincent, because basically that, the committee that we've just started,

I: Yeah.

P1: It's only brand new.

P2: it's only just, it's brand new.

I: So you're, you're --

P1: We're only looking for guidance.

P2: We were, because

I: Yeah

P2: we were looking

I: Yeah, yeah.

P2: for, we were just, you know, I, I was offering to kind of move it on a little bit and, but we have good, we have good buy-in,

I: Yeah.

P2: it's just kicked off and we're kind of

I: That's good.

P2: looking at physical activity moment, but we do intend to move on with it,

I: Ah, very good.

P2: and we've got good buy-in from management and from other…

I: So you couldn't, you couldn't complain saying there's no remit, the buy-in is good everything is on board like with, you can't argue against it really, to make it tobacco-free, the site, it's, yeah.

P2: Well you see, where I'm coming from is not just about the tobacco, it's --

I: Yeah, it's a bigger picture.

P1: it's about everything.

P2: Everything.

I: Yeah, that's --

P1: Yeah, and that's what the committee's supposed to –

P2: Yeah.

I: That's why it's good to,

P2: Yeah.

I: the Healthy Ireland is a good way to

P2: Yeah.

I: look at it too, if it's bigger.

P1: But I do hear that coming in the door and I'm saying we're not doing anything about this.

P2: Well the Healthy Ireland, like the, a lot of hospitals within the HSE have taken on someone to roll out Healthy Ireland.

P1: I know,

I: Right, yeah.

P1: and I've see H___

P2: I mean that's what they should be doing here.

P1: have advertised a role,

I: Right.

P1: specifically.

I: To promote health and

P1: Yeah.

I: wellbeing in –

P1: It's, it's a midwife, obviously, but that, that, that is one, I saw that job advertised and I said wow.

I: And what's the title of that or what would it be, is it kind of health promotion type

P2: Lookit, in the labour ward there, a couple of years ago, I remember going in to see it when they opened it, they had to have two bariatric couches, delivery rooms.

I: Jesus.

P2: And I said two? They said yeah, that's the way we're gone.

I: My God.

P2: And the gestational diabetes is rocketing,

I: Yeah.

P2: a lot of them are ending up on Vinculin, insulin, which is a huge resource, time-consuming.

P1: Yeah.

I: That's mad.

P2: It's…

I: God. And just a question about policy, do you, you have your own policy, would ye, or tobacco-free policy or what--?

P1: We do, it's [HOSPITAL CHIEF OPERATING OFFICER] policy, isn't it?

P2: Have we?

I: It is, yeah.

P1: [HOSPITAL CHIEF OPERATING OFFICER]

P2: What?

P1: [HOSPITAL CHIEF OPERATING OFFICER] policy.

I: I've seen that, it's a policy –

P2: I never saw it.

I: Have you?

P1: I'll, I'll, can --

I: That's fine.

P1: Yeah.

I: You can, yeah, if you have it you can send it alright because, I don't have to, I just would be interested to see, but…

P2: I don't know when it was written now or when it was due to be

P1: It's up to date.

P2: updated. Oh it is?

P1: It is, I'm pretty sure it's up to date anyway, if you want me to look up, I can in a minute for you.

I: That's grand, yeah, sure we'll have a look, that's great, thanks a million.

P1: (I'll do it today? 00:22:43)

I: The security thing, just wondering like, just from the previous focus group there, that came up as an issue there, not an issue, but a theme that was, do they, do they, do they play any role or is it in their contract to say to people or, I know, I, just from observing, I know it's very hard to

P2: I hope, when we,

I: go up and say to people.

P2: when we were on that, when [NAME REDACTED] had the smoking cessation committee going, security were on the committee,

I: Yeah.

P2: in terms of what they do now, I wouldn't be a hundred per cent sure. We, our, our security is outsourced, isn't that right, P1?

P1: It is, yeah, that's correct.

P2: Yeah.

P1: Now they are called up to the wards

P2: Yes.

P1: all day, I only overheard when they would ring inside to [NAME REDACTED] and he'd say I'm being called up to the ward again, the, you know, these patients are, the e-cigarettes,

I: Oh yeah, you were saying that, yeah.

P1: and they were abusive when the nurses, and it's very difficult if you're dealing with

I: Yeah.

P1: a patient and then, you know, it affects the relationship. So

I: Yeah.

P1: they just call the, hopefully the fire chief will come up and, or the fire officer, and you know, a man kind of coming in who's about six foot say or whatever,

I: Right.

P1: might have an impact. So what I'm saying to him now is, you know, this is not your role, security, it

I: Yeah.

P1: should be. So we need to get that message out there as well

I: Yeah.

P1: to staff.

I: There is, but for staff in general, if, are staff told to approach people or would ye ever, if you saw a patient outside smoking, would people

P1: No.

I: ever --

P1: No.

I: You wouldn't.

P1: Vinny,

I: Yeah, in reality.

P1: some people here, you won't go near them now.

I: Yeah.

P2: Yeah.

I: That's, that's the reality, like I imagine that myself,

P1: Because

I: observing --

P1: if you saw somebody stealing your car, you wouldn't go near them, not to mention [laughter] if they're smoking a cigarette.

I: Yeah, no, so, you're, yeah, that's the, the reality on the ground, you wouldn't actually, yeah, that's fair enough, yeah. That's grand.

P2: In terms of staff though, when I see, when I see staff going out to that, that cabin out the back,

I: Yeah.

P2: I often say to them

P1: Cabin --

P2: I can't believe you're still smoking in this day and age.

I: Yeah.

P2: But that, well that would be to staff I know,

I: Yeah.

P2: no, I wouldn't really --

I: It'd be kind of a little

P2: Yeah.

I: dig.

P2: It's kind of a dig

I: Yeah, yeah.

P2: but you know.

P1: I know. Did you ever smoke?

P2: No.

P1: I did.

P2: Okay.

P1: They are very difficult to give up.

I: Yeah.

P1: You'll think of every excuse in the world

P2: I can't believe you smoked, P1.

P1: I did. Yeah, I went into the H___ hospital, I'd have it up in my locker, but we all did at that age, you know, you were on night duty and

I: Yeah.

P1: sure all the, the doctors and all --

P2: It's the culture as well has changed a lot, I suppose.

P1: We didn't know, kind, well we did know, and I worked in a coronary care unit in the [HOSPITAL NAME] and they'd say oh, nurse, you know, how could you? Look at the state of me. You'd say, you know – [00:25:00]

P2: (Didn't even? 00:25:00) never going to happen.

P1: But you have to decide yourself. It's a very big decision, it's a whole change of life, I mean when you go out for a cup of coffee, a meal, I'd say god, would they ever hurry on. It's, you probably have been speaking to people,

I: Yeah.

P1: it's worse than coming off heroin, it has ben described as.

P2: Did you used to smoke?

I: No, never, no.

P2: Never smoked, okay.

P1: It has been described as coming, worse than coming off heroin.

I: Yeah.

P2: And what about now, P1? I mean it's obviously years,

P1: Then I got to the

P2: a couple of years ago.

P1: stage where I used to, Christmas and weddings, always, and you know you'd be with the odd few, but then when Micháel Martin brought in the,

I: Oh yeah.

P1: that changed everything, really, then, because --

I: That was a big thing. Would you say that too about legislation, like if, or even from the top down, that was one of the themes for, the other group were saying how it needs to be a national push like to

P1: Yeah.

I: kind of change people's attitudes.

P2: Yeah, absolutely.

I: Because --

P2: Vinny, the thing is you're going to have the people, sure look at the guy from Tipperary, what's his name, that new

I: Oh, Finian McGrath.

P2: Minister?

P1: Finian McGrath.

P2: Jesus.

I: Yeah.

P2: He's not –

I: First thing he said.

P1: I think he's doing damage.

I: That's very bad, yeah.

P2: He, he is crazy.

P1: Yeah, he's done a lot of damage.

P2: And like if you're in, it's only when you go on holidays now to Spain or some place and you think god like, people are smoking,

I: Yeah, yeah.

P2: you get such a shock.

P1: Yeah.

I: Your tolerance level is, is

P1: Yeah, yeah.

I: gone down for that.

P1: Or even, I don't know, do you remember the time when you'd go on planes and people smoked, down at the back. Sure the smoke was wafting up.

I: Crazy, yeah.

P2: Yeah.

P1: It was so dangerous.

I: You wouldn't go back, it might come to a day where you'd say god, do you remember people used to smoke on the grounds of hospitals.

P1: It will be difficult to legislate because

I: Yeah.

P1: you will have people that are incapacitated and they'll have a rights issue, that you're taking away their civil rights,

I: Yeah.

P1: because it is free will, they can't, like it's not, it's, it's, it's not an illicit drug

I: Yeah.

P1: as such.

I: No, because just thinking there with the pubs and restaurants, that seemed like nothing that'd never, I remember when it came out first or when they were thinking about, I thought it'd never happen but

P2: Never work, yeah.

I: I think the, the, the enforcement with the environmental health officers, is that a big thing where, where, they can go in to, say, take a license off a pub or whatever, I'm not sure exactly what they can do. Their fines are, are large,

P1: Yeah.

I: but there's no, the, the way I look at it with the hospitals is kind of, it's kind of a please don't smoke but you don't have to not…

P1: Well I'll tell you, Vinny,

P2: Yeah.

P1: There was a very serious incident here, you probably know about it, P2, whereby down beside the psychiatric unit a patient put a cigarette into a cavity wall,

I: Okay.

P1: and it smouldered inside and burned, see that window inside,

I: Yeah.

P1: that's plastic.

I: Okay.

P1: The window actually, and there's pictures of that available.

I: Wow.

P1: Frightening.

I: God.

P1: The place could have gone up in smoke, and that will --

I: And were these portacabin type things or was it in a --

P1: It was down at --

P2: If it was in a portacabin it would blow up.

P1: Oh yeah, yeah. No, it was down in [PSYCHIATRY CARE UNIT] area there,

P2: The psych unit.

P1: Yeah.

P1: but just suffice to say that, you could, still outside of the building,

I: Yeah.

P1: but it nearly set the whole place on fire.

I: So it is a real fire risk, like, yeah. Now originally I was going to count the, even the cigarette butts as a bit of a, but it became

P1: And P2

I: impossible.

P1: I have noticed outside this door here coming in.

P2: How do they get there?

I: Cigarette butts, is it, or?

P1: Yeah, they're actually on the ground.

I: Yeah.

P2: Well I'd say

P1: That's people from here.

P2: in the evening, yeah, I'd say in the evening, at night time you have people,

I: And just flick them like, or…

P2: but I mean if I saw somebody smoking outside that door now, I would ask them to move on to do it,

P1: Like, these prefabs are

P2: and I wouldn't think twice about it.

I: A tinderbox, I'd say,

P1: a fire hazard in itself

I: especially in this hot weather, like I'd say they'd go up

P1: Yeah, yah.

I: if someone flicked that underneath.

P2: You wouldn't see somebody smoking like that kind of nine to five, Monday, Friday, but I imagine at weekends

P1: I've noticed it

P2: now, things like that.

P1: an awful lot

I: There's no-one around, yeah.

P1: there lately, yeah, and that is just right outside the door here

P2: Yeah.

P1: when you walk out. Anyway,

I: Yeah.

P1: Vinny, go on ahead.

I: Communication then, just the signage, when I came in first I did a, first time I came in April, I think it was, just did a kind of a mini-signage audit, right.

P1: Yeah.

I: The, you've lots of signs everywhere and the audio thing is on a loop for the

P2: Yes.

I: messages,

P2: Yeah.

I: like I don't think, and do you think --

P2: And there, just when you come in the gate you have our big

I: Yeah, the big sign is,

P2: sign.

I: I don't think, do ye, see I don't know, what do ye think yourselves, is there anything else you could do communication-wise?

P2: Need to cut the, cut back the hedging a bit as well, I think you miss that sometimes coming in. Someone needs to keep an eye on the hedging growing over and that.

P1: Did that man die?

P2: Yeah.

I: There is, there is a, do ye think is there any more signage or anything you can do to improve that or…?

P2: I'd have to walk around now, I didn't

I: I don't think it's --

P2: do that walk-around duty at night.

I: Yeah. There just seems to be, no, there is a lot, I thought there was a lot myself of, but…

P2: Okay, well that's good because you came specifically

I: Yeah.

P2: looking for it.

P1: To look for it.

I: I thought there was a good bit.

P1: I think there's a lot of signage in general, I think if you, if you put too much on a door or on a wall, it does --

P2: They don't see them after a while.

P1: Yeah, it does --

P2: Yeah, yeah. It's like the [inaudible, 00:28:57]

I: Yeah.

P1: Yeah.

P2: I'm on that committee, and I just said well, I said listen folks, I said if we're saying zero tolerance, what are we doing about it? I said we're saying it every day, I said it's going around, it's buzzing in my ear,

I: Yeah.

P2: they said sorry, where did you hear that? I said coming in the front door, I said --

I: So you're saying they become immune to it

P1: Yeah.

P2: The people --

I: if you're not going to follow it up, it's like giving out to a child and

P2: The people on the committee

I: they won't do anything to

P2: said

I: follow through.

P2: they'd never heard it.

I: Yeah.

P2: But I said you must hear it coming in the front door every day, they don't hear it anymore.

I: Oh yeah, the zero, yeah, I've, I've heard it on a loop, yeah, that's part of the,

M. Yeah, yeah.

I: the, the same message

P2: It is, yeah, yeah.

I: and then it goes on the smoking, like.

P2: But you don't hear it like, and you become,

I: Yeah.

P2: you do become immune to it.

I: You do, yeah, so,

P2: It's like signage.

I: and the funding for any, sourcing of signage, would ye do that yourselves, that was an issue, well, a suggestion previously was about ---

P2: You see really, there should be a budget allocated

I: Yeah.

P2: for this thing, full stop,

P1: Yeah.

P2: and somebody should be leading it

I: Yeah.

P2: and it's a bit --

I: Like now say if ye wanted to improve your signage, do you think it would help to have a,

P2: Yeah, yeah.

I: say a manual, say if there was like a go-to book like an Argos catalogue, say look, we need one of these,

P1: Yeah,

I: order it in --

P1: absolutely, but I'd say it probably is in, in some, there's probably advice on helping that, like, but, yeah.

P2: Yeah.

I: There is some, yeah, there's some tips alright,

P1: Yeah.

I: yeah, to kind of -- [00:30:00]

P1: Or do you know what, P2, I, I actually met a friend yesterday, hadn't seen her for years, she's out in H___ now, I'm going to contact her today,

P2: Yeah.

P1: I think it might be worthwhile going out there, just for a visit,

P2: Having a look, see what they're doing

P1: because look, you know, we're all

I: You know they're, yeah.

P1: trying to do the same thing

P2: Yeah.

P1: and they're voluntary hospitals

P2: Yeah.

P1: as well, and see because they seem to be well set up from what you're saying .

I: Yeah, they have, they got the gold standard

P1: Yeah, yeah.

I: from that NSH, yeah.

P1: And as well as that, see what their health promotion committee is like and all that kind of thing, you know.

I: Be very good, yeah, that's a good idea because like for, for yourselves starting up the,

P1: Yeah.

I: you know what, what to do or what, what you have

P1: Yeah.

I: to do, yeah. Very good, so the visual displays, you, you have e-cigarettes, there's, there's a prompt for that, then you have the, I noticed there's some visual, is there any of those visual displays inside in the hospital with the like TV screens, or do you have them in waiting areas or…?

P1: Not really, no, I,

I: There's not really, no.

P1: I haven't seen any of them.

I: No, I just wondered, no, sometimes, some hospitals have it.

P1: That would be, a lot of companies do that, I remember in another place I was working, companies used to install those TVs

I: Yeah.

P1: and then like you'd have the news coming in

P2: Yeah.

P1: and then all their ads would be flashed

I: Rubbish, yeah.

P1: up, up on it.

I: H___ have it, it's, it's one of the areas I'm looking at myself in, in the work to improve

P1: Okay.

I: outpatients' physical environment, but, no the, H___ have it, they have some company within, it's basically spam TV because it's all just local ads, there's nothing about health or even

P1: Yeah.

I: entertainment-wise.

P1: But it's, it's the local companies that

I: Yeah.

P1: are funding that,

I: Yeah.

P1: I suppose.

I: It's, it's kind of pointless though, seems to me, like. But, and is the education and training, yeah, so that ye have the, the brief cessation training, that's available for staff, is it? But you haven't --

P2: Well four, the four nurses in occupational, they've all been, had,

I: You've, you've been trained up,

P2: they've done that training, right.

I: and is that, that training

P2: They've been trained up.

I: is for…

P2: It's a one-day course.

I: That's to train you to say, to educate people, really, it's not just you, you, not, it's not to train you to quit smoking yourself, it's, it's for, yeah.

P2: No, no, it's

I: It's for --

P2: if somebody comes down to me and says I want to think about giving up, so I can offer

I: Yes, so you know to go,

P2: the cycle, the brief intervention cycle

I: the cycle, you know, to go through.

P2: and change, yeah.

I: And is it, you found it a good course like, and it's worth --

P2: It's a good course, it's a long time since I've done it and like that, like we don't have staff really utilising the service but, but I suppose we don't publicise it enough, but perhaps if the committee takes off we could look at

P1: Yeah.

P2: you know, offering the service as well. I suppose it's a long time ago now since I did it, but when I started out I worked in Temple Street and we used to target staff and we offered, you know the patches for giving up?

P1: The nicotine, yeah.

P2: At cost price.

P1: Right.

P2: The hospital paid.

P1: I was going to say, who paid for them? But as you say, yeah, okay.

P2: We paid for them but we did it at cost through pharmacy.

I: And they're available to staff and patients.

P2: And it was available to staff and,

P1: Yeah.

P2: well we just did the staff part.

I: [inaudible, 00:32:33-34] staff, yeah.

P2: I suppose if you were really serious about looking at encouraging staff, you have to do, again

P1: Yeah.

P2: do something with that.

P1: Apart from that, I actually only said that to a ward manager who called up the fire officer one day, and the patient could not get out of the bed, I mean, because of drips and bags and everything, and I said listen folks, I said we need to be careful now because if we're forbidding that person to be brought down,

P2: Do we put a patch on it?

P1: we need to provide nicotine patches, we had to do that.

P2: But we used to do that in [HOSPITAL NAME], definitely.

P1: Yeah, yeah.

I Yeah.

P2: I don't know if it's done here now in terms of patches if, but like if you're bringing a patient and saying you can't smoke…

P1: And who would you have in [HOSPITAL NAME]?

P2: For the, for the…

P1: Isn't it children's?

P2: Yeah, no, no, for the staff.

P1: Oh, the staff.

P2: Yeah, yeah.

P1: Oh Jesus, yes. [laughing]

I: Staff, yeah.

P2: Yeah, this was for, just for staff.

I: Be worried if there were children smoking.

P2: We did have a, we did have a, I mean, I'm going back ten years ago, it was a long,

I: Yeah.

P2: a lot of things have [inaudible, 00:33:23]

I: So you're saying the availability of them here, you, are they, are they available here or, they're not?

P2: I haven't looked at that.

I: Haven't looked so that'd be another issue to

P2: No.

I: look at.

P2: And that is something that we can look at.

I: The patches, yeah.

P1: Patches.

I: Yeah.

P1: Big cost involved there.

P2: Well, you're

I: Yeah.

P2: different clientele.

I: You could put that in your, in your business case maybe, or the --

P2: That's good thinking.

I: [laughter]

P2: Let's get some staff over the line.

I: We need these as well.

P2: [laughter]

I: So the role of consultants and clinicians, the consultants, are consultants bought into this, would they be, you have some --

P1: No, there's none really involved, no.

I: Or…

P1: Yeah. Do you know what, Vinny, I'm only thinking of one particular, for the medical directorate, that poor doctor involved in everything, she's been pulled into everything, and I don't think she can get anymore.

P2: [inaudible, 00:34:00]

P1: Yeah. You couldn't bring her into anything.

I: And she's a consultant,

P2: She's

I: and she's just involved, an interest in it.

P2: the champion for everything, though, isn't she?

P1: She is, like you know for the walking

P2: Yeah.

P1: and for the, everything else --

I: The walking, is that, they have walking groups, is it? Yeah.

P2: Yeah, and I'll tell you something, only because I go to a lot of risk management meetings and patient reviews, she's rolled into them all.

I: Then it, you think, would it be better if you had more buy-in from consultants, it's kind of…?

P2: I think the respiratory fellas.

P1: Yeah.

I: They need to be --

P2: It would have to be

I: Yeah.

P2: respiratory, I think.

P1: I, I know medical would be good.

P2: Absolutely, and if you were, if you were thinking of, like if we have our, our health and wellbeing committee, we probably, to be fair you probably need a subcommittee, P1, for smoking cessation, wouldn't you?

P1: We --

P2: Like (it's a big job? 00:34:37)

I: Yeah.

P1: Yeah.

P2: We've buy-in from, from nursing and medical staff

P1: Yeah.

P2: really.

I: Yeah. Very good.

P2: It's really you do need, really.

I: That's kind of like the next one, it kind of ties in with that, the next standard is the identification, diagnosis and tobacco cessation support, so we went through a lot of that, but the identification, you said earlier about asking patients to smoke, like you're saying at the moment it is, it is in a nurse's role [00:35:00] or it's not, they don't --

P2: I think it would have to be in their admission sheet, the, the pre-admission sheet like

I: It'd be a --

P2: do you smoke, would you like to give up, I mean it's, if it's a bog-standard…

P1: It would be do you smoke,

P2: Yeah.

P1: but it wouldn't be do you want to give up.

I: Yeah.

P1: It would be a yes or no question,

I: Yeah.

P2: You think they'd just stop and --

P1: I wouldn't, yeah, definitely.

I: Grand. So it might be looked at as well, to see

P1: Yeah.

I: is it being done more to try and improve the levels of, of interaction I suppose, so that'd be, yeah, that's very good. So that's that standard, five is about tobacco-free environment, the healthcare organisation has strategies, so you have, you have your own strategy or policy, you're saying it's up to date, and…

P2: Yeah, I'll double-check that before you go but I'm pretty sure

I: Yeah.

P2: because I read it recently.

I: Grand, and then the other policy, so then you have, what about, yeah, we talked about the pubs and restaurants and Healthy Ireland, that's implemented across the hospital too, so that will incorporate the bigger picture of--

P2: Well it's not incorporated in this hospital at the moment,

I: Right.

P2: but we're trying, we are

I: Yeah.

P2: trying, again, it was, it's part of the health and wellbeing committee, we're looking at the Healthy, Healthy Ireland strategy but

I: Yeah.

P2: it would need to form part of, you know, the business case to do it.

I: There is like, is there a walk around, in the grounds of the hospital, (you said, is someone walking? 00:36:05-07) there or is it like there'd be, that'd be for patients then,

P1: Well we have Slí

I: the walking groups?

P1: na Sláinte, but I,

I: Oh yeah.

P1: I'm not a hundred per cent

I: Yeah.

P1: that's what it's called, isn't it?

P2: The what?

P1: Slí, what's it? Slí na Sláinte, the walk?

P2: Oh yeah, yeah,

I: Yeah.

P2: it's, it's, it's a planned

P1: A planned walk.

P2: kilometre.

I: Kind of a route around the hospital.

P2: Yeah, yeah.

I: Yeah.

P1: And we were trying to, we will be trying to look at, at different routes as well and, you're just talking about in terms of physical activity as well?

I: Yeah, just even like,

P1: Anything else, yeah.

I: yeah, I suppose if, if someone's trying to give up smoking and they're in the hospital, it might take their mind off it, I imagine the bigger

P1: Yeah.

I: picture would be like I'll go for a walk and

P1: Yeah, I trust

I: when they get out…

P1: it wouldn't walk past the smoking room.

I: Yeah. Very good. So the healthy workplace then, that's getting

P2: [laughter]

I: to the end of it.

P2: Sorry.

I: [laughter]

P2: She's saying they probably pass the hut.

I: Oh, right, yeah, yeah, yeah. I know what you mean, yeah, yeah, well they, well they, they won't last too long if they pass it, they'll be joining --

P1: I suppose ED probably, you know, I mean, you know, they have the smoking unit outside ED because you've got people coming in who are probably, could be very sick, traumatised,

I: Yeah.

P2: Yeah, it's not the time.

P1: it's not a time to say by the way, you shouldn't be smoking at the door, so they, that's why it is there like.

I: It's kind of tolerated in a way, like it's kind of,

P1: Yeah, I suppose it's probably

I: a smoke…

P1: to take away some, some

P2: Anxiety.

P1: anxiety

I: Yeah.

P1: and you know, take, take the stress away from the staff in ED, like, they don't want to be dealing with that, they have enough to deal with

I: Yeah.

P1: now without telling patients that

I: Yeah, yeah, yeah,

P1: you can't smoke or,

I: if they're approaching the

P1: or the patients, yeah.

I: patients, it's very,

P1: Yeah.

I: it's very, it is very hard in reality, like

P1: Yeah.

I: you probably would need serious training or how to deal with someone aggressive

P1: Yeah.

I: in that manner, you would be, it's, it's a big undertaking really. But even with staff, the smoke breaks, would they, that be a big thing where staff take a lot of breaks?

P2: Smoke breaks.

I: Or not even, I know they're not official, but do people go off for ten, five minutes and have a cigarette or..?

P2: Yeah.

I: [laughter]

P2: Well all you need to do is look at the hut sometimes,

I: Yeah.

P2: you're walking in and out and you see, you kind of, you kind of do wonder, I mean I don't work, nobody in this department smokes but I think if you worked in a department and you hear someone smoking, they were nipping in and out --

P1: I think that needs to come from the manager

I: Yeah.

P1: quite honestly.

P2: I think --

P1: Managers are not managing,

P2: No.

I: Yeah.

P2: people are whizzing out like that, it's not fair on the people and I've heard that

I: Yeah.

P2: discussion,

P1: Yeah.

P2: not here --

I: Or even for non-smokers.

P1: Yeah, yeah.

P2: No, no, that's what you're probably asking, is it discriminatory?

I: Yeah. Yeah.

P2: No, I don't think they should be allowed to have smoke breaks,

P1: No.

P2: if they want to smoke, they can smoke on their break.

I: I think in, someone told me yesterday

P1: Absolutely, yeah, whatever they do then is fine.

I: in Germany, I think they have, if, non-smokers get I think an additional annual leave day or something like that if they don't smoke.

P1: You know what, I think they,

I: If you add it up.

P1: it's a break, end of story.

I: Yeah.

P2: But you have people not smoking on their, like…

I: But there is no, if you look, I looked up HSE policy and I rang them a few years ago, because it was one of those things I was annoyed about, and they said it was custom and practice, there is nothing written down so it's kind of like,

P2: Oh really?

I: it's custom and practice, it's up to, yeah, whatever area to,

P1: Oh, custom and practice, drives me nuts.

I: to, it's kind of pushed onto the line manager I suppose or who makes the decision, so if you, if you say it to somebody

P2: Yeah.

I: you'd be oh, we're doing this for years.

P2: But I do notice people who smoke in the, in the portacabin and I'd see them going in and out, you could be going to a meeting something and you're kind of going mmh, interesting, like if you were to ad up, and I'm sure that has been done

I: Yeah.

P2: before, like if you were smoking twenty a day and you were in work, work out how much time is spent smoking.

P1: By the time you leave your desk,

P2: Yeah.

P1: clock out or check out your email, you know.

P2: Yeah, if we asked them to

P1: Sign out.

P2: clock out of Core when you're

P1: Yeah.

P2: going out to smoke,

P1: Yeah, absolutely, yeah.

P2: that might nip it in the bud.

I: Yeah, it's another, another one to look at, yeah, there's a long list. Community engagement is standard seven here about linking in with community or the, the bigger picture, like you were saying even about the outpatient, the pharmacy and different areas like, but would ye link in with the schools or refer like any external, like you wouldn't have the, the resource really to do it,

P2: No.

I: because H___ were saying that they had done it a few days I think in, in, either a school or in pharmacies, and --

P2: I think even trying to get it up and running in the hospital would

I: Yeah.

P2: be a huge job.

P1: Hard enough for us, yeah.

I: Ye have the,

P1: Yeah.

I: you'd start here first and then,

P2: Yeah.

I: if you had someone in the role who would be --

P2: Well I do, I do think the school thing is a good idea, it's,

I: Yeah.

P2: you know, because I have two young kids myself and sometimes when you're walking or we'd be in the car and they'll see something smoking, and they'll say mammy, they're going to die. Like they associate,

I: It is, yeah, yeah, I think that's,

P2: that's the way they associate it.

I: I think it's a start because the, even H___ were saying they'd bring in, like they had transition year students coming in and they, they would bring them into say [00:40:00] to, they've a surgeon might show them a healthy lung and

P2: Yeah.

I: a lung with lung cancer, like

P2: Yeah.

I: it'd shock you, kind of going,

P1: Yeah.

I: it would make you think.

P2: I think you need to go looking for that, for,

I: Yeah.

P2: for nip, you know, to kind of --

I: That'd be, yeah, because at that stage they might, if someone had been smoking

P2: Yeah.

I: at fifteen or sixteen, yeah. But it's, it's definitely another one to look at.

P1: It would be very good, as you say, P2, if we had resources and, but quite honestly, it's like you hear, you know, a lot of new initiatives coming out on the radio, it goes back to the teaching,

I: Yeah.

P1: to the teachers, the teachers say, like what can we do? It has to come from the home as well.

I: Yeah.

P2: Yeah, absolutely.

I: So the home, the home is one thing and then would you say the, it needs to come from the top down as well, even for the government to say look, this is a, if we are going to back this up,

P1: Yah.

I: the Healthy Ireland, like would each hospital --

P1: But Finian McGrath coming out making

I: Yeah.

P1: statements such as that is not helping,

I: No.

I: let's put it like that.

P2: Yeah, he, he came out there recently and said he thought that some of the

P1: Restaurants should be sub-divided again.

P2: restaurant stuff should be reversed, I mean he's going backwards.

I: That is, it is

P1: Some of his constituents were saying that they're, you know --

I: crazy.

P2: Well I wouldn't go into a restaurant that allowed people to smoke

P1: No, no.

P2: now, nowadays.

I: I can't see it ever going back.

P2: Yeah.

P1: Even if you go to a hotel room and if, if it has been used

I: Stale smoke, yeah.

P1: for smoking, automatically,

P2: Yeah.

P1: you just say oh god.

P2: I have to say though, I mean, I wouldn't, this, this is just something I noticed myself, I wouldn't be out and about hugely, but if you are out in pubs now, a lot of the younger people are out in the smoking area, even if they don't smoke

I: Yeah.

P2: because apparently all the craic

I: It's more social.

P1: Socialisation,

P2: is in

P1: I know.

P2: the smoking area, which I found very disappointing,

I: Yeah, that's interesting,

P2: you know.

I: yeah.

P2: But --

P1: I've read articles about that in the paper too, that there's more fun out there

P2: Yeah.

P1: than there is

P2: Yeah.

P1: in here.

I: Yeah.

P2: Because I ended up going out on a night out with my sister and we ended up out in it, and like you come home and you're stinking of smoke and you don't even smoke, but all the craic was out in the smoking, which is very disappointing.

I: Yeah.

P1: Yeah.

I: That's interesting alright, just the last one is about the monitoring and evaluation, so like are ye, you're not, are ye members of that or do you link in with the ENSH, would ye consider that as part of the committee there maybe, to look at the standards or like what they do is they have a self-assessment audit, you go down through it and you either get a bronze, silver or gold, so then if you're compliant with certain, like all those standards are meant, it becomes more detailed.

P1: Oh right,

P2: Yeah.

P1: I think you get,

I: Yeah.

P1: sounds like Baby-Friendly Initiative, something like

I: Yeah.

P1: that, is it the same idea?

I: So then

P2: It's probably like Irish Heart Foundation and --

I: you kind of see how you're getting on, if after ye set up the committee, for example, after a year and you bring in a few different initiatives, you could do that self-assessment audit and, and you know where you are on track, like we're bronze now and to get to silver we need to do this, this and this

P1: Yeah.

I: and then you could probably update your business case.

P2: It's probably like all the same thing, P1, with like, you know, the canteen are doing with Healthy Ireland, we're doing with Irish Heart Foundation or

I: Yeah.

P2: for the bronze, gold and silver medals for the different initiatives, same kind of thing.

P1: Exactly, yeah.

I: Yeah, so yeah, you can, you can check out their website there

P1: It's something we could

I: Yeah.

P1: look at.

I: It definitely is, yeah, it's, it'd be worth, because they're the, they're the standards I guess, so, so then the final, I suppose the final wrap-up then would be if you had any, I suppose summary question, if you, if you had one minute I suppose to talk to the director general or the Minister and he'd, he'd earmark one million funding or, you need anything at all, he said look, this is what we need to do, would ye, what would be the one thing you'd, you would say would be, need, need to do to improve your impetration? Or even in the bigger picture, like in, in --

P2: For us here.

I: Yeah, or even then, yourselves here and then maybe all hospitals and hospital-free campuses, what could you do to change the, the view of the public that you can't smoke in hospitals?

P1: Well, I mean James Reilly, we all remember he was coming

I: Yeah.

P1: when he was Minister about, you know, having no pictures at all on the boxes

I: Yeah, that's, yeah,

P1: because you know,

I: I think England --

P1: it was Australia I think started

I: Yeah.

P1: about the lungs and all the different things, lung

I: The shocking pictures, yeah.

P1: cancer and what have you, and that didn't seem to work. So then he was advocating the nothing on the boxes,

I: Oh yeah, just like the plain packaging, yeah.

P1: That didn't happen, sure it didn't?

P2: No.

P1: Yeah.

I: It, it, it hasn't come in yet, I think in the UK, I think it's been blocked by the lobbyists or tobacco, big tobacco companies, but I think there recently it's, I think England might, it might be coming in in England so I think it, hopefully it comes through here.

P1: Yeah, yeah.

P2: Yeah.

P1: Scare tactics do work

P2: Yeah

P1: for some people.

I: Yeah.

P1: Other people they're going to anyway, you know,

I: Yeah.

P1: they say oh yeah, if it happens it happens kind of thing, you know.

I: And you do think the top-down approach then from the, the legislation, like from the government?

P1: Minsters, I mean it says it all, like you know, what we're saying about Finian McGrath

P2: Yeah, absolutely.

P1: coming out and saying that is definitely

I: Yeah.

P2: Ludicrous.

P1: a step backwards.

P2: Yeah.

I: What about a campaign, that was another thing they put, was a strong theme in the last focus group, a campaign like a media campaign, do you know the Gerry Collins ad on telly

P2: Oh yeah.

I: for the --

P2: God that's horrendous.

I: Would you,

P1: I know.

P2: Yeah.

I: would you say that was effective like that?

P2: I think it, I think it must have been effective.

I: Yeah, yeah.

P1: I actually worked with his sister.

P2: Did you?

P1: Yeah.

P2: I remember the time he died --

I: I think they're actually stopping it now, I think it's because it's

P1: It's overdone, a bit. Yeah.

P2: I think for him to come out --

I: it's, it's coming to the end of it, so I think they've agreed with family now, with the, they let them because after he died they put it on for another year or so,

P2: Yeah.

I: but yeah, the, the, I suppose he was very effective, but --

P2: I think for him to say things like if I, you know, this was going to happen to me, I would have given up.

P1: I wanted to be an actor,

P2: Yeah.

P1: but not like this,

P2: Yeah.

P1: do you know?

I: And would you think a campaign focused on hospitals, even a brief campaign for the, do you know, the, you wouldn't smoke in a pub or a restaurant, why would you smoke in a, outside a hospital? [00:45:00]

I: Yeah. I'll tell you, Vinny,

P2: It's probably a good idea.

I: Yeah.

P1: there were winter mornings coming in here, when I came here first in February, and I was actually shocked when I would see people on TPN feeding and in dressing gowns, their hands were purple with the cold, and I said that is an addiction.

P2: Yeah.

I: Yeah.

P1: So, and they were like this

P2: Yeah.

I: I know.

P1: with the cold, in a dressing gown, and I thought

P2: Yeah.

P1: isn't that so sad?

I: That's a thing I noticed in H___ too,

P1: They need help.

I: there was days when I was over there doing that observation, I'd be kind of going in and out the front door because it was so cold but there'd be elderly people

P1: Yeah.

I: in, in wheelchairs, but there'd be no, they'd be in their real light

P1: Yeah, yeah.

I: pyjamas or the,

P1: Yeah.

P2: Yeah.

I: but it was so cold.

P1: But you know what, just giving them brochures and, that's not going to work,

I: No.

P1: if, if we had that million you were talking about, or even a half of it or a quarter

I: Yeah.

P1: of it, it, it needs some kind of a counselling element and support, continuous,

I: Yeah.

P1: not just, a once-off is no good.

I: It's, would you say it's, there's no silver bullet type thing, is there, is, that's where the, these standards --

P1: It's a lot of process,

I: There was, yeah,

P1: and people will

I: a mixture of everything,

P1: fall back.

I: Yeah.

P1: People will fall back, they'll fall off the wagon again, you know, like alcoholics, and people that go on these

I: Yeah.

P1: diets and they lose all the weight and then you see them again

P2: Yeah.

P1: and you say,

P2: What happened to you?

P1: you know.

P2: [laughter]

P1: But it's a continuous process.

P2: Yeah.

I: Yeah.

P1: But like, it's like myself, only that I'm speaking from experience, a long time ago,

I: Yeah.

P1: I used to have the odd one, and I, you know, but I can switch off, some people would say if I had one again, that's it,

P2: Yeah.

P1: I'm done. But now I'm at the stage that I did have one there a good few, maybe about a year ago, and I thought oh my god, this is like

sitting in front of an open fire and inhaling smoke, that's what I could describe it as.

P2: Yeah.

P1: so I mean, I'm sort of done now,

P2: Yeah.

P1: do you know that kind of a way?

P2: I think you need to target the children.

I: Yeah.

P2: I, I think that needs,

I: Yeah, it's a good theme, yea.

P2: definitely from the, from the government perspective,

I: Yeah, start --

P2: like, and like P1 said, it's not only in the schools, the teachers,

P1: At home.

I: Yeah.

P2: you know.

P1: That's the way it needs to go, like they're seeing that.

I: I think, I think children can influence the parents, like, like

P1: Yeah.

I: as you were saying, driving around seeing --

P1: But they're picking up as well, like, what, you know.

P2: Yeah, yeah.

P1: But if you see this happening at home, it is the norm, it's like

P2: Yeah.

P1: going back to all the things that happened

P2: Yeah.

P1: in this country, kids thought this is normal,

P2: Yeah, absolutely.

P1: you know, if they see their

P2: Yeah.

P1: families smoking,

P2: Yeah.

P1: and like going back to my days when I was a student nurse, everybody smoked, it was normal,

P2: Yeah.

P1: whereas now it's

I: So

P1: becoming abnormal.

I: would you say that's one of the main things the hospital campus and all these initiatives as well, is to de-normalise it, even like the e-cigarettes kind of, I keep seeing people's heads going, the, the action of smoking, you can see it's a subliminal thing,

P2: Yeah.

I: I think the e-cigarette,

P2: Oh absolutely, yeah.

I: like the big tobacco companies there,

P1: I think

I: a lot of them own those.

P1: those e-cigarette things are worse than…

I: Yeah.

P2: They're dreadful, yeah.

P1: I --

I: They're aimed at younger people as well,

P2: Yeah, I,

I: they've Red Bull flavour, yeah.

P2: see, and the flavours. I was at a communion last week or two, whatever it was, a month ago,

P1: Yeah.

P2: and there was a guy I knew, smoked for years, and he was at it, and he spent his whole time

I: Yeah.

P2: with one of them in hand.

I: There's not enough research done on them either, yet.

P2: Like what is he doing? That's worse than,

P1: You see psychologically, he's still smoking.

P2: that's worse than, yeah.

I: You wouldn't know, there's not enough research done on those yet about what the effects of them, like…

P1: Yeah.

P2: Can I ask you about meting people who actually smoke?

I: Yeah.

P2: So if you met someone at the hospital on the way out and said to them is there anything we could do to help you, have you looked at that idea?

I: No, that wasn't part of the research now,

P2: Okay.

I: I haven't, I was going to, getting the ethical approval, like I said look I'll just keep,

P2: Yeah.

I: keep the focus on

P2: Yeah.

I: like this.

P2: Just out of interest, like.

P1: But you know, P2,

I: That would be interesting, yeah.

P1: I think now, if you came up to me on the corridor, I'd say, I'd probably go back to work and say you won't believe what happened today, I'd say somebody actually stopped me, you know, you might, they might be offended by it.

P2: Would you think?

P1: I think so, yeah.

P2: Yeah.

P1: Some people might be, other people might say -

I: Is it a patient, if you stopped a patient or, or staff?

P1: No, staff, you're talking about,

I: Yeah.

P1: isn't it?

I: Oh staff, yeah,

P1: Yeah.

I: I was going to originally do staff, like that.

P2: I'm just wondering like, because I'm not a smoker and I'm like kind of, you asking about ideas and all the rest, so sometimes someone who actually engages in the practice

P1: Yeah.

P2: would have more idea

P1: It would be nice to do a questionnaire

P2: of what would,

P1: on that, you're right.

P2: what would help them,

P1: Yeah.

P2: what they need to,

I: Yeah.

P2: to help them give up.

I: I'll put it down as one of my future

P2: Yeah.

I: recommendations

P2: Yeah

I: for study.

P2: Yeah,

I: Yeah.

P2: Just you know, sometimes they're, they're the ones with the solution,

I: Yeah.

P2: because I'll tell you, you know when you're, you had no intention of giving it up and somebody comes up to you and says, for god's sake, would you get a grip, you know, you feel like saying, but …

I: Yeah.

P2: So if you were to ask someone, what, I can do anything, what, what will help you? I can, I can, I have a magic wand there, what will help you? What is the, what'll break that cycle?

I: I know. It would be

P1: First of all,

I: something simple.

P1: do they want to do it?

I: Yeah, you need the will.

P2: Yeah.

P1: Yeah. If they don't want to do it, well then, barking up the wrong tree, nearly.

I: Yeah.

P2: Yeah.

I: Yeah. That's it, very good. Sure I can, I can stop it there, that's brilliant. Thanks a million for that.

[End of recording, 00:49:27]