



A Qualitative Study Exploring Smoking Cessation Experiences of People around London South Bank University Who have Stopped Smoking

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Authors' contributions

This work was carried out in collaboration between both authors. Author CEE designed the study, collected, analysed and interpreted the data of this study and wrote the final manuscript. Author RC contributed to the study design and substantively supervised and revised this research. Both authors read and approved the final manuscript.

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ABSTRACT

Aim: To explore, understand and interpret the lived experiences of the smoking cessation process and the meaning participants attach to their experiences of the cessation process. A qualitative exploratory study of the lived experiences of people who have stopped smoking can generate useful information that specifies the supportive factors that can be taken into consideration when planning smoking cessation interventions.

Study Design: A qualitative study design using an interpretive phenomenological approach was adopted in this study to explore the smoking cessation experiences of the participants.

Place and Duration of Study: School of Health and Social Care, London South Bank University, London, UK.

Methodology: An exploratory phenomenological study was conducted with seven participants. A qualitative semi-structured interview guide was developed by the researcher after a preliminary review of significant literatures and in line with other standardised schedules. All face-to-face semi-structured interviews with participants were audio recorded and transcribed verbatim. All interview transcripts were analyzed using the interpretive phenomenological analysis (IPA) method.

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Results: Based on IPA method, ten themes emerged and these were put together into two groups. The first group of themes are the participant's experiences of the smoking cessation process. All the participants narrated experiences of symptoms due to Nicotine withdrawal. Also, experiences of their social environment, relapse as well as loneliness and boredom, emerged as themes. The second group of themes explored how participants made sense of their smoking cessation experiences. All the participants expressed how they made sense of their feelings, understood their situation and coped with their cessation experiences which they termed a difficult process. Also, confidence, self-regulation, motivation, feelings of fear and the importance of time, emerged as themes.

Conclusion and Recommendation: According to participants, the smoking cessation process is a difficult process due to the many challenges and barriers associated with it. Therefore, the importance of self-confidence, motivation and social support cannot be overemphasized for a successful cessation. However, further research is recommended with respect to gender and the smoking cessation process.

Keywords: Smoking cessation; lived experiences; tobacco use; withdrawal symptoms; social environment; relapse; social support; phenomenology.

1. INTRODUCTION

Active smoking and persistent exposure to cigarette smoke, otherwise known as second-hand smoking significantly increases the risk for the onset of non-communicable disease conditions like Ischaemic heart disease, Chronic Obstructive Pulmonary Disease (COPD) and lung cancer [1]. Nicotine is a very addictive substance and the active component in tobacco, hence, the smoking behavior or constant repeated use of tobacco. However, smoking cessation is any process of discontinuing the excessive use of tobacco products [2].

Currently in the world, smoking is the single biggest preventable cause of mortality [3]. The impact of smoking cigarettes is one of the contemporary challenges in Public Health [4]. Tobacco smoking is the cause of nearly seven million deaths annually and if not checked, these numbers will rise significantly to over 8 million by 2030 [5]. Also, smoking is presently the leading avoidable cause of cancer related mortalities, accounting for about 30% of mortalities due to cancer [6]. Likewise, about 40% of people who use tobacco will prematurely die from cigarette smoking unless they are able to quit [7]. Nonetheless, the risk of developing a chronic disease condition and pre-matured death is significantly reduced with every smoking cessation attempt [8].

Behaviour changes as regards smoking consequently results in health benefits that are life transforming [4]. However, smoking cessation attempts are often difficult due to nicotine withdrawal symptoms and the significant influences of the social environment [9]. Thus,

efficient smoking cessation services are key determinants to a successful smoking cessation. This study is focused on the lived experiences of individuals who have successfully stopped smoking. In other words, individuals who have attained and maintained a smoke free status. This area of study is of particular interest because of the gap in research as regards the lived experiences of the smoking cessation process. Previous studies have focused on the motivational aspect of smoking cessation [10]; as well as the beliefs of smoking cessation amongst people who smoke [11]. However, qualitative studies on the lived experiences of individuals who have stopped smoking have been suggested for further research [12].

Smoking cessation experiences have significant meaning in a person's life and also depends on the circumstances which can feedback into complex factors that approves or disapproves efforts to cease smoking [13]. A qualitative exploratory study of the lived experiences of people who have stopped smoking can generate useful information that specifies the supportive factors that can be taken into consideration when planning smoking cessation interventions [14]. Such information can improve the success rates of smoking cessation programs especially for adolescents and young adults who are less likely to easily stop smoking owing to such factors like lack of social support and influences of the social environment.

Furthermore, how adolescents and young adults experience smoking cessation makes it crucial to understand how the smoking cessation process affects their lives. Given the early stages of smoking cessation interventions geared towards

young people, studies suggest that young people are more likely to prefer to take on the smoking cessation process without seeking the support of health professionals or cessation programs [15]. Therefore, an understanding of the lived experiences and coping mechanisms of such young people who become successful in their solitary cessation journey can serve as useful information for health promotion interventions towards new strategies for smoking cessation programs. To this end, this study was undertaken to explore the experiences and challenges that young smokers face during their smoking cessation.

2. METHODS

2.1 Study Design

A qualitative study design using an interpretive phenomenological approach was adopted in this study to explore the smoking cessation experiences of the participants.

2.2 Sampling Approach and Study Participants

The study was conducted within London South Bank University located in the London borough of Southwark, England. A purposive sampling approach was employed for the study and the initial recruitment of the participants was done through the use of posters while more participants were subsequently recruited via snowballing approach. The snowballing approach involved already recruited participants getting other subjects who have successfully stopped smoking. For the final selection of the seven most suitable participants, some inclusion and exclusion criteria were used.

Inclusion criteria were;

- Participants above the age of 18 years around London South Bank University.
- Participants who had successfully stopped smoking for a period of at most four years.

Exclusion criteria were;

- Individuals that are less than the age of 17 years.
- Individuals that are still smoking
- Individual that had stopped smoking for five years and over.

2.3 Procedure

All potential participants were given a period of one week to read through the Participant Information Sheet (PIS). Interested persons contacted the researcher again and an interview was scheduled. The audio recorded interviews provided a concise report of each participant's lived experiences of the smoking cessation process.

2.4 Data Collection

The smoking cessation experiences of all selected participants was explored through face-to-face interviews. A qualitative semi-structured interview (Table 1) approach was used to collect data from all the participants. The interviews were conducted to explore at length, the experiences of each participant recruited to the study. Participants engaged with their past experiences centred on their smoking cessation attempts and successful giving up of smoking behaviours. In the light of this, each participant responded appropriately to the interview schedule (Table 1) that was generated in line with other standardised schedules.

2.5 Data Analysis and Synthesis

Interpretive Phenomenological Analysis (IPA) was employed to capture the smoking cessation experiences of participants in this study. Interviews were digitally audio-taped and transcribed verbatim. After familiarizing with all the interview transcripts through several persistent reading, the researcher was fully immersed into each participant's lived experiences of the smoking cessation process. In the first phase of the data analysis, interpretive summaries of the interview transcripts were made. In the second phase, these interpretive summaries were word labelled / coded. The next step involved a more systematic ordering aimed at evaluating the lived experiences of the participants and the meaning they attached to their experiences.

3. RESULTS

Through face-to-face semi-structured interviews, people who have stopped smoking expressed their experiences of the smoking cessation process. The data collected for this study was analysed based on the procedures of interpretive phenomenological analysis (IPA). The researcher laid emphasis on the lived

experiences of the participants as well as how participants made sense of their lived experiences while trying to stop smoking. A total of ten themes emerged and were put together into two groups. Each participant's response was alphanumerically represented in brackets at the end of each quote.

3.1 Experiences of the Smoking Cessation Process

The predominant experiences the participants discussed during the interviews were positive and negative.

3.1.1 Nicotine withdrawal symptoms

During the interviews, all participants reported withdrawal symptoms as a lived experience of their smoking cessation attempt(s). Nicotine withdrawal symptoms as reported by participants ranged from mild to intense feelings as well as cravings for cigarette. Examples of comments were:

"After my breakfast, without cigarette I felt like throwing up, I was easily irritated about anything." (A1)

"I was often off the edge like I get easily irritated and angry each time I felt the need to smoke and denying myself of cigarette at that time felt like hell burning inside of me, my cravings were really bad." (B2)

"Cravings for cigarette depressed me yeah I got overly anxious and frustrated." (C3)

"I noticed I was often anxious and I was eating a lot, wanting to taste everything like a child would and adding up weight." (D4)

"...I just couldn't handle the cravings, the hunger for food, irritations and anxiety." (E5)
"I did have cravings for cigarette most of the time in my early days." (F6)

"My weight doubled, I mean literally because I was eating too very often, yeah stopping smoking got me eating and I often got constipated too, headaches and nausea were the worse..." (G7)

3.1.2 Social environments

The social environment of the participants also emerged as a strong theme from the interviews as participants discussed their experiences

within their social atmosphere which consisted of smoking and non-smoking friends and family. All participants repeatedly reported positive and negative experiences from their various social environments. Few participants experienced social support during their cessation attempt. Examples of comments were:

"...my mother will also react to my smoking and urging me to stop smoking" (A1)

"...my nan was there for me all the way." (C3)

"I had a circle of people with more of my interest to stop smoking and their advice..." (F6)

"A friend from work who had stopped smoking did all she could for me when I was on that journey." (G7)

On the other hand, participants also voiced their negative experiences within their social network. Examples of comments are:

"Being the nature of smokers we don't use to refuse a fellow smoker cigarette so they offered me cigarette..." (A1)

"I always get embarrassed when I am with my friends they thought I was a joker." (A1)
"There was a bit of judgement from my close friends." (B2)

"...they would just say kind of thoughtless things like come on have a fag." (B2)

"...people trying to tempt me back." (C3)

"Some people did judge me." (C3)

"They really did try to encourage me not to stop smoking..." (D4)

3.1.3 Boredom and loneliness

As discussed during the interviews, boredom and loneliness were challenging experiences that often triggered a lapse and subsequently a failed smoking cessation attempt. This was expressed by few participants. Examples of comments were:

"I felt like I had company when I am having a cigarette... loneliness was my biggest trigger." (B2)

“...boredom, so now I just keep myself busy.” (C3)

“I often felt lonely which was why I would smoke to keep myself company with a cup of coffee.” (E5)

“I only smoked at home especially when I am bored, nothing to do, lonely.” (F6)

3.1.4 Relapse

Throughout most of the interviews, relapse was a recurring theme as most of the participants mentioned going through several relapses while trying to stop smoking. Examples of comments were:

“...then I would relapse, relapse and relapse.” (B2)

“Each time I thought that I had genuinely given up em, but somehow I always just picked it up again” (B2)

“I did have little relapses a few several times...” (C3)

“...and I just went back to smoking... afterwards for about a year I’d still be smoking” (E5)

“I have been trying several times to stop but failed...” (F6)

“I did stop frequently but when I was about 25 26, I wanted to stop completely.” (G7)

3.2 How Participants Made Sense of their Smoking Cessation Experiences

During the interviews, participants expressed how they made sense of their feelings,

understood their situation and coped with their cessation experiences.

3.2.1 Difficult process

A recurring theme from the interviews was the process of ceasing smoking behaviours. Participants discussed their struggles with giving up cigarette and few participants further expressed their inability to take control of their cessation attempt and hence stop smoking. In other words, participants voice their internal feelings, triggers/cues, smoking habits as well as routines that altogether made their smoking cessation process difficult. Examples of comments were:

“It wasn’t easy...” (A1)

“I was having this battle with myself because obviously I wanted to stop...” (B2)

“I just kind of quietly got on with it to the end instead of making big statements that I’m gonna stop.... which just proves that I couldn’t stop.” (B2)

“...habits like my morning coffee outside or being in a social situation and then going out with other smokers were my everyday kind of life.” (C3)

“It was hard... like death in my hands.... like I really wanna ruin it so I will just kind of have one cigarette and then I will want to smoke more” (C3)

“I found it very difficult.” (E5)

“It was very challenging each time I tried to quit.” (F6)

“...it was a tough process.” (G7)

Table 1. Interview Schedule

1. What were your experiences of the smoking cessation process?
a. What was it like and how did you feel about it?
b. Did you feel judged in any way during the process?
2. What were the challenges and barriers you experienced while trying to stop smoking?
a. While trying to stop smoking were you more or less confident in social situations and/or functions amongst your friends and peers?
b. Where you at any point blamed for taking up smoking?
3. What served as a motivation for which you were able to successfully stop smoking?
a. What influenced your first decision or desire to stop smoking?
b. How was your initial attempt when you decided to stop smoking?

3.2.2 Self-efficacy/confidence

Interviewees expressed their level of confidence and self-efficacy all through their cessation process and attempts. Some comments were:

"I couldn't mop up the confidence of being with them..." (A1)

"Initially I felt less confident, and then after a while I gained confidence in myself to stop." (B2)

"I got to have the will power that you just got to do it so that for me was the final like I really wanted to stop." (C3)

"...a bit of enthusiasm at the very very beginning because I was like I am gonna do it this time." (C3)

"My strong will power and confidence got me through the process." (D4)

3.2.3 Emotional coping response/self-regulation

A few participants made a successful cessation from smoking at a single attempt while most of the participants only succeeded after several attempts. In respect to this, participants discussed their strategies and coping mechanisms of how nicotine withdrawal symptoms, triggers and cues were managed all through their cessation attempt. Also participants voiced their knowledge and skills, in other words, their behavioural capacity to stop smoking. For instance:

"when the need to have a cigarette comes I try as much as I can to channel my attention to something else, I could go out to see a friend, take a walk or just get really busy" (B2)

"I had a window period of 15 minutes at times of intense cravings to have a cigarette also I just go out, take a walk, or even ring someone" (C3)

"In social gathering you see people smoking but I always reminded myself that I was a non-smoker" (D4)

"I just started to kind of say that I'm a non-smoker, so I'm staying in here with the non-smokers while all the smokers go outside." (E5)

"During my early days I avoided coffee in the morning and had hot chocolate or tea

instead because my coffee goes with a cigarette" (G7).

3.2.4 Motivation

Motivation to stop smoking emerged as a theme following the interviews. Participants discussed a number of reasons to stop smoking. These motives included future health concerns, consequences of smoking behaviour, ill-health/current state of health, age and finances/cost of cigarettes.

Ill-health attributed to long term smoking behaviour and financial constraints were recurring motivation for some participants. Examples of comments were:

"one of the reasons why I wanted to stop is because I wanted to cure my hormone problems and it works, I don't have any cyst on my ovary anymore so it was worth stopping" (B2)

"...I didn't have money and so every little bit will be a lot for me" (C3)

"Since I wasn't deriving any pleasure from it and the cost of cigarettes too as well, I made up my mind to stop smoking" (D4)

"I suffer now from COPD but that has only come on in the last 2 years but it's already smoking" (E5)

"...even before I stopped, I had been feeling pain in my right lung and I was worried about that" (F6)

"I got cancer but by then I had given up but if I had not got cancer I would be smoking up till today" (G7)

For these participants, their current state of ill-health as well as financial constrain was the motivation to stop smoking. However, for other interviewees, future consequences of smoking and age were the motivation to stop smoking. Examples of comments were:

"...to prevent future consequences I also decided to stop smoking" (A1)

"I didn't wanna still be smoking when I am like really old" (C3)

3.2.5 A feeling of fear

Fear was voiced in most of the interviews in respect to loss of social network that consisted of smoking peers, unknown consequences of

cessation attempt; not wanting to be alone, boredom and relapse were also factors that generated fear during the smoking cessation process of most participants. Examples of comments were:

"I knew there would be implication in trying to stop smoking and that terrified me somehow" (A1)

"Trying to stop smoking was the most scariest thing I have ever felt" (C3)

"...I was always afraid because every attempt throws up something new like I have had different experiences in all my attempts to give up so my last attempt I was initially scared because I didn't know what I would face" (E5)

"I was so afraid of me self-relapsing because I really wanted to stop and relapsing was really gonna be disheartening for me" (F6)

"...the thought of losing my friends we've been friends for like ages and not hanging out with them because I wanted to stop smoking was frightening for me really it was a tough choice to make" (G7)

3.2.6 Importance of time

Participants made reference to time as an important factor for a successful smoking cessation attempt. Examples of comments were:

"It was time for me to stop because I had the right motivations compared to my other attempts that's why I failed then" (B2)

"It has to be the right time for them as it was for me" (C3)

"... at the right time, something will definitely trigger the urge to stop because that's how giving up smoking works" (E5)

"Until you get to that point when you put down something strong you hardly gonna make it through giving up at most not for long" (G7)

4. DISCUSSION

The result of this study highlighted typical experiences associated with smoking cessation as presented in earlier studies. Nevertheless, this study was focused on individuals who have successfully stopped smoking. The aim of exploring the smoking cessation experiences of participants and the meaning they attached to

their experiences of the smoking cessation process was achieved.

Generally, the description of experiences repeatedly emphasized by participants were significantly negative. However, there were few reports of positive experiences. Nonetheless, these experiences as reported in this study are typical experiences in line with changes in smoking behaviours. This suggests that every attempt to cease smoking cigarettes is met with significant discomfort, also referred to as cigarette withdrawal discomfort [16], hence, the overarching negative experiences reported by participants. Accordingly, this goes to support the work of Feldman et al. [17]. They found in their focus group study of smokers and ex-smokers that the smoking cessation process is a difficult process people who smoke do not go through easily.

Also, an attempt to stop smoking constitutes struggles and challenges that most tobacco users describe as stressful and depressing [18]. Symptoms of nicotine withdrawal as experienced by participants was one of the strongest emerging themes in this study. All participants attributed their various symptoms of withdrawing from nicotine to be part of the process of trying to stop smoking. Participants reported experiences of irritations, cravings for cigarettes, anxiety as well as weight gain within the first one to four weeks of their cessation attempt. Accordingly, this supports a number of past works that demonstrated the experiences of nicotine withdrawal symptoms due to smoking cessation attempts. Mclaughlin et al. [19] revealed that experiences such as irritability, cigarette cravings, increased appetite for food, anxiety following nicotine withdrawal are common phenomenon associated with the smoking cessation process. Robinson et al. [20] found that smokers attempting to cease smoking, experienced negative impacts and cravings associated with nicotine withdrawal.

The intensity of these withdrawal symptoms as experienced by individual participants to a large extent was determined by the level of nicotine dependence of each participant. In other words, participants who reported experiences of intense cravings and other nicotine withdrawal symptoms expressed a long-term lifestyle of smoking behaviours including daily routine habits incorporated with smoking, hence, the nicotine dependency and the consequential adverse withdrawal symptoms such as strong cravings to smoke. Kour et al. [21], they highlighted that intense cravings for a cigarette was connected

with tobacco dependence following routine smoking habits. Most of the participants reported their experiences of more stress while trying to cope with their withdrawal symptoms. This goes to support the works of Kim et al. [9] and Kauffman et al. [22] who found significant stress amongst people trying to quit smoking due to the impact of their smoking cessation attempts.

The experiences of participants within their various social environments was also a generally reported aspect of this study. This is most likely because smoking behaviours often begins within an individual's social network [23]. Therefore, the social environment influences any smoking cessation attempt and taking on a change in smoking behaviour. These influences from the social environment could either be positive or negative [24]. In other words, an approval or a disapproval of changes in smoking behaviours. To put differently, any attempt to stop the use of tobacco products can either be socially approved and/or disapproved. In the light of this, participants discussed the approval and disapproval of their attempted change in smoking behaviours. On the one hand, with regards to the social acceptance of a behaviour change as regards smoking, participants expressed their experiences of various aspects of support from their social environment which consisted of non-smoking family members and peers. This is supported by the work of Blok et al. [24] who demonstrated in their studies that tobacco users are more likely to gain support and encouragements to quit smoking from among peers who do not smoke. Furthermore, social support has generally been found to predict a successful smoking cessation process [9]. In the same way, as reported by participants in this study, social support did reinforce their smoking cessation process.

On the other hand, with respect to the disapproval of a smoking behaviour change, participants expressed experiences of cigarette offers, persuasive encouragements against smoking cessation attempt, embarrassing and judgemental experiences within their social network which consisted of friends and family members who smoke. These reported experiences of participants resonate with the works of Pratt et al. [23] and Joo et al. [2]. They demonstrated that individuals trying to stop smoking most likely experience shame, judgemental and embarrassing situations as well as victim blaming, within their social network. Nonetheless, in this study, victim blaming was not expressed as a concern by participants may

be because it was not explicitly experienced. However, the experiences of the positive influences from the social environment towards an individual's successful smoke free status are considered to be crucial in order to guide against loneliness and boredom. As smoking is a social behaviour, an attempt to stop smoking to a large extent is likely to generate a sense of social isolation and/or exclusion because individuals in the cessation process often times try to avoid their social network of significant others who smoke cigarettes. This goes to support the work of Farris et al. [8] who states that individuals trying to cease smoking go through experiences of social isolation and emotional distress. Thus, boredom and loneliness sets in. This was the case for most of the participants who repeatedly reported gaining company from smoking cigarette.

While trying to cease smoking, loneliness and boredom surfaced as a challenge towards a successful smoking cessation process. However, these challenging experiences altogether makes the process of stopping smoking a difficult one that often consequently results in several relapses. This was the case in this study as participants expressed their smoking cessation attempts as a difficult process. This was the expression of all participants as they narrated their smoking cessation experiences. In support of this, Feldman et al. [25] highlighted that smoking is a very strong behaviour, therefore, any attempt to stop smoking is often challenging for most people. Furthermore, being a difficult process, participants repeatedly raised the issue of relapse. This is a common phenomenon for the most part attributed to the withdrawal from Nicotine, the addictive component of tobacco products. This goes to support the work of Bold et al. [26]. They demonstrated that individuals who make an attempt to cease smoking often relapse due to low levels of confidence to continue the cessation process. Going through several relapses as well as other negative experiences that go against achieving a behaviour change as regards smoking, also generates a feeling of fear as this was voiced by participants in this study. However, there were no current significant literatures to support this aspect of the smoking cessation process.

5. CONCLUSION AND RECOMMENDATIONS

This study explored the lived experiences of people who have stopped smoking and maintained cessation. These lived experiences

as narrated by the study participants include but not limited to nicotine withdrawal symptoms, relapse and social environment influences. However, the importance of social support, for example: smoking cessation buddies, cannot be overemphasized because smoking is often a social behaviour. Also, changing social networks consisting of smoking peers is essential for a successful cessation. Thus, the role of smoking cessation buddies would be to support individuals trying to stop smoking to build new and supportive social networks consisting of people who do not smoke. In addition to social support, nicotine replacement therapy is essential for the management of withdrawal symptoms. The findings of this research can inform and improve smoking cessation clinics and services. The findings from this study can also be useful in the development of health promotion interventions to tackle smoking behaviours. Nonetheless, the study participants were mostly females and this raises questions regarding gender in the cessation process. Therefore, further research is recommended in this regard to explore and compare the smoking cessation processes between the female and male gender.

6. LIMITATIONS OF STUDY

This study has some limitations. Firstly, a purposive sampling approach was employed to allow for a range of people to participate based on the selection criteria, thus, guiding against selection biases. However, participating in this research can be considered as an experience of post smoking cessation. Hence, potential participants would have assumed a non-smokers identity and likely not want to recall their experiences of the smoking cessation process. Also, most people may not want to be found probably due to the negative experiences associated with stopping smoking. Secondly, this study was also limited in the recruitment of both male and female participants. Males were far less represented compared to females. This likely impacts the result of this study which to a large extent represents the smoking cessation experiences of the female participants compared to the male participant.

CONSENT

The consent form was signed by the participant before the commencement of the audio recorded interview. Seven participants consented to the face-to-face interview session, six participants were females and one male participant.

ETHICAL APPROVAL

The ethical approval required for the study was obtained from the ethics committee of the School of Health and Social Care, London South Bank University, United Kingdom.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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