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Lived Experiences of Registered Nurses Who Stopped Smoking

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ABSTRACT

This study explored the lived experiences of registered nurses who stopped smoking in selected public and private healthcare institutions in Digos City, Davao del Sur. It employed a descriptive phenomenological research design to understand their personal, occupational, and social experiences, reasons and turning points, challenges, coping strategies, and support needs related to smoking cessation. Nine registered nurses who had stopped smoking for at least one year and were currently employed in selected healthcare institutions participated in the study. Purposive and snowball sampling techniques were used, and data were gathered through a validated researcher-made structured written interview guide. The findings revealed that smoking cessation was a difficult but rewarding journey shaped by health awareness, family responsibilities, professional exposure, social support, and the desire for self-improvement. Participants described critical health scares, encounters with ill patients, and the need to align professional knowledge with personal behavior as major turning points. They also experienced cravings, withdrawal symptoms, disrupted routines, occupational stress, relapse risks, and vaping substitution. Healthy coping practices, family and peer support, workplace encouragement, and recognition of improved health helped sustain abstinence. The study concluded that smoking cessation among nurses is a gradual, multidimensional, and transformative process requiring continuous support. It is recommended that healthcare institutions develop confidential workplace-based cessation programs that include counseling, stress management, relapse prevention, vaping reduction, peer support, and long-term follow-up for participating registered nursing personnel.

Keywords: *Registered nurses, smoking cessation, lived experiences, descriptive phenomenology, occupational stress, coping strategies*

INTRODUCTION

Smoking cessation among registered nurses is important because nurses promote health, prevent disease, and serve as role models. However, smoking may develop as a response to stress, fatigue, social influence, and demanding work conditions. Although global and Philippine tobacco use has declined, many adults still smoke and require professional cessation support. Nurses who quit may experience cravings, withdrawal symptoms, occupational stress, social pressure, and relapse. Some may replace cigarettes with vaping, indicating continuing nicotine dependence. Existing studies commonly focus on smoking prevalence, tobacco policies, cessation services, and the general population, while limited research examines the experiences of nurses who successfully stopped smoking, particularly in Digos City. This study explores their personal, occupational, and social experiences; reasons and turning points; challenges; coping strategies; and support needs through descriptive phenomenology. Its

findings may guide healthcare institutions in developing cessation programs and contribute to nursing education, practice, administration, health promotion, and future research.

Statement of the Problem

This study aims to explore the lived experiences of registered nurses who stopped smoking in selected healthcare institutions in Digos City. Specifically, it seeks to answer the following questions:

Grand Tour Question: What are the lived experiences of registered nurses who stopped smoking in selected healthcare institutions in Digos City?

Scope and Delimitations

This study explored the lived experiences of registered nurses who had stopped smoking at selected healthcare institutions in Digos City. Specifically, it examined their experiences in relation to personal, occupational, and social factors, the reasons and turning points that influenced their decision to stop smoking, and the challenges and coping strategies they encountered during the process of quitting. The study also used the findings to develop a support program or intervention plan to assist registered nurses in maintaining smoking cessation. Methodologically, the study utilized a descriptive phenomenological research design, with nine (9) registered nurses selected through purposive and snowball sampling techniques. Data were gathered using a self-developed structured written interview guide comprising open-ended questions, which was validated by three experts in nursing, qualitative research, and health promotion.

Review of Related Literature

Smoking cessation among registered nurses is a multidimensional process shaped by health concerns, professional identity, workplace demands, and interpersonal support. Successful quitting often begins with self-realization, fear of illness, intrinsic motivation, and the desire to regain control, while family encouragement helps sustain abstinence and manage relapse (Domingo et al., 2022; Limalima et al., 2022). For nurses, cessation also has professional significance because smoking status may affect credibility, role modeling, and confidence in providing health education and tobacco treatment (Stafylidis et al., 2024). However, demanding schedules, fatigue, emotional pressure, limited resources, and organizational barriers may complicate quitting and cessation counseling (Hasan et al., 2025). Common difficulties include cravings, withdrawal symptoms, disrupted routines, social exposure, and possible substitution of cigarettes with vaping. Effective coping strategies include avoiding triggers, adopting healthier routines, using stress-management techniques, seeking encouragement from family and peers, and accessing cessation interventions and pharmacological support when appropriate (Weng et al., 2024).

Theoretical Framework

Jean Watson developed the Theory of Human Caring between 1975 and 1979 while she was teaching at the University of Colorado. Since the study explores their lived experiences, reasons, turning points, challenges, and coping strategies, Watson's theory helps explain how nurses may apply caring not only to their patients but also to themselves.

Madeleine Leininger developed the Transcultural Nursing Theory, also known as the Culture Care Diversity and Universality Theory, which began to emerge in the 1950s and was formally introduced in her 1991 work, Culture Care Diversity and Universality. Leininger's theory helps explain how cultural and social environments shape the nurses' decision to stop smoking.

Martha Rogers developed the Science of Unitary Human Beings, which was introduced in 1970. This theory views the person as a whole, indivisible human being who continuously interacts with the environment. Rogers' theory supports the idea that smoking cessation is a holistic experience shaped by the interaction between the nurse and the environment.

METHODOLOGY

A qualitative method will be used to explore the lived experiences of registered nurses who have stopped smoking in selected healthcare institutions in Digos City.

Research Design

This study utilized a descriptive phenomenological research design. This design was appropriate for the present study because it explored the lived experiences of registered nurses who stopped smoking in selected healthcare institutions in Digos City.

Research Steps

This research commenced with an extensive literature review to develop a solid understanding of gamification in educational environments and its potential impact on student engagement and learning outcomes. This entailed scrutinizing prior research, theoretical frameworks, and actual implementations of gamification, particularly in the context of mathematics education.

Data Collection and Sample Selection

The study involved nine registered nurses employed in selected healthcare institutions in Digos City who had stopped smoking for at least one year. Purposive and snowball sampling were used to identify participants with direct and meaningful smoking-cessation experiences. Nurses who shifted from cigarettes to vaping were included if they had a previous smoking history, while current smokers, those who had quit for less than one year, and nurses not actively employed in Digos City were excluded. Data were gathered using a validated, researcher-developed structured written interview guide containing open-ended questions on personal, occupational, and social experiences; reasons and turning points; and challenges and coping strategies. Three experts reviewed the instrument for clarity, relevance, wording, and alignment with the research objectives.

Data Analysis Methods

This study utilized Colaizzi's (1978) method of phenomenological data analysis to interpret the lived experiences of registered nurses who stopped smoking. Throughout the analysis process, the researcher maintained reflexive notes and analytic memos to document decisions, interpretations, and emerging insights. This helped ensure transparency, credibility, and alignment with the principles of descriptive phenomenology.

Research Assumptions and Validation

This study assumes that the registered nurses who stopped smoking in selected healthcare institutions in Digos City have direct and meaningful experiences related to smoking cessation. It also assumes that the participants will honestly and openly share their personal, occupational, and social experiences, including the reasons, turning points, challenges, and coping strategies involved in quitting smoking. Furthermore, the study assumes that their narratives will provide rich, relevant data to help the researcher understand the essence of their lived experiences and serve as a basis for developing a support program or intervention plan to assist registered nurses in sustaining smoking cessation.

Study Limitations and Ethical Considerations

The study observed informed consent, autonomy, beneficence, nonmaleficence, justice, fidelity, veracity, and confidentiality throughout the research process. Participants received complete information about the study and voluntarily provided written consent. They were free to refuse, skip questions, or withdraw without penalty or effect on their employment. Selection was based fairly on the established inclusion criteria. Questions were designed to minimize emotional discomfort, while responses were reported honestly and used only for academic purposes. Participant identities were protected through coding, and data collected through Google Forms were stored in password-protected files accessible only to the researcher.

RESULTS AND DISCUSSION

Question 1. What are the lived experiences of registered nurses who stopped smoking in relation to personal, occupational, and social factors?

The findings revealed that the lived experiences of registered nurses who stopped smoking involved a difficult but rewarding process of adjustment, self-improvement, professional reflection, and social support. Participants experienced cravings, irritability, disrupted routines, and difficulty separating cigarette use from stressful duties and work breaks. However, they gradually recognized improvements in breathing, energy, discipline, and confidence.

Personal Transformation: Participants became more aware of their physical health, future well-being, and ability to control an established habit. Smoking cessation was viewed as an opportunity to become healthier, more responsible, and more disciplined.

Professional Influence: Exposure to patients with respiratory, cardiovascular, surgical, and chronic health complications strengthened their determination to quit. Participants also recognized the inconsistency between promoting healthy behavior and continuing to smoke.

Social Support: Encouragement from spouses, children, friends, and co-workers helped participants maintain abstinence. Support included reminders, distraction during cravings, avoidance of cigarette offers, and recognition of progress.

Professional Integrity: Quitting allowed participants to align their personal behavior with their professional knowledge. It strengthened their credibility as nurses and enabled them to serve as positive role models for patients, families, colleagues, and communities. Overall, smoking cessation was experienced as a continuing journey of behavioral adjustment, personal growth, and professional transformation.

Question 2. How do registered nurses describe the reasons and turning points that

influenced their decision to stop smoking?

The findings showed that registered nurses decided to stop smoking because of health concerns, family responsibilities, professional expectations, financial considerations, and meaningful life events. Their decisions generally developed over time as different motivations became personally significant. Physical symptoms, encounters with ill patients, and comments from family members or patients often transformed their intention to quit into concrete action.

Health and Family Protection: Participants wanted to prevent respiratory, cardiovascular, and chronic illnesses, improve their stamina, and protect their families from secondhand smoke. They also wanted to remain healthy and independent for their loved ones.

Critical Turning Points: Shortness of breath, chest discomfort, persistent coughing, and reduced endurance served as immediate health warnings. Encounters with patients suffering from smoking-related conditions also encouraged participants to imagine the consequences of continuing their habit.

Professional Responsibility: Participants recognized that their smoking behavior conflicted with their nursing knowledge and health-promotion duties. They wanted to practice the advice they provided to patients and become credible professional role models.

Future-Oriented Motivation: Self-discipline, financial savings, career stability, healthy aging, and future family responsibilities strengthened their decision to quit. Some participants who shifted to vaping also expressed a long-term desire to become completely nicotine-free. Overall, their decisions resulted from the interaction of personal realizations, professional experiences, family concerns, and future goals.

Question 3. How do registered nurses describe the challenges and coping strategies they experienced in the process of quitting smoking?

The findings revealed that registered nurses experienced nicotine cravings, withdrawal symptoms, disrupted habits, occupational stress, social triggers, and relapse risks during smoking cessation. Long duties, rotating schedules, critical cases, heavy workloads, and difficult patient interactions intensified their desire to smoke because cigarettes had previously served as a coping mechanism. Some participants experienced relapse, while others shifted to vaping to manage continuing nicotine cravings.

Cravings and Withdrawal: Participants experienced irritability, anxiety, headaches, sleep disturbance, poor concentration, increased appetite, restlessness, and repeated thoughts about smoking. Established routines and exposure to smokers made abstinence more difficult.

Occupational Stress: Emergency situations, emotionally demanding cases, fatigue, and irregular schedules triggered cravings. Participants had to develop alternatives that could be used quickly during clinical duties.

Healthy Coping Practices: Participants used water, gum, healthy snacks, walking, exercise, music, breathing exercises, prayer, family activities, and progress tracking. They also avoided smoking companions, alcohol, excessive coffee, and smoking areas.

Continuing Support: Spouses, family members, friends, and co-workers provided encouragement and helped participants avoid high-risk situations. Professional responsibility, awareness of health risks, and improvements in breathing and stamina also sustained motivation. Overall, maintaining cessation required continuing behavioral, emotional, social, and workplace support rather than willpower alone.

SUMMARY

The findings revealed that the smoking cessation experiences of registered nurses were shaped by interconnected personal, occupational, and social factors. Quitting was described as a difficult but rewarding journey involving cravings, irritability, disrupted routines, repeated attempts, and, for some participants, substitution with vaping. Their decisions to stop smoking were influenced by concerns about breathing, stamina, chronic illness, secondhand smoke exposure, family responsibilities, financial costs, and the desire to become healthier and more disciplined. Critical turning points included personal health scares, encounters with patients suffering from smoking-related complications, comments from children or patients, and the realization that smoking contradicted their professional role as health educators and role models. During the cessation process, occupational stress from long shifts, critical cases, rotating schedules, heavy workloads, and difficult patient interactions frequently triggered cravings. Participants managed these challenges through exercise, walking, breathing techniques, gum, water, healthy snacks, music, prayer, family activities, trigger avoidance, and monitoring their progress toward smoke-free status. Support from spouses, family members, friends, and co-workers helped them remain committed, while improvements in breathing, stamina, confidence, and professional credibility reinforced continued abstinence.

CONCLUSIONS

- Registered nurses experienced smoking cessation as a challenging, gradual, and transformative journey influenced by personal health concerns, professional exposure, social relationships, and changing self-perceptions. Quitting required them to endure cravings, restructure routines, manage nicotine dependence, and respond to both supportive and triggering environments. Over time, the participants recognized improvements in health, discipline, confidence, and professional credibility.
- The participants' decisions to quit smoking resulted from the interaction of health concerns, family responsibilities, critical encounters, professional knowledge, fear of physical decline, and future-oriented goals. Specific symptoms, patient experiences, family comments, and diagnoses among close friends transformed general awareness into decisive turning points.
- The quitting process involved strong nicotine cravings, disrupted routines, occupational triggers, withdrawal symptoms, and risks of relapse or vaping substitution. Stressful clinical duties and irregular schedules intensified participants' difficulties, while emotional and physical withdrawal affected concentration, sleep, appetite, and mood. Participants sustained cessation through behavioral substitutes, physical activities, trigger avoidance, social support, professional motivation, and recognition of health improvements.

RECOMMENDATIONS

Based on the findings and conclusions of the study, the following recommendations are suggested:

- Healthcare institutions should establish confidential and evidence-based smoking cessation programs for nurses, including counseling, stress management, relapse

prevention, and follow-up support. Workplace wellness policies should also reduce smoking triggers and promote healthier break-time activities.

- Nursing schools and educators should integrate smoking cessation, self-care, healthy coping, and professional role modeling into nursing instruction. Students should be encouraged to apply health-promotion principles to their own lifestyles.
- Health and wellness units should organize regular smoking cessation, stress management, physical activity, and peer-support activities for healthcare personnel. Programs should also address withdrawal symptoms, vaping, and relapse risks.
- The Human Resource Department should develop supportive and nonpunitive wellness policies for employees who are quitting smoking. Confidential referrals, flexible access to wellness services, and recognition of progress in cessation should be included.
- Nurse managers should create a supportive workplace environment by allowing healthy breaks, reducing unnecessary smoking exposure, and encouraging staff to seek cessation assistance. They should respond to relapse or withdrawal concerns without judgment.
- Registered nurses should continue using healthy coping strategies, seek professional and social support, and monitor personal smoking or vaping triggers. They should view lapses as opportunities to strengthen their cessation plan rather than as complete failure.
- Future researchers should conduct studies involving larger and more diverse groups of nurses and healthcare workers. Intervention-based and longitudinal studies may also evaluate the effectiveness of workplace smoking cessation programs over time.

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AI DECLARATION STATEMENT

AI-supported tools helped with grammar and structure in creating this article. No AI tools were used to collect, analyze, or interpret data; all authors are credited for their academic contributions.

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