

A Qualitative Study Investigating Barriers and Motivations to Quit Smoking Experienced By Successful Quitters among Nursing Students

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Abstract

Background : Nurses as health promoters are in a good situation make others aware of the harmful effects of tobacco smoking. However, previous researchers have established persistently higher smoking rates in the nursing profession worldwide. Previous researches illustrated that many nursing students adopt smoking prior commencing nursing studies in the U.K. due to stressful work place environment, education, peer influence, and socio-economic status.

Aim : To investigate barriers and motivations to quit smoking experienced by successful quitters among nursing students.

Method : A qualitative research was carried out having in-depth semi-structured interviews that consists of open-ended questions and neutral prompts were designed. 10 nursing students, who are successful quitters of smoking, from School of Health and Well-being of University of Wolverhampton were interviewed. Students were recruited through purposive sampling from the target population which constituted nursing students aging from 20-25 years who have quit smoking since a year.

Results : Teenage, peers/friends influence and study stress showed higher relevance in adopting smoking habit. Findings illustrated social life with friends, re-thinking of decision to quit, and health reasons as barriers of quitting smoking. Family support, self-confidence, financial matter, and health reasons were motivating factors for participants during the course of quitting. Participants, who have used services or aids for quitting smoking, reported unsatisfactory experience. Participants gave high importance to non-smoker nurses and gave suggestions to encourage giving up smoking.

Conclusion : To educate student nurses on continuous basis to improve their confidence level in order to quit smoking. However, a powerful implementation of anti-smoking policies can help attaining the purpose.

KEYWORDS: Nursing students, quitting smoking, barriers, motivational factors

Background

Smoking is an identified cause of various carcinomas, cardio-vascular diseases and respiratory diseases such as chronic obstructive pulmonary disease¹. On estimation, smoking contributes to nearly 18% of all deaths in the United Kingdom². Despite of the introduction of

the smoke-free legislation from 1st July 2007, latest data obtained shows higher rates of smoking amongst teenagers and young adults in the United Kingdom³ and among nurses⁴. Persistent higher smoking rates are observed in nursing profession worldwide despite of knowing the harmful effects of tobacco smoking⁴. Furthermore, it has been

observed that compared to any other professionals, nurses find more difficulties in quitting smoking due to shift work and social life⁵. Studies mentioned that challenges faced by women and shift workers while trying to quit smoking need to be considered for further research^{6,7}. Previous studies have confirmed positive effects of guidance and support from nurses in quitting smoking for patients however high rates of smoking among nurses raises doubts as health educators and promoters⁴. Many students take up smoking before their training^{8,9} and factors influencing nurses smoking are similar to those that influence similar group of females in the general population¹⁰. Minimal information have recognized on quitting smoking attempts by nursing students as the limitations of their study¹¹, for example obtaining more details on methods they tried to help them quit, when they tried it, why they decided to smoke again. Hence, some research studies have recommended future research for in-depth experience of quitting smoking among young nursing students of different demographic group to design anti-smoking campaigns within nursing profession¹¹. In addition, previous researchers have admitted that there are relatively few studies done to investigate the reasons for the barriers to smoking cessation¹⁰. These findings underpinned the idea of conducting this research study.

Purpose of the study was to discover an empirical answer to an unanswered question regarding barriers and motivations experienced by ex-smokers among nursing students. The research question generated for this study, therefore, was: 'What are the motivations for and barriers to quit

smoking amongst young nursing students?'

Methodology

A qualitative interview approach was adopted by making an attempt to explore people's views and experience. Semi-structured interview was designed that consists of open-ended questions and neutral prompts. A purposive sampling strategy was taken up to select target population, which comprise of current nursing students at the University of Wolverhampton, aging 20-25 years who have quit smoking for at least a year. The bias of convenience sampling was overcome as in the particular study even though the sample was drawn from the convenient group, it was not a convenient sampling because an inclusion-exclusion criteria for the study was displayed though WOLF (University's website) giving a fair opportunity to nursing students to take part in the study. For this study, the desired sample size was 10; however, as an invitation was made though WOLF, there were chances of more than 10 students approaching for the study; considering this in mind, first 10 students were recruited as the sample of the study. Written permission letter from Dean of School of Health and Well-being was obtained and Ethical approval was also obtained from the Ethics Committee of University of Wolverhampton before conducting the research study. All the participants were given a time slot for interview according to their convenience. A couple of requests made to book the research room in the University Learning Centre for interviews to ensure the ethical issues like privacy and confidentiality. Before conducting an interview, each participant was provided with an

information sheet which explained about the nature and objective of the study, study duration, and a brief description of data collection and data management. Also, they were assured of anonymity and their right to withdraw at any time. Plus, participants were ensured that if they feel uncomfortable answering any of the question, they can refrain from it. Participation was purely for the sake of knowledge in the field of research and 'participation by reason of thankfulness' was avoided. Battery-operated tape recorder was used and spare batteries were also kept. One pilot interview with one of the nursing students was conducted before taking actual interviews to become familiar with data collection procedure and to identify and correct any potential problems in advance. However, no significant problems were found at the end of a pilot study. Each participant was interviewed for approximately 25-30 minutes. Before proceeding with interviews, written and verbal consents of participants were obtained (verbal consents were taken just prior data collection; hence were tape recorded). Respondents were encouraged to talk more and least interrupted unless neutral prompting was required. Neutral prompts were prompted to check the understanding from participants' point of view; thus, soliciting participants' reactions to the preliminary findings informally in an on-going way added to the credibility. After completing data collection, complete word-to-word data transcription was done on the very same day to be precise. Frequent meetings with the supervisor were held to discuss the progress of the study which facilitated the exchange of the experience and knowledge. After data transcription, frequent re-analysis was done to identify themes and

categories. Upon the completion of data analysis, all participants were sent a written summary of it; and, all of them were agreed to the content of summary. Thus, a formal feedback was also obtained.

Results

Considering one of the limitations of the study, smoking habits and quitting experience may differ in different ethnic groups depending on their cultural and social beliefs. Fig. 1 showed that the majority of ex-smokers were from Asian ethnic group, while Black and White ethnic groups had only 2 participants.

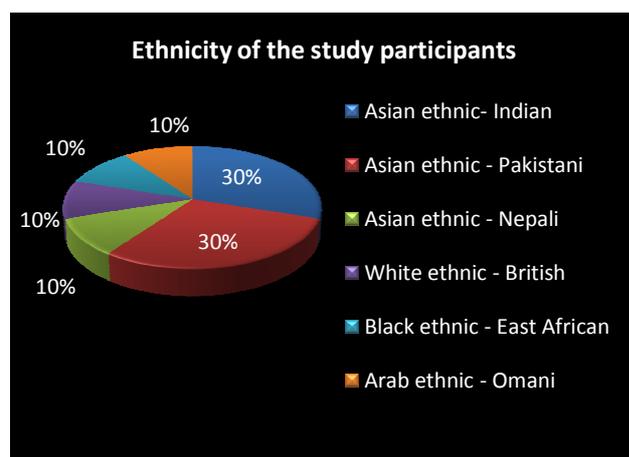


Figure 1: Ethnicity of the study participants

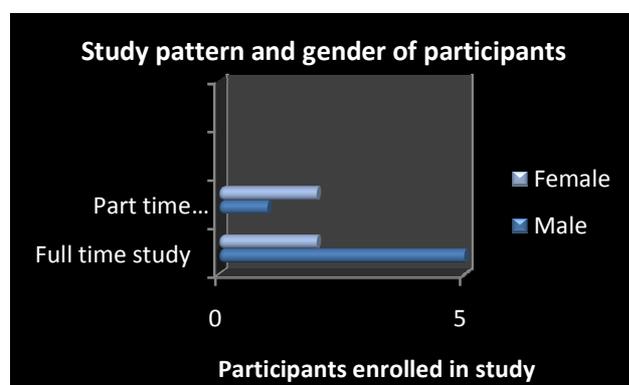


Figure 2: Study pattern and gender of the study participants

Fig. 2 illustrates that males studying full time were more into quitting smoking than females. Although, males pursuing part time study are lesser than females in quitting.

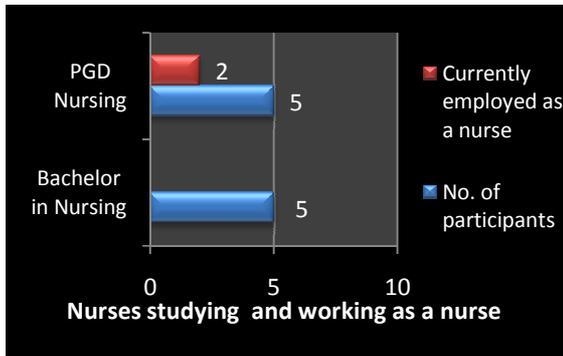


Figure 3: Academic qualification and employment of the participants

Fig. 3 is showing that 7 participants were from post graduate students and only 2 of them were in nursing profession, which again points on less nursing professionals in quitting.

After content analysis of raw data, obtained from in-depth interviews, 10 themes were identified. These were,

- Social and familial influence
- Changes during adolescence
- Lack of peer support
- Conflict between knowledge and positive feelings when smoking in social environment
- Ineffectiveness of substitutes of tobacco smoking in terms of value for money
- Awareness of future job role influencing smoking behaviour
- Physical and mental health reasons
- Self-confidence and willingness to quit smoking
- Financial matter

- Focused and continuous approach to educate nursing students

These are some of the responses given when asked regarding motivations:

“My self-confidence...I can do anything I want to...I used to spend quite a lot on smoking but now I will have 150 pounds spent on myself...I feel stronger. I feel younger. I feel healthier.”

“Off course health reason and strong determination...I would say, the influence for quitting smoking was more about personal belief and prospective change of looking to smoking, and that was the biggest benefit of quitting I have found out. Because I never quit cigarette, I didn't know the difference between quitting and smoking...so once I quit cigarette, I found two different things that how I used to live and now how I am living.”

“My mum motivated me a lot...at some point I was frustrated because I was not smoking...my mum motivated that yes I can do it, so then I thought yes I can do it...if my mum trust me then off course I can do it...I am saving money, isn't it?”

Thus, motivations have varied from person to person. For some, friends and family provided support, while some of them came up with self-confidence and

strong determination to give up. A few of them have compared the change phase in life after quitting. Whereas friends and socialization were the barriers faced in the process of quitting. Some of them felt health reasons like mental stress, uneasiness, headache, and body pains were barriers in giving up smoking. See some quotes given below.

“I think the only barrier was the situation of re-thinking of decision to quit because often time you face situation where you think “should I smoke again? It’s just a one more cigarette”... I believe that it is more come to the individual rather than any social thingbecause quite often we come to the situation where in a past you used to smoke cigarette but now you don’t have that friend, I mean when I say friend, friend is a cigarette...and whenever you come to that situation you believe that your friend ‘cigarette’ will help you out so after taking decision of quitting cigarette when you have that situation that you don’t want to take help of that friend.”

“Headache, uneasiness and whenever you see someone else smoking, you think of smoke. ...it was like a tempting factor. When you see someone with cigarette, you’ll think ‘if I smoke also, oh! I’ll be stylish’. But after I quit smoking, whenever I see someone I feel sorry for them....some of my friends

were not favorable...but it was my personal decision to quit.”

Some of the participants shared their experience on using aids/services while quitting smoking and all of them were dissatisfied. See some of the quotes given below,

“3 years back when I used Nicotine patches...I put Nicotine patch on my shoulder....what it does is that it releases nicotine slowly –slowly into your body and try to quit your habit of putting cigarette into mouth. I did try but it didn’t work for me...It weakened my shoulder....which was not good at that time and I didn’t have that much feasibility to continue it so I quit from it.”

“...I tried with some electronic cigarettes, just for 15 days, with different flavors except tobacco flavor. But I didn’t feel equally same with the tobacco cigarette so I thought it is better not to have anything rather than having some different thing because with it you can just smoke in and smoke out. That’s it. It was like having a chocolate.”

On asking about encouragement for giving up smoking, participants came up with variety of ideas like,

“Ask them to look themselves in mirror....let

them see the dark circles around eyes and make them feel the problems in lungs and show them bad pictures of people who smokes..... Keep them reminding.”

Discussion

Overall, the study explored the experience of barriers and motivational factors faced by nursing students who are ex-smokers. In addition, useful recommendations made by participants to encourage student nurses to give up smoking may become helpful to implement smoking cessation programs for nursing students. As this was a qualitative study with a small sample size, findings cannot be generalized. Nevertheless, findings can be transferable to similar group of young student nurses. Findings will help to enlighten health promotion practice to design various strategies to deliver anti-smoking programs addressing nursing students. For example, a community-based intervention program to alter nursing students' smoking behavior based on the notion that student nurses are the community¹². It has been observed that self-confidence is the main motivation and one has to have confidence in capability to execute the behavior. Therefore, anti-smoking program for nursing students may include some of these to boost up their self-confidence,

- Proper counselling by professionals,
- Meditation techniques by professionals,
- Some rewards like free books, CDs etc.

Collective efforts may be made by different nursing schools, government, and local groups (such as student health services) to support smoking cessation program among nursing students. Academic institutions may introduce improved anti-smoking policies addressing students. It is evident from the literature reviewed that some of the academic institutions showed a deficit in effective implementation of anti-smoking policy which was one of the reasons for nursing students to adopt smoking habits¹². Government already contributed by raising taxes on cigarettes, implementing a ban on tobacco advertisements, and forcing tobacco companies to list toxic ingredients of cigarettes on packets along with statutory notice.

This study has several limitations. Firstly, as the sample was drawn from only one university (University of Wolverhampton) it involved nursing students from only one school; thus, the findings obtained may not represent the experience of barriers and motivations for quitting smoking for nursing students of other schools in the UK or anywhere else. Secondly, only a couple of students used aids or services as a substitute for cigarettes hence their experience of quitting methods was limited. Lastly, influence of various demographic factors such as age, sex, ethnicity, education on smoking habits were not addressed in this study by participants. Prevalence of smoking and experiences faced while quitting may vary according to different demographic characteristics.

Further research is needed to explore detailed quitting attempts and various methods tried for quitting from student nurses of different demographic groups

to design smoking cessation programs in nursing profession.

Conclusion

The present study shows that commencement of smoking highly depends upon the surroundings, peer or friend groups, behavior, and life style. Moreover, study stress and desire of being in vogue or consciousness of style were often resulted in initiating smoking. Co-operation from family, professional counseling, comparison of experience of smoking and non-smoking phase, and self-confidence were identified as motivations to quit. While, health improvement and money saving were recognized as benefits followed by quitting smoking. However, a link between socialization and friends was identified as one of the barriers for quitting smoking among participants. In addition, re-thinking of quitting, feeling of stress and uneasiness, and alcohol drinking were also come up as barriers while quitting smoking. Experiences of using aids in order to give up were not so satisfactory. Nearly all the participants believed that future nurses should be non-smoker, to be in a position to advice patients who smoke, and almost all of them give various techniques to encourage nursing student.

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