

EXPLORING PERSONAL MEANINGS AROUND SMOKING CESSATION STRATEGIES AMONG HEALTH WORKERS

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Abstract

With the advent of cutting-edge pharmacological approaches and far-reaching media campaigns towards a tobacco-free world, personal meanings around smoking rarely get considered in smoking cessation strategies. This study aimed to explore personal meanings around smoking and perceptions on smoking cessation strategies among health workers in a tertiary hospital. A qualitative methodology was employed using focus group discussions and key informant interviews. Ten ever-smoker health personnel (8 men and 2 women) were purposively selected to share diverse vignettes around starting, sustaining, and planning to quit smoking, and personal reactions to present approaches towards smoking cessation. The results of this study were based on the analysis of transcripts of two focus group discussions and two key informant interviews using the grounded theory approach.

A recurring theme among the vignettes shared was the hedonistic benefits of smoking. Participants reportedly pointed out the physical pleasure derived from the taste of cigarettes, the smell and sight of a well puffed-out smoke, and the warmth that smoking affords during cold weather. These self-gratifying sensations were also claimed to accompany emotional satisfaction and bring about relief from stress, anger, or boredom. Participants also expressed disinterest in smoking cessation strategies, such as anti-smoking policies, ads, and routine medical advice, stating that no direct benefits are gained from these strategies, as compared to sustaining smoking. This study exposes important considerations that focus on entrenched personal emotional attachments to smoking, and directly implicates smoking cessation strategies that offer no more than information dissemination, pharmacological treatment, and behavioral interventions.

Introduction

As part of becoming involved in the worldwide efforts at constructing health policies for social safety relevant to the equally widespread smoking practice, people are forced to think twice about the strategies every time the program frameworks are challenged by yet another smoker who is able to work out a meaningful reason for sustaining the practice (Neve, 2005).

Epistemologies around smoking were quite different before the intensified global efforts to control tobacco, or even in contemporary times, outside of the biomedical framework. Beyond notions of the “tobacco pandemic,” (Shafey, Dolwick, & Guindon, 2003) and that “smoking kills” (World Health Organization [WHO] Europe, 2003), smoking had been, or is still embedded in many cultures as part of a religious ritual

(Daley, James, Barnoskie, Segraves, Schupbach & Choi, 2006), “a possible source of medical healing in early modern Europe,” or as a source of delight, especially when done in groups (Gilman & Zhou, 2004). Nicholas Monardes, a 16th century physician from Seville, wrote that tobacco smoking, “in any manner of griefe that is in the bodie or any parte therof it healpeth...it taketh awaie, not without greate admiration (as cited in Pollard, 2004).

There is presently no doubt about the effectiveness of current pharmacologic therapies in increasing smoking cessation rates among certain groups of smokers (Hughes, Shiffman, Callas, & Zhang, 2003; Wu, Wilson, Dimoulas, & Mills, 2006). There is no doubt either that the educational approaches to tobacco control play a role in producing certain cognitive states that can work towards smoking cessation (McVey & Stapleton, 2000; Rodgers, Corbett, Bramley, Ridell, Wills, Lin, & Jones, 2005). But behavior is more complex than mere cognition (Knapp, Bliss, & Wells, 1963). People execute “healthy or unhealthy” acts at least partly on the basis of personal meanings that are associated with the behavior (Anderson-Fye, 2004; Sprujit-Metz, 1995).

Personal meanings may or may not have anything to do with cognition, but can involve emotionally-critical perceptions of a certain behavior. People become more and more curious of how “moods and emotions influence the processing of health information, shape health benefits, and motivate subsequent health behaviors” (“Health, Emotion,” n.d.). Personal meanings, being crafted discursively, have a tendency to be influenced by many cultural stimuli, including popular media. Hence, as tobacco control efforts from the health sector intensifies, tobacco companies invest on media campaigns that provide subtle images yet provoke very strong drives to sustain a smoking behavior among their audience (Routio, 2004).

In a tertiary government training hospital, the smoking cessation program has been in existence since November 2003, but awareness and utilization among the personnel have been low. Despite supposedly high exposure of this subset of the population to the campaigns on the negative effects of smoking on health, many hospital personnel are still observed to be smoking within hospital perimeters. Although the program has been very consistent in sustaining educational campaigns, giving counseling sessions has been deficient, partly due to low referral rates and the nonsustained smoking risk identification system. Another relatively uncharted area in the program is the definition of the cultural context on which to ground further program strategies.

This study aimed to explore personal meanings around smoking and perceptions of smoking cessation strategies among health workers in a tertiary hospital. It is believed that, as personal nuances are mapped behind the smoking behavior and factored in into the smoking cessation program, efforts would be made more context-specific, more culturally sensitive, and hopefully, more successful in terms of attaining previously set outcomes.

Methodology

The research utilized qualitative methods to explore perceptions and personal meanings of ever-smokers through focus group discussions (FGD) and key informant interviews. After reviewing relevant literature, possible topics were listed down to discuss with study participants. The master list of self-reported ever-smokers among the

personnel was constructed. Ten ever-smoker health personnel were purposively selected to share vignettes around starting, sustaining, and planning to quit smoking, and personal reactions to present approaches towards smoking cessation. The results of this study were based on the analysis of transcripts of two FGDs and two key informant interviews. There were three data analysis sessions that transpired in this study, following the “constant comparative method” or “grounded theory approach” to analyze qualitative data (Dick, 2005).

Results and Discussions

Of the ten participants, two are females and eight are males, from ages 32 to 55 years old. Five of the participants are high school graduates, and the rest are college undergraduates. Five work as administrative staff, two as paramedics, and three as utility workers. All the participants had a smoking experience lasting 5 years or longer. Eight are current smokers, one has not smoked for one year already, and another one has not smoked for 4 years already. Of the current smokers, two have no plans of quitting, two had quit for a few years but are presently smoking again, two have plans to quit but have not tried to stop smoking, and the remaining two also have plans to quit, tried to stop smoking for several days, but could not sustain the abstinence and still continue to smoke until now. The current smokers consume one and a half to about two packs per day each.

A recurring theme among the vignettes shared was the hedonistic benefits of smoking. Among the reasons for sustaining the behavior are the pleasant taste of cigarettes being smoked and the variety of other sensual satisfactions gained from smoking. Participants repeatedly pointed out the physical pleasure derived from the taste of cigarettes, the smell and sight of a well puffed-out smoke, and the warmth that smoking affords during cold weather. Participants also claimed that there is more satisfaction when one smoked after a meal. Some participants also attach an aesthetic sense to the act of smoking. For some, the act of smoking evokes a positive regard towards the self and contributes to the overall feeling of well-being. Notions of socialization also figure as an important impetus for smoking. Being with friends while chatting, drinking alcohol, or having fun almost always makes smokers want to smoke cigarettes. Having a romantic relationship with a smoker also reinforces smoking behavior. Self-gratifying sensations while smoking were also claimed to accompany emotional satisfaction and bring relief from stress, anger, or boredom. It is important to note that for some, smoking is done within the context of some emotionally critical moments of mundane living. Concerns about health were pointed out as one of the reasons for deciding to temporarily or completely cease smoking. Attempts at cessation seem to be relative to the immediately felt symptoms of illness, rather than dependent on long-term personal plans of physiological up-building to prevent illnesses in the future. Deciding to smoke again after temporary cessation can happen if symptoms of illness are no longer felt. Very strict enforcement of no smoking policies by local authorities was also mentioned as another effective means to control smoking.

Participants expressed disinterest in smoking cessation strategies, such as antismoking policies, ads, and routine medical advice, stating that there are no direct benefits from these strategies, as compared to sustaining smoking. As employees in a health institution, these smokers claim to have already learned basic information about

the ill effects of smoking. But there are also anecdotes that seem to convince these smokers that the reported harm from smoking cigarettes may not always be true. The risk of having any illness due to smoking is, to some participants, something which is hard to relate to. But the sensual gratification, cordial relationship, and emotional stability derived from smoking are directly felt as positive gains obtained from the behavior. Giving up smoking also means giving up personal pleasures and satisfaction for a certain state of health, which does not seem to have any immediate recognizable merit.

With the advent of cutting-edge pharmacological approaches and far-reaching media campaigns towards a tobacco-free world, personal meanings around smoking rarely get considered in smoking cessation strategies. The results of this study suggest that the participants associate the act of smoking with personal meanings of beauty, pleasurable sensations of taste, sight and smell, and emotional release of tension, anger, and boredom. These concerns are hardly addressed by generic education drives towards smoking cessation or tobacco control. Even medical information-based counseling is at risk of appearing uninteresting to smokers, especially if these are conducted with explicit or implicit disregard of the emotional and sensual benefits of smoking (Balch, 1998). In this study, it is observed how smokers could create personal discourses to convince that messages of contemporary campaigns against smoking and tobacco run counter to personal concerns and are, at best, inconsistent. At least, to some of the participants, there is simply nothing like smoking.

On the other hand, there seems to be a correlation between what smoking advertisements are talking about and the meanings that the participants attach to the smoking behavior, hence, further reinforcing the strength of the meanings. The vignettes of pleasure, beauty, socialization, and attitude of the participants towards problems with the presence of cigarettes are reminders of vivid images in popular media that promote smoking. Cigarette advertisements on television too often portray brave, courageous, and independent people who can face any difficult task or problems (while smoking). Expressions of pleasure and images of sexual attractiveness and beauty are also very common themes among advertisements that endorse tobacco (Routio, 2004). These images seem to be the ones that find characterization in the everyday lives of the participants.

This study is a reminder that there are gaps between some of the efforts at smoking cessation and participation of smokers in such efforts. Health practitioners and the larger public may view health concepts and health risks differently, despite enormous investments dedicated to health education and campaign (Reventlow, Hvas, Tulinius, 2001). A biophysical approach, such as exploration of personal meanings, can be used to help in anticipating health problems and in designing preventive measures (Anderson-Fye, 2004).

This also considers possibilities of being more creative, emotionally-attuned, and culturally sensitive about smoking campaign strategies. Meanings contextualize health behaviors (Frohlich, Potvin, Chabot, & Corin, 2002), and people create personal meanings around certain healthy or unhealthy practices (Schoenberg, Amey, & Coward, 1998). Many decisions on health behaviors are derived from personal meanings (Grenard, et al., 2006; Netting, 1992,). Hence, a health program that deals with behavior may do well if it also factors in meanings (Pivnick, 1993; Sprujit-Metz, 1995). Smoking has a social meaning, a social context of the behavior (Anderson-Fye, 2004; Balch, 1998;

Clayton, 1991; Daley, et al., 2006; Dick, 2005; Frohlich, et al., 2002; Gilman & Zhou, 2004; Grenard, et al., 2006; "Health, Emotion," n.d.; Hughes, et al., 2003; Knapp, et al., 1963; McVey & Stapleton, 2000; Netting, 1992; Pivnick, 1993; Pollard, 2004; Reventlow, et al., 2001; Rodgers, et al., 2005; Routio, 2004; Schoenberg, et al., 1998; Sprujit-Metz, 1995; Wu, et al., 2006).

Several smoking cessation programs are beginning to take stock of the roles, personal emotions, meaning, and considerations (other than health) play in effective attainment of health outcomes. These programs deviate from the usual cognitive-based conscientization and tend to harness creativity and personal energies of smoking individuals to work towards personal health ("Center for Well Being," n.d.; Dijkstra, 2005; McEwen, Flowers, & Trede, 2003; Meis, Patten, & Berry, 2002). These program methods therefore tend to be more biophysical rather than purely biomedical. Many contemporary educational or campaign materials also begin to incorporate a sense of positive regard to smokers and slip in some amount of aesthetics, something that appeals to the pursuit of well-being of everyone. Role-modeling, pleasing visuals, glamour in non-smoking and themes of belongingness have all figured as important notions in many anti-smoking posters ("United States," n.d.). These approaches speak well of careful and sensitive conceptualization of healthcare strategies. These are the kinds of healthcare approaches that well fit into the themes that the study has engendered.

Conclusion

This study reiterates the importance of a biophysical approach in dealing with smokers and planning smoking cessation programs. It highlights the importance of considering hedonistic ends that help sustain program plans that are culturally-sensitive and context-specific to smoking behavior. Entrenched personal emotional attachments to smoking are important considerations because they directly implicate smoking cessation strategies that presently offer no more than information dissemination, pharmacological treatment, and behavioral interventions.

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