

APPENDICES

Appendix A: Results of Meta-analysis with all 42 studies included

Table 28

Results of the Fixed-Effects Analysis of all 42 Organisational Studies

Path	Tests	Pooled N	\bar{r} (95% CI)
Attitude → Intention	43	9,115	.58 (.56 - .61)
Norms → Intention	42	8,523	.42 (.39 - .44)
PBC → Intention	28	4,765	.44 (.41 - .47)
Intention → Behaviour	14	4,399	.58 (.55 - .61)
PBC → Behaviour	6	1,367	.26 (.21 - .32)

Note. PBC = Perceived behavioural control, CI = Confidence interval.

Appendix B: Interview Questions for Studies 2

Study 2a: Dental Hygienists

Introductory Questions

1. How long have you worked as a dental hygienist?
2. What other staff members do you work with in your workplace (such as dentists/administration staff)?
3. Have you received any education or training to help patients quit smoking?

If yes, what did the education or training involve?

Did you find it useful and applicable to your work?

Identifying

These next few questions concern asking about whether a patient smokes.

4. Have you ever asked a patient about smoking?

If yes, how often would you ask patients about smoking? (e.g. daily, weekly, monthly?)

If no, would you be willing to ask a patient about smoking? (Why not?)

Behavioural beliefs

5. What are the advantages or benefits of asking a patient about smoking, both for you and the patient?
6. What are the disadvantages or costs of asking a patient about smoking, both for you and the patient?

Control beliefs

7. What makes it easier for you to ask about whether a patient smokes?
8. What makes it more difficult for you to ask about whether a patient smokes?

Assisting

These next questions are about different ways a dental hygienist may advise or help a patient to quit smoking.

9. Can you think of the possible things a dental hygienist might be able to do to help a patient who smokes? (e.g. refer them to Quitline, give them a written pamphlet)
10. Which of these would you be willing to do?

For those they are willing to do: How often would you?

(e.g. weekly, monthly ...)

11. Which of these would you not be willing to do? (*Why not?*)

Behavioural beliefs

12. What are the advantages or benefits of helping a patient to quit smoking, both for you and the patient?

Which action do you think might have the most benefits? (*Why?*)

13. What are the disadvantages or costs of helping a patient to quit smoking, both for you and the patient?

Which action do you think might have the most disadvantages? (*Why?*)

Control beliefs

14. What makes it easier for you to help a patient to quit smoking?

Which action do you think is the easiest to perform? (*Why?*)

15. What makes it more difficult for you to help a patient to quit smoking?

Which action do you think is the most difficult to perform? (*Why?*)

Normative Referents

These questions are about people that may influence how you help patients who smoke.

16. Are there any individuals or groups who would encourage or approve of you asking patients about smoking, or helping patients to quit smoking? (*Who?*)

17. Are there any individuals or groups who would discourage or disapprove of you asking patients about smoking, or helping patients to quit smoking? (*Who?*)

Smoking Status

And one last question ...

18. Since about 20% of the population smoke, may I ask you if you smoke?

If no, Have you been a regular smoker in the past?

Thank you for participating in the interview

Study 2b: Emergency Department Nurses

Introductory Questions

1. How long have you worked in the Emergency Department?
2. What other staff members do you work with in the emergency department (such as doctors/administration staff)?
3. Have you received any education or training to help patients manage alcohol?

If yes, what did the education or training involve?

Did you find it useful and applicable to your work?

Identifying

These next few questions are about asking about a patient's alcohol consumption.

4. In the emergency department where you work, is there a system for recording information about patients' alcohol consumption?
5. Have you ever asked a patient about their drinking?

If yes, how often would you ask a patient about their drinking?

(e.g. daily, weekly, monthly?)

If no, would you be willing to ask a patient about their drinking? (Why not?)

Behavioural beliefs

6. What are the advantages or benefits of asking a patient about their drinking, both for you and the patient?
7. What are the disadvantages or costs of asking a patient about their drinking, both for you and the patient?

Control beliefs

8. What makes it easier for you to ask about a patient's drinking?
9. What makes it more difficult for you to ask about a patient's drinking?

Assisting

These next questions are about different ways a nurse working in an emergency department may advise or help a patient to manage alcohol.

10. Can you think of the possible things a nurse in an Emergency Department might be able to do to help a patient to manage alcohol? (e.g. refer them to a specialist service, give them a written pamphlet)
11. Which of these would you be willing to do?

For those they are willing to do: How often would you?

(e.g. weekly, monthly ...)

12. Which of these would you not be willing to do? (*Why not?*)

Behavioural beliefs

13. What are the advantages or benefits of helping a patient to manage alcohol, both for you and the patient?

Which action do you think might have the most advantages? (*Why?*)

14. What are the disadvantages or costs of helping a patient to manage alcohol?

Which action do you think might have the most disadvantages? (*Why?*)

Control beliefs

15. What makes it easier for you to help a patient to manage alcohol?

Which action do you think is the easiest to perform? (*Why?*)

16. What factors or circumstances would make it difficult or impossible for you to advise or help a patient to manage alcohol?

Which action do you think is the most difficult to perform? (*Why?*)

Normative Referents

These questions are about people that may influence how you help patients to manage alcohol.

17. Are there any individuals or groups who would encourage or approve of you asking about a patient's drinking, or helping patients to manage alcohol? (*Who?*)
18. Are there any individuals or groups who would discourage or disapprove of you asking about a patient's drinking, or helping patients to manage alcohol? (*Who?*)

Drinking Status

Most Australians drink alcohol to some extent. Do you mind if I ask you a question about whether you drink?

19. During the last 30 days, on how many occasions did you drink 11 (*for males*) 7 (*for females*) or more standard drinks on any one day?

Thank you for participating in the interview ...

Appendix C: Final Coding System for Qualitative Interviews

Study 2a: Dental Hygienists

Part One: Background Questions

A. Experience:

- code in years

B. Other staff members:

- (DEN) dentists
- (DH) other dental hygienists
- (DA) dental assistants/nurses
- (ADM) admin (receptionists/practice managers)
- (SPEC) specialists (orthodontists/periodontists)
- (O) other (give details)

C. Smoking cessation-related training:

- (NONE) no education or training
- (QUIT) Quit seminars
- (SEM) seminar not by Quit
- (READ) reading literature (e.g. from Quit)
- (UNI) lectures in undergraduate
- (O) other (give details)

D. Usefulness of training:

- (USE) useful (give details)
- (MIX) mixed (give details)
- (NOT) not useful (give details)

E. Other themes:

- (ACC) comments on access to training
 - availability
 - barriers to access (give details)
- (WORK) comment on workplace
 - works in more than one workplace
- (O) other (give details)

Part Two: Asking About Smoking

F. Frequency of asking:

- (TIME) frequency in terms of times a week/times a shift
- (NUM) frequency in terms of number of patients/smokers
- (DESC) frequency in terms of general descriptor (e.g. frequently, rarely)

G. Method of asking:

- (NEW) new patients
- (SUS) suspected smokers
- (QU) health questionnaire
- (TELL) can tell if patient smokes, don't need to ask

H. Behavioural beliefs:

- (+) (OPP) opportunity for intervention

- to inform about dental health effects of smoking
- to begin a conversation about smoking
- can assess their readiness to change
- (+) (MESS) contribute to a consistent anti-smoking message
- (+) (LEG) covering self for legal reasons

- (+) (KNOW) need to know smoking status
 - it is a major risk factor
 - to improve their care
 - to explain their periodontal disease
- (-) (RAPP) undermines patient rapport
 - patient may get offended
 - patient may get embarrassed/defensive
 - patient may react badly/aggressively
 - may lose patient/push them away
- (-) (INTR) question can be intrusive
 - (-) may reflect badly on the profession
- (-) (DET) detracts from other work/health promotion

- (NONE) no disadvantages
- (O) other (give details)

I. Control beliefs:

Hygienist factors:

- (+) (HIST) part of history taking/assessment
- (+) (RAPP) rapport with patient
- (+) (NONJ) being non-judgemental

- treat as health issue
- (-) (ROLE) part of role/Not part of role
- (+) (KNOW) knowing how to ask

Patient factors:

- (+) (VIS) visible signs of smoking
- (+) (RAIS) patient raises smoking
- (+) (AEST) patients come in for aesthetic reasons
- (-) (ANT) anticipate a negative reaction/poor receptiveness
- (-) (LIE) patients may lie
- (-) (ANX) patients anxious/tense in the dental setting

- (O) other (give details)

J. Other themes:

- (APP) no apprehension about asking
- (O) other (give details)

Part Three: Assisting

K. Possible actions:

Advising:

- (ADV) advise them to quit
 - any specific behavioural/control beliefs
- (CUT) advise them to cut down their smoking
 - any specific behavioural/control beliefs
- (SMOK) discuss smoking (general/addiction)
 - any specific behavioural/control beliefs

- (BEN) discuss the benefits of quitting smoking
 - any specific behavioural/control beliefs
- (ASK) ask them if they want to quit
 - any specific behavioural/control beliefs

Advising on dental health effects:

- (DISC) discussing dental health effects of smoking
 - any specific behavioural/control beliefs
 - (+) Most appropriate to the dental setting/their expertise
 - (+) Patients may be aware of general health risks, but not dental health risks
- (SHOW) show them their dental health consequences
 - any specific behavioural/control beliefs
 - (+) Periodontal disease is motivating
- (PHOTO) show photos of possible dental effects
 - any specific behavioural/control beliefs
- (OUTC) discuss effect of smoking on treatment outcomes
 - any specific behavioural/control beliefs

Assisting:

- (DATE) set a quit date
 - any specific behavioural/control beliefs
- (GIVE) give out Quit materials
 - any specific behavioural/control beliefs
 - (+) just put materials in their bag
 - (+) may read materials later
 - (-) patients will just throw it away
 - (+) less confrontational/discreet

- (-) lack of Quit material in the surgery/need to replenish them
- (OPT) discuss quitting strategies/options
 - any specific behavioural/control beliefs
 - (+) informs patient about options
- (SUP) discuss their social support
 - any specific behavioural/control beliefs
- (PER) relate a personal story
 - any specific behavioural/control beliefs
- (WHY) discuss why they smoke
 - any specific behavioural/control beliefs

Arranging:

- (LINE) refer to the Quitline
 - any specific behavioural/control beliefs
 - (+) believing it is a good service
 - (-) lack knowledge about the service
- (GP) refer to a GP
 - any specific behavioural/control beliefs
 - (+) gets them talking to their GP
 - (-) GP is not an expert on smoking cessation
- (PH) refer to a pharmacist
 - any specific behavioural/control beliefs
- (FUP) follow up
 - any specific behavioural/control beliefs
- (O) other (give details)

L. Willingness:

- (ALL) willing to do all
- (NOT) not willing to do ... (give details)

M. Ratings:

- (BEN) most benefits
- (DIS) most disadvantages
- (EAS) easiest
- (DIF) most difficult

N. Behavioural beliefs:

Improvements for patient:

- (+) (ORAL) improve oral health of patient
- (+) (AEST) improve oral aesthetics of patient
- (+) (GENH) improve general health/lifestyle of patient
- (+) (TASTE) improve taste sensation
- (+) (OUTC) improve outcomes of treatment
- (+) (MESS) contribute to a consistent message
- (+) (MOT) increase their motivation to quit
- (+) (COST) decreased cost from smoking

Benefits to hygienist:

- (+) (FUT) less work with patient in the future
- (+) (REW) feel rewarded
- (+) (CLEAR) clearer picture of their mouth
 - smoking will stop masking gum disease

Disadvantages:

- (+/-) (RAPP) patient rapport
- (-) (PUSH) may push patient away
- (-) (DET) detracts from other work/health promotion
- (-) (TIME) time as a cost

- (NONE) no disadvantages
- (O) other (give details)

O. Control beliefs:

Hygienist/Practice factors:

- (+) (REM) reminder system
 - computerised reminder
 - smoking status in history notes
- (+/-) (ROLE) part of my role
- (+/-) (CONF) confidence and knowledge about smoking cessation
- (+/-) (PER) personal experiences in quitting smoking
- (+/-) (MOT) hygienist's mood/motivation
- (+/-) (TIME) time constraints or having ample time
- (+) (MULT) having multiple visits to build intervention

Patient factors:

- (+) (REC) patient receptiveness, readiness to change
- (+/-) (RAPP) patient rapport
- (+) (READ) being able to read the patient
- (-) (ANX) patients are anxious/tense in dental setting
- (AEST) aesthetic effects can be motivating

- (O) Other (give details)

P. Other themes:

- (RESP) the patient needs to take responsibility
- (DEP) most appropriate intervention depends on patient factors
- (PER) personal interaction is important
- (DOC) after intervening, document what they have discussed
- (WELL) intervention is well worth the time cost
- (MESS) consistent message from health professionals
- (DAUNT) helping patients to quit is daunting
- (AVOID) need to avoid preaching/lecturing
- (DIFF) acknowledges it is difficult to quit
- (PERS) need to persevere with intervention in face of low receptiveness

- (O) other (give details)

Part Four: Normative Beliefs

Q. Individuals or groups who approve/encourage or disapprove/discourage:

Dental field:

- (+/-) (DEN) dentists
- (+) (DPROF) dental professionals
- (+) (DHAA) hygiene association
- (+) (ADA) dental association
- (+) (STAFF) staff members in their practice

Wider health field:

- (+) (MPROF) medical professionals

- (+) (AMA) medical associations

Patient:

- (+/-) (PAT) patient
- (+) (FAM) family/parents of patient

Other groups:

- (+) (QUIT) Quit
- (+) (CANC) Cancer council
- (+) (GOVT) government
- (+) (COMM) community/society
- (-) (TOB) tobacco industry
- (-) (PUB) pubs and clubs

- (O) other (give details)

R. Other themes:

- (DOES) what the dentist *does* is important
- (O) other (give details)

Part Five: Other Themes

S. Smoking status:

- (S) smoker
- (ES) ex-smoker
- (NS) never smoked

T. Dealing with smoking patients:

- (STAIN) cleaning smoking stains is hard/unpleasant work
- (TEEN) mentioned teenagers/youth/adolescents especially

U. Other (give details)

Study 2b: Emergency Department Nurses

Part One: Background Questions

A. Experience:

- code in years

B. Other staff members:

- (NURS) nurses
- (DOC) doctors
- (AMBO) ambulance officers
- (SOCW) social workers
- (ORD) orderlies
- (ADM) administration staff
- (MENT) mental health
- (RAD) radiology
- (O) other (give details)

C. Alcohol-related training:

- a) - (NONE) no education or training
 - (IN-S) in-service
 - (UGRAD) undergraduate lectures
 - (PGRAD) postgraduate course
 - (COURSE) external short course
 - (O) other (give details)
-
- b) - (MAN) management-related

- (SYMPT) only symptom-related
- (NS) content not specified

D. Usefulness of training:

- (USE) useful (give details)
- (MIX) mixed (give details)
- (NOT) not useful (give details)

Part Two: Asking About Alcohol Consumption

E. System for recording alcohol consumption:

- (BAC) BAC on assessment form
- (DOC) doctors' role
- (NONE) no system
- (NORM) document normal consumption on form
- (O) other (give details)

F. Frequency of asking:

- (TIME) frequency in terms of times a week/times a shift
- (NUM) frequency in terms of number of patients/smokers
- (DESC) frequency in terms of general descriptor (e.g. frequently, rarely)

G. Method of asking:

Who they ask:

- (AWO) when doing alcohol withdrawal observations
- (SUS) suspected patients (indications in presentation or history)
- (VIS) patients with visible signs of intoxication

How they ask:

- (BREATH) use breathalyser
- (Q/F) quantity/frequency questions
- (NORM) ask how much they normally drink
- (TYPE) what type of alcohol
- (LAST) when their last drink was

H. Behavioural beliefs:

- (+) (DIAG) need to know for the bigger picture/background/diagnosis
- (+) (INT) need to know for medication interactions
- (+) (WITH) assess and prepare for withdrawal
- (+) (CARE) can offer improved care
- (+) (OPPI) opportunity to intervene
- (+) (OPPA) opportunity to assess their readiness to change their drinking
- (+) (REFL) may make them reflect on their consumption
- (+) (HIST) to document/establish a history
- (-) (RAPP) can diminish rapport
- (-) (EXP) may make the patient feel discriminated against
- (-) (AGG) may cause hostile/aggressive reaction
- (-) (INTR) intrude on/embarrass patient

- (NONE) no disadvantages
- (O) other (give details)

I. Control beliefs:

Factors making it easier:

- (+) (CON) patient is conscious
- (+) (KNOW) knowing how to ask
- (+) (EXP) experience
- (+) (NON-J) having a non-judgemental view
- (+) (VIS) visible signs that they've been drinking
- (+) (RAIS) patient raises drinking
- (+) (PART) part of general history taking/assessment

Factors making it more difficult:

- (-) (FEM) female nurses dealing with male patients
- (-) (PRIV) lack of privacy
- (-) (LIE) patients may lie
- (-) (AGG) patient is aggressive
- (-) (INTX) patient is intoxicated
- (-) (APP) not an appropriate time
- (-) (TIME) time constraints
- (-) (SOC) patient is of a higher social standing

Factors making it easier or more difficult:

- (+/-) (ROLE) feeling that it's part/not part of the nurses role
- (+/-) (AGE) age of patient and nurse
- (+/-) (RAPP) rapport with patient
- (+/-) (REC) patient receptiveness
- (+/-) (PRES) parents/visitors present

- (O) other (give details)

J. Other themes:

- (APP) no apprehension about asking
- (FEW) fewer patients with alcohol-related problems seen in private vs public
- (WEND) more patients with alcohol-related problems on weekend/nights
- (O) other (give details)

Part Three: Assisting

K. Possible actions:

Assess:

- (ASK) ask if they need help managing their alcohol
 - any specific behavioural or control beliefs

Advise:

- (DISCG) discuss their alcohol consumption in general
 - (- bv) nurse could do harm if lack counselling skills
 - any other specific behavioural or control beliefs
- (DISCH) discuss health consequences of alcohol consumption
 - (- bv) people already know alcohol is bad for them
 - any other specific behavioural or control beliefs
- (SAFE) promote safe drinking
 - any specific behavioural or control beliefs

Assist:

- (WITH) assist with withdrawal
 - (+ bv) stops them from discharging themselves
 - any specific behavioural or control beliefs

- (OPT) discuss their options for getting help
 - any specific behavioural or control beliefs
- (LIT) give out literature
 - up to patient whether or not to read it
 - (+ bv) may find it and read it later
 - any specific behavioural or control beliefs
- (CARD) give out cards for specialist services
 - (+ bv) may find it and read it later
 - any specific behavioural or control beliefs

Arrange:

- (SPEC) refer to specialist service
 - (+ bv) most suitable option when out of hours
 - (+ bv) is a good service, they are experts
 - (- bv) don't provide a timely response
 - (+ cont) knowledge of what's available, how to access it
 - (- cont) patients may not meet criteria for service
 - (- cont) need referrals to access specialist services
 - (- cont) not enough specialist services available
 - particularly for patients without private health insurance
 - any other specific behavioural or control beliefs
- (UNIT) refer to in-hospital drug and alcohol unit/drug and alcohol nurse
 - (+ bv) D&A nurse is expert, has knowledge, time, interest and can
 - best assess the patient
 - any other specific behavioural or control beliefs
- (SOCW) refer to social worker
 - any other specific behavioural or control beliefs
- (GP) refer to GP

- (+ bv) GP can provide more holistic care than the Emergency

Department nurse

- (- bv) GP may not have good skills or attitudes
- (- bv) GP is not an expert
- (- bv) seeing a GP is less private
- any other specific behavioural or control beliefs
- (PSYC) refer to psychologist/psychiatrist
 - (- bv) not a timely response
 - (- cont) need a doctor's referral for psychiatrist
 - any specific behavioural or control beliefs
- (SOB) refer to sobering up unit
 - any specific behavioural or control beliefs

L. Willingness:

- (ALL) willing to do all
- (NOT) not willing to do ... (give details)

M. Ratings:

- (BEN) most benefits
- (DIS) most disadvantages
- (EAS) easiest
- (DIF) most difficult

N. Behavioural beliefs:

Advantages:

- (+) (LEARN) patient may learn to manage their alcohol
- (+) (MOT) increase the patient's motivation to manage their alcohol

- (+) (GENH) health benefits of managing alcohol
- (+) (LIFE) improve the patient's lifestyle/quality of life
- (+) (REPEAT) decrease repeat/alcohol-related presentations
- (+) (SAFE) patient will be safer
- (+) (SAVE) save money on healthcare expenditure
- (+) (SPEND) patient reduces spending on alcohol
- (+) (FAM) may assist with related family issues

Disadvantages:

- (-) (AGG) violent or aggressive reaction
- (-) (RAPP) may diminish rapport with patient
- (-) (TIME) time cost
- (-) (DETR) detracts from acute care

- (NONE) no disadvantages
- (O) other (give details)

O. Control beliefs:

Factors making it easier:

- (+) (UNIT) having a drug and alcohol unit in the hospital
- (+) (KNOW) knowledge of how to intervene
- (+) (PER) personal experiences
- (+) (NON-J) being non-judgemental

Factors making it more difficult:

- (-) (F-UP) can't provide follow up in Emergency Department

- (-) (PRES) need to attend to the presenting problem
- (-) (BUSY) too busy/not enough staff
- (-) (SKILL) lack of training/skills
- (-) (PAT) patients can be difficult/rude/aggressive/poor personal hygiene
- (-) (URG) other, more urgent cases to attend to
- (-) (EFF) do not believe they can help effectively
- (-) (ILL) patient is too ill
- (-) (DRUG) patient is a polydrug user
- (-) (INTX) patient is intoxicated
- (-) (LEAVE) patient leaves before can intervene
- (-) (WARD) more suited to ward than Emergency Department

Factors making it easier or more difficult:

- (+/-) (TIME) time constraints/having more time
- (+/-) (REC) patient receptiveness
- (+/-) (ROLE) part/not part of the nurse's role
- (+/-) (MOT) nurses' motivation
- (+/-) (RAPP) rapport with the patient
- (+/-) (AGE) age of patient/nurse

- (O) other (give details)

P. Other themes:

- (REL) only intervene when it is related to the presenting problem
- (MOT) patient needs to be motivated to manage their alcohol consumption
- (DEP) most appropriate intervention depends on patient factors
- (CANT) can't help chronic alcohol users in the Emergency Department

- (SIMP) intervention needs to be something simple
- (O) other (give details)

Part Four: Normative Beliefs

Q. Individuals or groups who approve/encourage or disapprove/discourage:

- (+/-) (STAFF) other staff
 - nursing
 - medical
- (+) (SEN) senior nurses
- (+) (D&AN) drug and alcohol nurse
- (+/-) (MAN) hospital management
- (-) (PAT) patient
- (+/-) (FAM) patient's family/friends
- (+) (COMM) wider community
- (+) (SPEC) specialist services

- (O) other (give details)

R. Other themes:

- (ENC) have not received any encouragement
- (O) other (give details)

Part Five: Other Themes

S. Alcohol consumption:

- code in number of times they exceeded the NHMRC guidelines

T. Other (give details)

- (TEEN) mentioned teenagers/youth/adolescents especially
- (COMP) nurses' position compared to doctors to intervene
- (NESB) mentions Aboriginal/NESB patients
- (DUI) mention patients drink driving

Appendix D: Example Participant Quotes for Study 2

Study 2a: Dental Hygienists

Behavioural Beliefs: Identification

Aids assessment of the patient's oral health and formulation of treatment plan: "*The advantages for me are to then identify their treatment needs*" DH16

Provides an opportunity to discuss smoking: "*I can then provide them with the adequate education required to make them aware of the effects of smoking and their oral health*"

DH16

May detract from rapport with the patient: "*You can get people's heckles up a bit. They can become quite defensive about it or kind of shut down lines of communication in general*" DH2

Intrudes on the patient: "*I think it's very intrusive ... so sometimes I feel I'm being a bit invasive. Trying to pry*" DH18

Contributes to a consistent anti-smoking message from health professionals: "*I think it certainly draws their attention just one more time. That 'here's another health professional asking whether I'm doing this thing that I know I shouldn't be doing'*"

DH2

May improve rapport with the patient: *“I think it builds up honesty... I think in a way it builds trust between the pair of us”* DH11

Covers dental hygienist for legal reasons: *“I am covering myself for a legality purpose”*
DH3

Control Beliefs: Identification

If the patient has visible signs of smoking, e.g. nicotine stain: *“A lot of them will actually say 'I hate the stain on my teeth, because I'm a smoker.' So that brings it up, in a lot of cases”* DH17

Knowing how to ask about smoking sensitively: *“That extra knowledge of how to mention smoking to the patient”* DH13

Anticipating that the patient will not be receptive to discussing smoking: *“The only thing that stopped me from investigating further is if they are very negative when they come into the clinic in the first place”* DH6

Rapport with the patient: *“I think if you ask people ... after you've developed a bit of a rapport with them”* DH19

If the patient raises smoking: *“A lot of people come in and say 'I've got nicotine stains on my teeth'. They'll tell you straight up”* DH2

Patients may lie about their smoking: *They always tell you they smoke less than what they really do*" DH6

If the question is part of general history taking or assessment: *"When you're taking down a medical history ... that makes it a bit easier ... not making it stand out"* DH19

Patients can be anxious or tense in the dental setting: *"A lot of people are very anxious before they go to a dental appointment ... so certainly being in a dental environment can be a disadvantage ... they're already nervous and anxious based on another reason"* DH20

Having a non-judgemental attitude: *"I guess I'm able to ask it because ... I'm asking it for a health issue, for nothing else. Not a judgemental issue"* DH3

Behavioural Beliefs: Assistance

Improve patient's oral health: *"Obviously for the patient, keeping their teeth longer. Having a healthier, more sociable mouth, that's got to be an advantage"* DH1

Improve patient's general health and lifestyle: *"For the patient, improvement of health ... improvement of lifestyle"* DH4

Time cost associated with provision of assistance: *"It takes a little bit more time"* DH5

Improve patient's motivation to quit: *"It's usually a step towards actually doing something"* DH14

Decrease the patient's spending on cigarettes: *"The patient will have more money they're not spending on their cigarettes"* DH13

Reduce the amount of future work needed with the patient (e.g., removing stain): *"It's less work for me, I don't have to do so many stain removals"* DH5

Time spent may detract from other work or health promotion: *"You might cut short some of your treatment to try and address the smoking and intervention aspect"* DH22

Feeling rewarded from helping the patient quit smoking: *"The advantage for me is that I help someone reach an endpoint of health ... the reward is seeing a really healthy mouth"* DH3

Improve patient's oral aesthetics (e.g., staining): *"Breath. The staining on their teeth will be less. The smell"* DH18

Improve patient's dental treatment outcomes: *"They improve all outcomes for all forms of dental and specialist dental procedures they may have"* DH5

Improve rapport with the patient: *"It grows the rapport even better, because they see you as being someone that's enabled the process"* DH20

Diminish rapport with patient: *“Sometimes you'll turn them off a bit, because they think that it's really none of your business”* DH1

Patient may not come back to the practice: *“People taking me the wrong way and then not coming back to see me”* DH17

Improve patient's taste sensation: *“To the patient, obviously there's things like taste sensation”* DH 19

Contribute to an anti-smoking message from health professionals: *“They'd probably be getting the same thing from the doctors and anyone else ... so hopefully they'd get the message at some point”* DH5

Getting a clearer picture of the mouth once they quit (as smoking can mask symptoms of gum disease): *“We're going to have a clearer picture of what the periodontal tissues are doing ... how much gum disease ... we really have lurking around”* DH7

Control Beliefs: Assistance

Patient's receptiveness to discussing smoking: *“How open they are about discussing it”* DH17

Knowledge and confidence to discuss smoking: *“My information base. So what information I know about smoking myself and its link to the area that I work in”* DH20

Amount of time available: *“I have an hour for every patient, so I don't have to rush, and if I encounter issues that need to be discussed, I've got the time to do that”* DH6 ...

“When you don't have a lot of time ... you can't cover all those issues” DH15

Having multiple visits to build the intervention: *“I think the benefit of dental hygienists in supporting them to quit smoking is that they come back regularly”* DH13

Rapport with the patient: *“I guess your rapport that you develop with them, if you get along with them quite well, that helps”* DH19

Having personal experiences or success stories to talk about: *“I can relate some of my own experience, or build it into it, without sounding like I am holier than thou”* DH14

Mood or motivation at the time: *“My motivation on the day, I guess, comes into it”* DH4

Patients can be anxious or tense in the dental setting: *“People find a visit to the dentist quite a stressful situation for them, and here we are telling them how bad smoking is and that they're going to lose their teeth if they don't quit”* DH10

Study 2b: Emergency Department Nurses

Behavioural Beliefs: Identification

Aid diagnosis/contribute to forming the bigger picture: *“Well, it's diagnostic of a lot of things...And a lot of their symptoms might be related to the fact that they have taken drugs or alcohol”* ED2

Diminish rapport with the patient: *“I suppose some people ... could find that a bit confrontational, and you could lose any rapport you had with them”* ED7

Assess and prepare for alcohol withdrawal: *“Well, if you were to find out that they were a regular drinker, you could determine if they needed to be on an alcohol withdrawal observation. And therefore it might require Valium to help control the symptoms of alcohol withdrawal”* ED16

Offer improved care: *“They will get better care... We're able to better care for the patient”* ED13

Provide opportunity to assess readiness to change: *“And also generally you can ask them ... whether they want help getting off that substance”* ED4

Anticipate medication or anaesthetic interactions: *“Also how affected they’re going to be by the medication you’re going to give them. There are drug and alcohol interactions, like morphine, narcotics that you’re giving”* ED5

Elicit a hostile or aggressive reaction: *“They can also become quite aggressive and angry, and hostile towards staff, if they think they’re being accused of something they don’t feel is a problem”* ED3

Patient may reflect on their alcohol consumption: *“Sometimes it just helps get things in perspective a bit ... some people say ‘I haven’t had much to drink’ and you say ‘Well, how much did you drink?’ and they start adding it up and they’ve drunk a bit more than they thought. And we breathalyse people as well, which sometimes is a bit confronting, because they think that they’re OK and they’re not. I think that’s good education”* ED7

Embarrass or intrude on the patient: *“I guess there might be some shame associated with it, or embarrassment from their part. So they’re the potential costs”* ED13

Provide opportunity to intervene: *“It opens the doorway for you to talk about it”* ED18

Patient may feel discriminated against: *“The patients might be afraid that we won’t treat them the same way as we would if they didn’t drink”* ED22

Document/establish a history: *“And it does go down in their history, so that when they come in next time, if they have multiple presentations and they’re drunk every time, then that might suggest that alcohol is a problem for them”* ED12

Control Beliefs: Identification

Patient receptiveness to discussing alcohol: *“How open they are about their lives and what they do”* ED10

Patient is heavily intoxicated: *“Most of the time we see them they’re that intoxicated you can’t really ask them”* ED8

Patient has parents or visitors present: *“Sometimes it can be difficult if they’ve got people – friends, relatives, with them that refuse to leave”* ED8 ... *“The presence or support of patient’s families...they’ll mention that this person has 12 beers each night. So you don’t have to go and ask these questions of the patient straight away”* ED9

Patients may lie about their alcohol consumption: *“A lot of people don’t want to be particularly honest about their drug and alcohol usage”* ED2

Patient is aggressive: *“If they’re really aggressive, appearing aggressive, then obviously you’re not going to be as willing to be as confronting with the questions”*
ED9

Knowing how to ask about alcohol sensitively: *“Using positive body language, paraphrasing, good communication skills, all of that can often help”* ED10

Having a non-judgemental view of alcohol consumption: *“I think the other thing that probably does help is understanding, trying to understand, people’s reasons for drinking alcohol...rather than approach them from a judgemental point of view”* ED9

Patient is not conscious or coherent: *“If, of course, they're unconscious you can't ask them”* ED22

Lack of privacy in the Emergency Department: *“It's not really the right place for some people to talk about things like that ... it's not such a private place, the Emergency Department”* ED11

Rapport with the patient: *“If you build up a rapport ... I guess just if the person is very uncomfortable with me”* ED16

Experience in asking patients about alcohol: *“After you've been doing it for a while, like a lot of things in nursing, you might feel uncomfortable at the start, like showering your first person ... but the more you do it, the more comfortable you get with doing it”* ED4

Question is part of the general history taking or assessment: *“There's a sheet that we work through with questions about general health and alcohol intake is one of the things covered there”* ED13

Age difference between nurse and patient: *“Because I'm quite young ... because I'm 21, some people ... they don't want to tell me”* ED16 ... *“I think my age as well. I’m sort of halfway in between. I still think I can relate to someone who is 15, 16, 17, but I think*

patients who are eighty ... can still relate to me, they don't think it's a kid asking them these questions" ED5

Not appropriate time to ask due to severity of illness or injury: *"If ... they've come in from a multi-trauma, it's not appropriate to discuss their drinking with them at that point"* ED3

Time constraints: *"We're often rather pushed for time, we think we are anyhow"* ED7

Patient has visible signs that they've been drinking: *"If they come in and they are slightly inebriated"* ED19

Behavioural Beliefs: Assistance

Improve patient's general health: *"You certainly could make a huge difference to their health"* ED5

Reduce future alcohol-related presentations to the Emergency Department: *"Well, it decreases the presentations to the Emergency Department. Because a lot of people that have serious drug and alcohol issues are repetitive presenters"* ED2

Time cost of intervening: *"I guess the cost is that it could take a little bit of time"* ED13

Patient may learn to modify their alcohol consumption: *"Well that they might actually learn to manage their alcohol problem"* ED1

Improve patient's quality of life: *"You would like to think that there would certainly be a vast improvement in the quality of their life"* ED3

Improve patient's motivation to modify their alcohol consumption: *"[They] get maybe that motivation to do something about it"* ED18

Increase safety of patients or others: *"Might cut the risk of accidents happening"* ED15

Time taken may detract from other work: *"I would be taken away from the department for a while, while I chatted with them"* ED17

Violent or aggressive reaction: *"Some people can take offence to it, they can become a bit aggressive"* ED14

Reduce patient's spending on alcohol: *"For the patient ... money"* ED19

Save money on health care expenditure: *"You might not get so much money spent on them as well. Money for other things"* ED11

Benefits to related family issues: *"Helping their families as well, assisting their families to deal with the problems that they might have within their family"* ED11

Diminish rapport with the patient: *"I think it just diminishes trust in a way, sometimes, for their whole problem if you start harping on about alcohol too much"* ED5

Control Beliefs: Assistance

Patient receptiveness to discussing alcohol: *“I guess it can come down to the patient’s receptiveness to help. If they’re in the mood to accept any offer of assistance, then it’s much easier than it is for someone who doesn’t really necessarily want to know about it”* ED10

Time constraints: *“We don’t have time to spend with the patient to deal with it”* ED2

Workload/Not having enough staff: *“I think with how busy they are and how understaffed they are, the amount of input that I can give them is generally quick, it’s not detailed”* ED12

Patient is too intoxicated to intervene with: *“When people come in fully inebriated, they’re not really listening”* ED19

Feeling patients with alcohol-related problems can not be helped effectively in the Emergency Department: *“In the department at that level I don’t think initial interventions really have any significant impact”* ED14

Need to attend to patient’s presenting condition: *“You’re concentrating mainly on their acute problem, like their liver failure, or their acute psychosis or whatever”* ED5

Lack of appropriate skills or training: *“I've got limited knowledge. And if I had more training and better access to easier to read materials and that, then I could probably give better examples and more information”* ED19

Patient is difficult, rude, or aggressive, or has poor hygiene: *“If they're aggressive and rude, then that is a factor blocking my inclination to help them”* ED4 ... *“Also personal hygiene. That's another huge one”* ED5

Inability to provide follow up in the Emergency Department: *“You need to be able to provide the follow up care, which is not possible through the Emergency Department, I don't think”* ED3

More urgent cases to attend to: *“For example, you've got somebody coming in with an alcohol problem, and then you've got someone coming in with say a heart attack. The alcohol person doesn't really rate when it comes to that kind of situation”* ED4

Rapport with the patient: *“I think it really depends on the rapport that you have with the individual”* ED13

Age difference between nurse and patient: *“I think I find it easier to talk about this with younger patients. People who are probably younger than I am. I think I find it harder to ask questions along those lines with people who are older”* ED13

Intervention is more suited to, or takes place on ward: *“Well, from an emergency point of view, it's not something that you would do - that would happen while the patient is in hospital ...once they were admitted”* ED2

Having a drug and alcohol unit or nurses in the hospital: *“Perhaps if they had a drug and alcohol unit at the hospital. Somewhere where you could just refer them straight to”* ED2

Having a non-judgemental approach: *“If you're just discussing with them, and not trying to make them feel awful, or degrade them in any way”* ED19

Patient leaves Emergency Department before chance to deliver intervention: *“A lot of the time people that you want to try and help nick off before you get a chance to go back and give them the information”* ED8

Knowledge on how to intervene and having information: *“Having maybe a bit of education from someone about dealing with people and helping trying to explain it to them better”* ED6

Motivation at the time: *“But if you're really busy or you're having a bad night, then you may not want to be nice, or go that extra mile. Or if those people have got under your skin, you may not want to go that extra mile”* ED7

Motivated by personal experiences: *“My father was an alcoholic, so I suppose that makes a difference to how you look at alcohol”* ED7

Patient is too ill to intervene with: *“Probably somebody that say, came in with a heart attack and you discovered they had a reasonably high alcohol intake on a regular basis ... They’re confronting ... something else that’s happened, so it’s not a good time to give information”* ED7

Appendix E: Study 3 Questionnaires

1. Predictor Questionnaire for Dental Hygienists

The Role of Health Professionals in the Prevention of Smoking-Related Harms

Section A. Asking patients whether they smoke

This section contains questions concerning *asking* your patients whether they smoke.

1. Over the next week, I intend to ask patients whether they smoke (or otherwise ascertain their smoking status e.g. through patient notes or looking for signs of smoking)

<input type="checkbox"/>				
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

2. During a consultation, asking patients about smoking would be

a)	<input type="checkbox"/>				
	Very harmful	Harmful	Neutral	Beneficial	Very beneficial
b)	<input type="checkbox"/>				
	Very pleasant	Pleasant	Neutral	Unpleasant	Very unpleasant
c)	<input type="checkbox"/>				
	Very good	Good	Neutral	Bad	Very bad
d)	<input type="checkbox"/>				
	Very valuable	Valuable	Neutral	Worthless	Very worthless

3. In the last week you worked, how many patients do you estimate you asked about smoking? _____

4. In the last week you worked, how many times do you estimate you ascertained a patient's smoking status (e.g. by checking their history or looking for signs of smoking)? _____

5. a) Below are some potential outcomes of asking patients whether they smoke reported by dental hygienists.

Please rate how advantageous or disadvantageous you think each outcome would be by placing a cross in one of the boxes on the scale.

		Very disadvantageous	Neutral		Very advantageous
___ Provides an opportunity to talk about smoking		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Contributes to a consistent anti-smoking message from health professionals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Covers me for legal reasons		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Allows me to assess the patient's oral health		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Allows me to plan their treatment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Intrudes on the patient		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ May strengthen my rapport with the patient		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ May diminish my rapport with the patient		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



b) Now please rank from 1 – 5 the five outcomes you feel are the most important in deciding whether or not to ask a patient whether they smoke (with 1 being the most important)

6. Asking patients whether they smoke is ...

- a) Very difficult Difficult Neutral Easy Very easy
- b) Very impossible Impossible Neutral Possible Very possible

7. I am _____ that I can ask patients whether they smoke

- Very unconfident Unconfident Neutral Confident Very confident

8. Whether or not I ask patients about their smoking is entirely up to me

- Strongly disagree Disagree Neutral Agree Strongly agree

9. How much control do you have over asking patients whether they smoke?

- No control Little control Some control A lot of control Full control

10. a) Below are some factors dental hygienists have indicated may make asking patients whether they smoke easier or more difficult.

Please rate how much easier or more difficult you think each factor would make asking patients whether they smoke by placing a cross in one of the boxes on the scale.

	A lot more difficult		Neutral		A lot easier
<input type="checkbox"/> If the question is part of the general history taking/assessment	<input type="checkbox"/>				
<input type="checkbox"/> The patient has visible signs of smoking	<input type="checkbox"/>				
<input type="checkbox"/> Patients may lie about their smoking	<input type="checkbox"/>				
<input type="checkbox"/> The patient has oral cancer or other smoking-related oral pathology	<input type="checkbox"/>				
<input type="checkbox"/> The patient raises smoking	<input type="checkbox"/>				
<input type="checkbox"/> Patients tend to be anxious or tense in the dental setting	<input type="checkbox"/>				
<input type="checkbox"/> Having a good rapport with the patient	<input type="checkbox"/>				
<input type="checkbox"/> Knowing how to ask about smoking sensitively	<input type="checkbox"/>				
<input type="checkbox"/> Approaching smoking in a non-judgemental manner	<input type="checkbox"/>				
<input type="checkbox"/> Feeling that the patient will not be receptive	<input type="checkbox"/>				



b) Now please rank from 1 – 5 the five factors you feel are the most important to consider when asking a patient whether they smoke (with 1 being the most important)

11. It is expected of me that I ask patients whether they smoke

Strongly disagree
 Disagree
 Neutral
 Agree
 Strongly agree

12. Those whose professional opinions I value would _____ of me asking patients whether they smoke

Strongly disapprove
 Disapprove
 Neutral
 Approve
 Strongly approve

Section B. Possible ways to help a patient who smokes

13. During a consultation, I am willing to ...

	Strongly disagree		Neutral		Strongly agree
Advise a patient to quit smoking	<input type="checkbox"/>				
Advise a patient to cut down their smoking	<input type="checkbox"/>				
Discuss the dental health effects of smoking	<input type="checkbox"/>				
Show a patient the effect smoking has had in their mouth	<input type="checkbox"/>				
Show a patient photos of possible dental effects of smoking	<input type="checkbox"/>				
Set a quit smoking date with a patient	<input type="checkbox"/>				
Give a patient a Quit brochure or pack	<input type="checkbox"/>				
Discuss strategies/options for quitting smoking	<input type="checkbox"/>				
Refer patients to the Quitline	<input type="checkbox"/>				
Refer patients to their GP for their smoking	<input type="checkbox"/>				
Refer patients to a pharmacist for their smoking	<input type="checkbox"/>				
Offer or provide follow up for a patient's smoking	<input type="checkbox"/>				

Do you have any comments about the use of any of these strategies? _____

14. In the last week you worked, with how many patients do you estimate you performed any intervention related to smoking (e.g. discussing smoking, advising, referring)? _____

C. Assisting patients to quit smoking

This section contains questions concerning *assisting* patients to quit smoking. By 'assisting', I mean using *any* of the strategies listed on the previous page in order to help a patient who smokes. Some of these questions are repeated from the previous section, but now apply to *assisting* patients.

15. Over the next week, I intend to assist patients to quit smoking

<input type="checkbox"/>				
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

16. During a consultation, assisting patients to quit smoking is

a) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very harmful	Harmful	Neutral	Beneficial	Very beneficial

b) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very pleasant	Pleasant	Neutral	Unpleasant	Very unpleasant

c) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very good	Good	Neutral	Bad	Very bad

d) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very valuable	Valuable	Neutral	Worthless	Very worthless

17. a) Below are some potential outcomes of assisting a patient to quit smoking reported by dental hygienists.

Please rate how advantageous or disadvantageous you think each outcome would be by placing a cross in one of the boxes on the scale.

		Very disadvantageous		Neutral		Very advantageous
<input type="checkbox"/> Improve the patient's oral health	<input type="checkbox"/>					
<input type="checkbox"/> Improve the patient's general health and lifestyle	<input type="checkbox"/>					
<input type="checkbox"/> Improve the patient's oral aesthetics (e.g. staining)	<input type="checkbox"/>					
<input type="checkbox"/> Improve the outcomes of dental treatment	<input type="checkbox"/>					
<input type="checkbox"/> Decrease the patient's spending on cigarettes	<input type="checkbox"/>					
<input type="checkbox"/> Reduce the amount of dental work the patient will need in the future (e.g. removing staining)	<input type="checkbox"/>					
<input type="checkbox"/> Strengthens my rapport with the patient	<input type="checkbox"/>					
<input type="checkbox"/> Diminishes my rapport with the patient	<input type="checkbox"/>					
<input type="checkbox"/> Patient may not come back to the practice	<input type="checkbox"/>					
<input type="checkbox"/> Time cost of assisting the patient to quit smoking	<input type="checkbox"/>					
<input type="checkbox"/> Time spent may detract from other work or oral health promotion	<input type="checkbox"/>					



b) Now please rank from 1 – 5 the five outcomes you feel are the most important in deciding whether or not to assist a patient to quit smoking (with 1 being the most important)

18. Assisting patients to quit smoking is ...

- a) Very difficult Difficult Neutral Easy Very easy
- b) Very impossible Impossible Neutral Possible Very possible

19. I am _____ that I can try to assist patients to quit smoking

- Very unconfident Unconfident Neutral Confident Very confident

20. Whether or not I assist patients to quit smoking is entirely up to me

- Strongly disagree Disagree Neutral Agree Strongly agree

21. How much control do you have over assisting patients to quit smoking?

- No control Little control Some control A lot of control Full control

22. a) Below are some factors dental hygienists have indicated may make assisting patients to quit smoking easier or more difficult.

Please rate how much easier or more difficult you think each factor would make assisting patients to quit by placing a cross in one of the boxes on the scale.

		A lot more difficult		Neutral		A lot easier
___	Having personal experiences or success stories to talk about	<input type="checkbox"/>				
___	Having regular appointments with the patient	<input type="checkbox"/>				
___	The amount of time available in an appointment	<input type="checkbox"/>				
___	Patients tend to be anxious or tense in the dental setting	<input type="checkbox"/>				
___	If the patient is not receptive to discussing smoking	<input type="checkbox"/>				
___	Having a good rapport with the patient	<input type="checkbox"/>				
___	Having the confidence and knowledge to talk about smoking	<input type="checkbox"/>				



b) Now please rank from 1 – 5 the five factors you feel are the most important to consider when assisting a patient to quit smoking (with 1 being the most important)

23. It is expected of me that I assist patients to quit smoking

Strongly disagree
 Disagree
 Neutral
 Agree
 Strongly agree

24. Those whose professional opinions I value would _____ of me assisting patients to quit smoking

Strongly disapprove
 Disapprove
 Neutral
 Approve
 Strongly approve

D. Individuals or groups who may influence your actions with patients who smoke

25. a) Please indicate whether the individuals or groups listed below would approve or disapprove of you asking patients about their smoking or helping patients to quit smoking.

	Strongly disapprove		Neutral		Strongly approve
___ My boss (dentist/specialist)	<input type="checkbox"/>				
___ Other staff members in your practice	<input type="checkbox"/>				
___ Other dental hygienists	<input type="checkbox"/>				
___ Dental hygiene associations	<input type="checkbox"/>				
___ Dental associations	<input type="checkbox"/>				
___ Health professionals	<input type="checkbox"/>				
___ Quit	<input type="checkbox"/>				
___ The patient	<input type="checkbox"/>				
___ The patient's parents/family	<input type="checkbox"/>				



b) Now please rank from 1 – 5 the five individuals or groups you feel are the most important to consider when asking a patient about their smoking or helping a patient to quit smoking (with 1 being the most important)

26. In general, other hygienists ask patients whether they smoke

Strongly disagree
 Disagree
 Neutral
 Agree
 Strongly agree

27. In general, other hygienists assist their patients to quit smoking

Strongly disagree
 Disagree
 Neutral
 Agree
 Strongly agree

E. Other factors

This section covers aspects of your **general job environment**. If you work in more than one workplace, please think about the workplace where you will be spending the most time over the next week.

	Strongly disagree		Neutral		Strongly agree
28. My co-workers are competent in doing their job	<input type="checkbox"/>				
29. My co-workers take a personal interest in me	<input type="checkbox"/>				
30. My co-workers are friendly	<input type="checkbox"/>				
31. My co-workers are helpful in getting the job done	<input type="checkbox"/>				
32. My supervisor is concerned about the welfare of those under him/her	<input type="checkbox"/>				
33. My supervisor pays attention to what I am saying	<input type="checkbox"/>				
34. My supervisor is helpful in getting the job done	<input type="checkbox"/>				
35. My supervisor is successful in getting people to work together	<input type="checkbox"/>				
36. I have too much work to do everything well	<input type="checkbox"/>				
37. The amount of work I am asked to do is fair	<input type="checkbox"/>				
38. I never seem to have enough time to get everything done	<input type="checkbox"/>				
39. I feel I know how to counsel smokers over the long term	<input type="checkbox"/>				
40. I feel I know enough about the causes of smoking to carry out my role when working with smokers	<input type="checkbox"/>				
41. I feel I know enough about addiction to carry out my role when working with smokers	<input type="checkbox"/>				
42. I feel I can appropriately advise my patients about smoking and its effects	<input type="checkbox"/>				
43. I feel I have a working knowledge of smoking and smoking-related problems	<input type="checkbox"/>				
44. I feel that my patients believe I have the right to ask them questions about smoking when necessary	<input type="checkbox"/>				
45. I feel I have a clear idea of my responsibilities in helping smokers	<input type="checkbox"/>				
46. I feel I have the right to ask a patient for any information that is relevant to their smoking	<input type="checkbox"/>				
47. I feel I have the right to ask patients questions about their smoking when necessary	<input type="checkbox"/>				

	Strongly disagree		Neutral		Strongly agree
48. I have the freedom to decide what I do on my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. It is basically my responsibility to decide how my job gets done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. How much freedom do you have on your job? That is, how much do you decide on your own what you do on your job?					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very little; there are few decisions about my job which I can make by myself			A moderate amount; I have responsibility for deciding some of the things I do, but not all		Very much; there are many decisions about my job which I can make by myself

51. Does your practice have a policy covering asking patients about smoking or assisting patients to quit smoking? Yes No

If yes, please give details _____

F. Demographics

52. Age: _____

53. Gender: Male Female

54. Years of experience in dental hygiene: _____

55. Currently work in: Private Public Education

56. Smoking status: Smoker Ex-smoker Never regularly smoked

57. Have you received any education or training to assist patients to quit smoking?

No education or training

In TAFE/Undergraduate university

Seminar run by Quit

Seminar (other, please give details)

.....

Other (please give details)

.....

.....

58. Please enter the code below so your answers can be matched anonymously with the second questionnaire. *Without this code, your responses cannot be collated.*

The code comprises the first three letters of your mother's maiden name, followed by the day of the month you were born (eg. if your mother's maiden name was Robson, and you were born on the 13th of December, please enter ROB13).

— — — : — —

Please write the address you would like the second questionnaire to be mailed to. Please note this will be detached and destroyed once the second questionnaire has been sent.

Address: _____

Thank you for completing this questionnaire!

2: Behaviour Measure for Dental Hygienists

The Role of Health Professionals in the Prevention of Smoking-Related Harms

These questions refer to the week following the time you filled out the first questionnaire. We understand that dental hygienists are very busy, and don't expect too much of your time to be devoted to assisting patients who smoke. We would just like to get an idea of the most popular strategies used, and how often they are used.

How many patients do you estimate you saw in the last week? _____

How many patients who you think smoke do you estimate you saw in the last week? _____

In the last week, with how many patients do you estimate you performed any intervention related to smoking (e.g. discussing smoking, advising, referring)? _____

How many times in the last week do you estimate you ...

1. Asked a patient if they smoke? _____

2. Ascertained a patient's smoking status (e.g. by checking their history or looking for signs of smoking)? _____

3. Advised a patient to quit smoking? _____

4. Advised a patient to cut down their smoking? _____

5. Discussed the dental health effects of smoking with a patient? _____

6. Showed a patient the effect smoking has had in their mouth? _____

7. Showed a patient photos of possible dental effects of smoking? _____

8. Set a quit smoking date with a patient? _____

9. Gave a patient a Quit brochure or pack? _____

10. Discussed strategies/options for quitting smoking with a patient? _____

11. Referred a patient to the Quitline? _____

12. Referred a patient to their GP for their smoking? _____

13. Referred a patient to a pharmacist for their smoking? _____

14. Offered or provided follow up for a patient's smoking? _____

Do you have any comments on using or not using any of these strategies in the last week?

Please re-enter the code from the first questionnaire below so your answers can be matched anonymously. *Without this code, your responses cannot be collated.*
The code comprises the first three letters of your mother's maiden name, followed by the day of the month you were born (eg. if your mother's maiden name was Robson, and you were born on the 13th of December, please enter ROB13).

____ : ____

Thank you for completing this questionnaire!

3: Predictor Questionnaire for Emergency Department Nurses

The Role of Health Professionals in the Prevention of Alcohol-Related Harms

Section A. Asking patients about alcohol

This section contains questions concerning *asking* your patients about their alcohol consumption, whether it be their normal pattern of consumption, their consumption prior to presenting to the Emergency Department, or taking a measure of the patient's blood alcohol level.

1. Over the next week, I intend to ask patients about their alcohol consumption

Strongly disagree Disagree Neutral Agree Strongly agree

2. a) Below are some potential outcomes of asking patients about their alcohol consumption reported by Emergency Department nurses.

Please rate how advantageous or disadvantageous you think each outcome would be by placing a cross in one of the boxes on the scale.

		Very disadvantageous		Neutral		Very advantageous
___ Improves the diagnosis and understanding of the patient's condition	<input type="checkbox"/>					
___ Allows me to assess and prepare for alcohol withdrawal	<input type="checkbox"/>					
___ May intrude on the patient	<input type="checkbox"/>					
___ Allows me to offer improved care	<input type="checkbox"/>					
___ May diminish my rapport with the patient	<input type="checkbox"/>					
___ May cause a hostile or aggressive reaction	<input type="checkbox"/>					
___ Allows me to assess if alcohol will interact with any medications or with the anaesthetic	<input type="checkbox"/>					
___ May make the patient reflect on their alcohol consumption	<input type="checkbox"/>					
___ May make the patient feel discriminated against	<input type="checkbox"/>					
___ Provides an opportunity to see whether they want help managing their alcohol consumption	<input type="checkbox"/>					
___ Documents their alcohol consumption for future presentations	<input type="checkbox"/>					



b) Now please rank from 1 – 5 the five outcomes you feel are the most important in deciding whether or not to ask a patient about their alcohol consumption

3. In the last week you worked, how many times do you estimate you asked a patient about their alcohol consumption? _____

4. In the last week you worked, how many times do you estimate you breathalysed a patient (or otherwise measured their blood alcohol)? _____

5. Asking patients about their alcohol consumption is

Very harmful Harmful Neutral Beneficial Very beneficial

Asking patients about their alcohol consumption is

b) Very pleasant Pleasant Neutral Unpleasant Very unpleasant

c) Very good Good Neutral Bad Very bad

d) Very valuable Valuable Neutral Worthless Very worthless

6. Asking patients about their alcohol consumption is ...

a) Very difficult Difficult Neutral Easy Very easy

b) Very impossible Impossible Neutral Possible Very possible

7. I am _____ that I can ask patients about their alcohol consumption

Very unconfident Unconfident Neutral Confident Very confident

8. a) Below are some factors Emergency Department nurses have indicated may make asking patients about their alcohol consumption easier or more difficult.

Please rate how much easier or more difficult you think each factor would make asking patients about their alcohol consumption by placing a cross in one of the boxes on the scale.

	A lot more difficult		Neutral		A lot easier
— Knowing how to ask sensitively about alcohol consumption	<input type="checkbox"/>				
— If the patient has family or visitors present	<input type="checkbox"/>				
— Feeling that the patient will not be receptive	<input type="checkbox"/>				
— Having experience asking patients about their alcohol consumption	<input type="checkbox"/>				
— Having a good rapport with the patient	<input type="checkbox"/>				
— If the patient is heavily intoxicated	<input type="checkbox"/>				
— If the patient is not conscious	<input type="checkbox"/>				
— If the question is part of the general history taking/assessment	<input type="checkbox"/>				
— Patients may lie about how much they drink	<input type="checkbox"/>				
— Lack of privacy in the Emergency Department	<input type="checkbox"/>				
— Having a non-judgemental view	<input type="checkbox"/>				
— If the patient is aggressive	<input type="checkbox"/>				



b) Now please rank from 1 – 5 the five factors you feel are the most important to consider when asking a patient about their alcohol consumption (with 1 being the most important)

9. Whether or not I ask patients about their alcohol consumption is entirely up to me

<input type="checkbox"/>				
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

10. How much control do you have over asking patients about their alcohol consumption?

<input type="checkbox"/>				
No control	Little control	Some control	A lot of control	Full control

11. It is expected of me that I ask patients about their alcohol consumption

<input type="checkbox"/>				
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

12. Those whose professional opinions I value would _____ of me asking patients about their alcohol consumption

<input type="checkbox"/>				
Strongly disapprove	Disapprove	Neutral	Approve	Strongly approve

B. Possible ways to help a patient who consumes alcohol to excess

13. I am willing to ...

		Strongly disagree		Neutral		Strongly agree
Ask a patient if they want help managing their alcohol consumption	<input type="checkbox"/>					
Discuss the patient's alcohol consumption	<input type="checkbox"/>					
Discuss the health consequences of alcohol consumption	<input type="checkbox"/>					
Promote safe drinking to a patient	<input type="checkbox"/>					
Discuss a patient's options for getting help for their alcohol consumption	<input type="checkbox"/>					
Give out pamphlets on alcohol to patients	<input type="checkbox"/>					
Give out cards for specialist drug and alcohol services to a patient for their alcohol consumption	<input type="checkbox"/>					
Assist a patient with their alcohol withdrawal symptoms	<input type="checkbox"/>					
Refer the patient to a specialist drug and alcohol service for their alcohol consumption	<input type="checkbox"/>					
Refer patients to an in-hospital drug and alcohol nurse or drug and alcohol unit for their alcohol consumption	<input type="checkbox"/>					
Refer patients to a social worker for their alcohol consumption	<input type="checkbox"/>					
Refer patients to a sobering up unit	<input type="checkbox"/>					
Refer patients to their GP for their alcohol consumption	<input type="checkbox"/>					
Refer patients to a psychologist or psychiatrist for their alcohol consumption	<input type="checkbox"/>					

Do you have any comments about the use of any of these strategies? _____

14. In the last week you worked, with how many patients do you estimate you performed any intervention related to alcohol (e.g. assisting with withdrawal, referring)? _____

C. Assisting patients to manage their alcohol consumption

This section contains questions concerning *assisting* patients to manage their alcohol consumption. By 'assisting', I mean using *any* of the strategies listed above in order to help a patient who drinks alcohol to excess. Some of these questions are repeated from the previous section, but now apply to *assisting* patients.

15. Over the next week, I intend to assist patients to manage their alcohol consumption

<input type="checkbox"/>				
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

16. a) Below are some potential outcomes of assisting a patient to manage their alcohol consumption reported by Emergency Department nurses.

Please rate how beneficial or disadvantageous you think each outcome would be by placing a cross in one of the boxes on the scale.

		Very disadvantageous		Neutral		Very advantageous
___ Patient may learn to manage their alcohol consumption	<input type="checkbox"/>					
___ Patient may react violently or aggressively	<input type="checkbox"/>					
___ May increase the patient's motivation to change their alcohol consumption	<input type="checkbox"/>					
___ Patient's health will improve	<input type="checkbox"/>					
___ Will take considerable time to sit down and talk with the patient	<input type="checkbox"/>					
___ Patient's lifestyle and quality of life will improve	<input type="checkbox"/>					
___ The time taken may detract from my other work	<input type="checkbox"/>					
___ May help decrease the number of repeat alcohol-related presentations to the ED	<input type="checkbox"/>					
___ May lead to less healthcare expenditure	<input type="checkbox"/>					
___ May diminish my rapport with the patient	<input type="checkbox"/>					
___ May assist with other related family issues	<input type="checkbox"/>					
___ May improve the patient's safety and the safety of others	<input type="checkbox"/>					



b) Now please rank from 1 – 5 the five outcomes you feel are the most important in deciding whether or not to assist a patient to manage their alcohol consumption (with 1 being the most important)

17. Assisting patients to manage their alcohol consumption is

a) Very harmful Harmful Neutral Beneficial Very beneficial

b) Very pleasant Pleasant Neutral Unpleasant Very unpleasant

c) Very good Good Neutral Bad Very bad

d) Very valuable Valuable Neutral Worthless Very worthless

18. It is expected of me that I assist patients to manage their alcohol consumption

Strongly disagree Disagree Neutral Agree Strongly agree

19. Those whose professional opinions I value would _____ of me assisting patients to manage their alcohol consumption

Strongly disapprove Disapprove Neutral Approve Strongly approve

20. In general, other Emergency Department nurses ask patients about their alcohol consumption

Strongly disagree Disagree Neutral Agree Strongly agree

21. In general, other Emergency Department nurses assist their patients to manage their alcohol consumption

Strongly disagree Disagree Neutral Agree Strongly agree

22. Assisting patients to manage their alcohol consumption is ...

a) Very difficult Difficult Neutral Easy Very easy

b) Very impossible Impossible Neutral Possible Very possible

23. I am _____ that I can try to assist patients to manage their alcohol consumption

Very unconfident Unconfident Neutral Confident Very confident

24. Whether or not I assist patients to manage their alcohol consumption is entirely up to me

Strongly disagree Disagree Neutral Agree Strongly agree

25. How much control do you have over assisting patients to manage their alcohol consumption?

No control Little control Some control A lot of control Full control

26. a) Below are some factors Emergency Department nurses have indicated may make assisting patients to manage their alcohol consumption easier or more difficult.

Please rate how much easier or more difficult you think each factor would make assisting patients to manage their alcohol consumption by placing a cross in one of the boxes on the scale.

		A lot more difficult		Neutral		A lot easier
—	Knowing how to help the patient manage their alcohol consumption	<input type="checkbox"/>				
—	If the patient is not receptive	<input type="checkbox"/>				
—	Having a good rapport with the patient	<input type="checkbox"/>				
—	Having a drug and alcohol unit or drug and alcohol nurses in the hospital	<input type="checkbox"/>				
—	Inability to provide follow up in the ED	<input type="checkbox"/>				
—	Patients with alcohol-related problems can be rude and difficult	<input type="checkbox"/>				
—	If the patient is heavily intoxicated	<input type="checkbox"/>				
—	Feeling that patients with alcohol problems can not be helped effectively in the ED	<input type="checkbox"/>				
—	The busyness of the ED	<input type="checkbox"/>				
—	When intoxicated patients leave before I can help them	<input type="checkbox"/>				
—	The need to attend to their presenting problem	<input type="checkbox"/>				
—	If the patient is older than me	<input type="checkbox"/>				



b) Now please rank from 1 – 5 the five factors you feel are the most important to consider when assisting a patient to manage their alcohol (with 1 being the most important)

D. Individuals or groups who may influence your actions with patients at risk of alcohol-related harms

27. a) Please indicate whether the individuals or groups listed below would approve or disapprove of you asking patients about alcohol or helping patients to manage their alcohol consumption

	Strongly disapprove		Neutral		Strongly approve
___ Other nursing staff	<input type="checkbox"/>				
___ Medical staff	<input type="checkbox"/>				
___ Senior nurses	<input type="checkbox"/>				
___ Drug and alcohol nurse(s)	<input type="checkbox"/>				
___ Mental health nurse(s)	<input type="checkbox"/>				
___ Hospital management	<input type="checkbox"/>				
___ The patient	<input type="checkbox"/>				
___ The patient's parents/family	<input type="checkbox"/>				
___ Wider community	<input type="checkbox"/>				
___ Specialist drug and alcohol services	<input type="checkbox"/>				



b) Now please rank from 1 – 5 the five individuals or groups you feel are the most important to consider when asking a patient about alcohol or helping a patient to manage their alcohol consumption (with 1 being the most important)

E. Other factors

This section covers aspects of your **general job environment**. If you work in more than one workplace, please think about the workplace where you will be spending the most time over the next week.

	Strongly disagree		Neutral		Strongly agree
28. My co-workers are competent in doing their job	<input type="checkbox"/>				
29. My co-workers take a personal interest in me	<input type="checkbox"/>				
30. My co-workers are friendly	<input type="checkbox"/>				
31. My co-workers are helpful in getting the job done	<input type="checkbox"/>				
32. My supervisor is concerned about the welfare of those under him/her	<input type="checkbox"/>				
33. My supervisor pays attention to what I am saying	<input type="checkbox"/>				
34. My supervisor is helpful in getting the job done	<input type="checkbox"/>				

	Strongly disagree		Neutral		Strongly agree
35. My supervisor is successful in getting people to work together	<input type="checkbox"/>				
36. I have too much work to do everything well	<input type="checkbox"/>				
37. The amount of work I am asked to do is fair	<input type="checkbox"/>				
38. I never seem to have enough time to get everything done	<input type="checkbox"/>				
39. I feel I know how to counsel drinkers over the long term	<input type="checkbox"/>				
40. I feel I know enough about the causes of drinking problems to carry out my role when working with drinkers	<input type="checkbox"/>				
41. I feel I know enough about alcohol dependence syndrome to carry out my role when working with drinkers	<input type="checkbox"/>				
42. I feel I know enough about the factors which put people at risk of developing drinking problems to carry out my role when working with drinkers	<input type="checkbox"/>				
43. I feel I can appropriately advise my patients about drinking and its effects	<input type="checkbox"/>				
44. I feel I have a working knowledge of alcohol and alcohol-related problems	<input type="checkbox"/>				
45. I feel that my patients believe I have the right to ask them questions about drinking when necessary	<input type="checkbox"/>				
46. I feel I have a clear idea of my responsibilities in helping drinkers	<input type="checkbox"/>				
47. I feel I have the right to ask a patient for any information that is relevant to their drinking problem	<input type="checkbox"/>				
48. I feel I have the right to ask patients questions about their drinking when necessary	<input type="checkbox"/>				
49. I have the freedom to decide what I do on my job	<input type="checkbox"/>				
50. It is basically my responsibility to decide how my job gets done	<input type="checkbox"/>				

51. How much freedom do you have on your job? That is, how much do you decide on your own what you do on your job?

Very little; there are few decisions about my job which I can make by myself

A moderate amount; I have responsibility for deciding some of the things I do, but not all

Very much; there are many decisions about my job which I can make by myself

52. Does your hospital have a policy covering asking patients about alcohol or assisting patients to manage their alcohol consumption? Yes No

If yes, please give details _____

F. Demographics

53. Age: _____

54. Gender: Male Female

55. Years of experience in the Emergency Department: _____

56. Currently work in: Private Public Education

Alcohol consumption:

57. On how many occasions in the last 30 days did you drink 11 or more (for men) or 7 or more (for women) standard drinks on any one day? _____

58. Have you received any education or training to assist patients to manage their alcohol consumption?

No education or training

In-service training

External short course

In undergraduate nursing studies

In postgraduate studies

Other (please give details)

.....

59. Please enter the code below so your answers can be matched anonymously with the second questionnaire. *Without this code, your responses cannot be collated.*

The code comprises the first three letters of your mother's maiden name, followed by the day of the month you were born (eg. if your mother's maiden name was Robson, and you were born on the 13th of December, please enter ROB13).

____ : ____

Thank you for completing this questionnaire!

Please write the address you would like the second questionnaire to be mailed to. Please note this will be detached and destroyed once the second questionnaire has been sent.

Address: _____

4: Behaviour Measure for Emergency Department Nurses

The Role of Health Professionals in the Prevention of Alcohol-Related Harms

These questions refer to the week following the time you filled out the first questionnaire. We understand that nurses are very busy, and don't expect too much of your time to be devoted to alcohol-related issues. We would just like to get an idea of the most popular strategies used, and how often they are used.

Approximately how many patients do you estimate you saw in the last week? _____

In the last week, with how many patients do you estimate you performed any intervention related to alcohol (e.g. discussing alcohol, advising, assisting with withdrawal, referring)? _____

How many times in the last week do you estimate you ...

1. Asked a patient about their alcohol consumption? _____

2. Breathalysed a patient (or otherwise measured their blood alcohol)? _____

3. Asked a patient if they wanted help managing their alcohol consumption? _____

4. Discussed a patient's alcohol consumption? _____

5. Discussed the health consequences of alcohol consumption with a patient? _____

6. Promoted safe drinking to a patient? _____

7. Discussed a patient's options for getting help with their alcohol consumption? _____

8. Gave out pamphlets on alcohol to patients? _____

9. Gave a card for a specialist service to a patient for their alcohol consumption? _____

10. Assisted a patient with their alcohol withdrawal symptoms? _____

11. Referred a patient to a specialist drug & alcohol service for their alcohol consumption? _____

12. Referred a patient to an in-hospital drug and alcohol nurse or drug and alcohol unit for their alcohol consumption? _____

13. Referred a patient to a social worker for their alcohol consumption? _____

14. Referred a patient to a sobering up unit? _____

15. Referred a patient to their GP for their alcohol consumption? _____

16. Referred patients to a psychologist or psychiatrist for their alcohol consumption? _____

Do you have any comments on using or not using any of these strategies in the last week?

Please re-enter the code from the first questionnaire below so your answers can be matched anonymously. *Without this code, your responses cannot be collated.* The code comprises the first three letters of your mother's maiden name, followed by the day of the month you were born (eg. if your mother's maiden name was Robson, and you were born on the 13th of December, please enter ROB13).

____ : ____

Thank you for completing this questionnaire!