



## Letter to the Editor

**The cobbler's children go barefoot:  
Pediatric nurses counseling about  
risks of secondhand smoke** ☆



## Keywords:

Education  
Nurse  
Role model  
Smoking  
Motivational interviewing

Secondhand smoke exposure of children has been described as the most frequent cause of child maltreatment, causing significant morbidity and mortality (Braillon et al., 2010). The US Society of Pediatric Nurses recommends identifying and counseling/advising parents who smoke when their children are treated in hospitals. Blaine and colleagues investigated the implementation of this guideline. Given that the performance of clinical guidelines are too seldom evaluated (Blaine et al., 2014), a rigorous evaluation is to be welcomed.

Among qualified nurse members of the Society they found that only 39% regularly asked, 43% informed, 29% counseled, and 25% advised parents about secondhand smoke exposure of their children (Blaine et al., 2014). Blaine and colleagues propose that a way to improve this would be to strengthen systems in hospitals. They make this based upon the finding that nurses working in hospitals offering written materials to parent smokers were more likely to counsel (four times) parents and to advise (three times) a smoke-free home policy than nurses working in hospitals not offering them (Blaine et al., 2014). This proposal deserves comments as the problem may be well upstream: nurses' curriculum and own smoking behavior also deserve investigation.

Smoking by Health Care Professionals (HCPs) is a second major barrier to the implementation of tobacco interventions with patients. When compared with physicians who smoke, non-smoking physicians are more likely to identify the smoking status of their patients, provide advice on quitting and thorough cessation counseling coverage, and initiate cessation interventions (Huang et al., 2013). For the 800,000 US licensed nurses the prevalence of smoking is 21% (Sarna et al., 2014). This is far more the US physicians (11%) and even more than the general population (16%) (Sarna et al., 2014).

Several studies have identified a lack of training and education for nurses in smoking cessation (Chan et al., 2008, 2007; Heath et al., 2002; Hornberger and Edwards, 2004).

While Blaine et al. have found that systems need to be facilitative of intervention, any HCP, including nurses, must be adequately trained, and competency assessed, from pre-registration curricula to effectively

identify and intervene with patients and parents/carers of patients who smoke (Raw et al., 1998). Given that nurses are the single largest group of HCAs (American Nurses Association, 2004) who are often in a position enabling a unique professional relationship with patients and their families, supporting effective intervention through systematic approaches is clearly to be welcomed, but without a similar systematic approach to training and cessation support for nurses themselves, may never reach full potential.

**Conflict of interest statement**

The authors declare that there are no conflicts of interests.

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Alain Braillon

Amiens Northern Hospital, France

Corresponding author at: Public Health, Northern Hospital,  
80000 Amiens, France.

E-mail address: [braillon.alain@gmail.com](mailto:braillon.alain@gmail.com).

Emma Croghan

BioCity Nottingham, UK