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# Becoming a Novice Smoker: Initial Smoking Behaviours among Jor danian Psychiatric Nurses

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### **Abstract**

A better understanding of how male Jordanian psychiatric nurses become smokers and continue the habit mainly at work is necessary if smoking reduction and cessation programs are to help them better manage their smoking behaviours. Here we use a grounded theory approach to describe the factors that influenced the eight nurses in our sample to take up smoking. We use five categories derived from open coding to explain the initial stage in the smoking histories of the nurses. We situate our account of "becoming a novice smoker" within the contextualizing smoking behaviours over time theory we developed from our study. Finally, we relate the substantive findings we report here to the theoretical perspectives of symbolic interactionism and transtheoretical theory.

### **Keywords**

Smoking, Symbolic Interactionism, Grounded Theory, Male Jordanian Psychiatric Nurses, Trans - Theoretical Change Model, Addiction

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## **Becoming a Novice Smoker: Initial Smoking Behaviours among Jordanian Psychiatric Nurses**

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*A better understanding of how male Jordanian psychiatric nurses become smokers and continue the habit mainly at work is necessary if smoking reduction and cessation programs are to help them better manage their smoking behaviours. Here we use a grounded theory approach to describe the factors that influenced the eight nurses in our sample to take up smoking. We use five categories derived from open coding to explain the initial stage in the smoking histories of the nurses. We situate our account of "becoming a novice smoker" within the contextualizing smoking behaviours over time theory we developed from our study. Finally, we relate the substantive findings we report here to the theoretical perspectives of symbolic interactionism and transtheoretical theory. Keywords: Smoking, Symbolic Interactionism, Grounded Theory, Male Jordanian Psychiatric Nurses, Trans-Theoretical Change Model, Addiction*

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It is now more than 15 years since attention was drawn to increasing rates of smoking in countries of the Eastern Mediterranean Region including Jordan (World Health Organization [WHO], 1997). The passage of time has not decreased the negative impact of smoking on health of the Jordanian population. Consequently, smoking remains a major health hazard in the country despite warnings (Department of Statistics in Jordan, 2002) of its consequences. Haddad and Malak in 2002 have noted smoking remains an intractable cause of morbidity and mortality in Jordan. According to Ma'ayeh (2003) "...cardiovascular diseases are responsible for about 42% of deaths in Jordan; and cancer is responsible for a further 13% of all deaths" (p. 1). As a result, there has been increasing concern in Jordan about the risks associated with smoking, particularly about the deteriorating health status of regular smokers. However, the effects of regular smoking on the health of male psychiatric nurses in Jordan has not been investigated previously, anyone familiar with psychiatric hospitals in Jordan is aware of the high prevalence of regular smoking among male psychiatric nurses as well as among patients; although there are no national statistics available about actual prevalence rates.

### **Smoking Behaviours in Adolescence**

Behaviors formed in adolescence are a significant precursor of health problems experienced in later life. Accordingly, it is important to understand how behaviors that impact negatively on the health of adults are influenced by life style choices at a much younger age. Therefore, if we are going to understand the regular smoking behaviours of the eight nurses in our sample, we need to be aware of risk factors that affected them as many as 20 years ago. Although each generation has its distinctive characteristics, we can begin to understand continuities in the risk factors that influence rates of smoking in Jordan. However, when we investigate the origin of smoking behaviours in Jordanian male psychiatric nurses today, there

are meager sources of information because there no systematic studies were published before 2006. The best we can do is to draw attention to such recent evidence of smoking prevalence rates in the country, while stressing that much has changed since six of the eight nurses in our sample were adolescents. Although allowance has to be made for rising standards of living in Jordan and the influence of social media that has come to affect when, where and how, young men congregate and influence the health behaviors of one another, we believe that the process of starting smoking is for many male Jordanian adolescents of today essentially similar to that led to the regular smoking habits of the nurses in our sample. The data we present from our study adds context and detail to the results reported in the quantitative studies we have cited.

When we refer to the nurses in our sample as regular smokers, we are aware that classifications of smoking behaviours such as that used by Wilson, Parsons, and Wakefield (1999), who defined a heavy smoker as a person who smokes 25 cigarettes or more a day, are not particularly helpful. We describe the nurses in our sample as regular smokers on the basis that they smoke on average 28.5 cigarettes a day. It should be noted as well, they are subject to almost continuous passive smoking due to the smoke they inhale from their colleagues, no less than from their patients.

### **Best Available Evidence**

We drew on the following informative studies to help us apply the constant comparative method (Glaser & Strauss, 1967) , an important methodological component of grounded theory studies, because they represent the best available evidence on the smoking habits of adolescents and young adults in Jordan. We stress that we prefer that it would have been possible to present smoking prevalence rates in the age group 18-25 years aggregated in periods of five years commencing with 1981-1985 because would have enabled us to relate our findings about the nurses in our sample to known smoking prevalence rates. Unfortunately, this is not possible because the data was not collected. As all eight of our participants where in the age range 20 to 40 years, the following information is directly applicable to two of our participants, and indirectly applicable to the other six nurses in our sample.

### **Smoking in Jordanian Secondary Schools**

Haddad and Malak's (2002) report that 82.3% of smokers in Jordan started smoking at secondary school, at or around the age of 15 years. The main factors Haddad and Malak identify with the high smoking prevalence rates they reported are: peer pressure (58.6%); ability to buy cigarettes (30%), and access to cigarettes from family members and /or close siblings (11.3%). The Centers for Disease Control and Prevention (CDC, 2007) have reported similar findings and report that school aged smokers in Jordan continue their smoking behaviour at university and possibly following graduation. As young people at risk for starting smoking at secondary school make up more than one third of the Jordanian population, and smoking behaviours start at school age, the habit is likely to persist and develop into an enhanced form through the adult years, especially in the absence of smoking reduction and smoking cessation programs. As a result, morbidity and mortality from smoking related diseases in smoking is likely to remain high, and it is essential to understand the factors involved if health promotion measures are to be successful. Without intervention during the secondary school years, at university, and in the workplace, the result of unhealthy behaviours among adolescents and young adults in Jordan will be disability or diseases later in life (Haddad, Owies, & Mansour, 2009).

The Centers for Disease Control and Prevention (2003) investigated smoking among Jordanian students in Grades 8–10 (students aged 14–16 years). The results showed that 50% of males had smoked; 37% were currently using tobacco products; 25% smoked cigarettes, and 25% of non-smokers intended to start smoking within 12 months. Among male students, 33% believed that smokers had more friends and 26% of believed that smokers are more attractive than non-smokers. In conclusion, the smoking prevalence among Jordanian adolescents is a significant population health risk because 60% of the population is younger than 25 years and 37% is younger than 15 years (Haddad, Shotar, Umlauf, & Alzyoud, 2010; Jordan Department of Statistics, 2008).

Haddad and Malak (2002) reported that male and female Jordanian students lack of awareness of the dangers and hazards of smoking. They report also that 36% of male Jordanian students and 33.3% of female Jordanian students start smoking to seek pleasure; 28.0% of students smoke to relieve stress, and 23% start smoking out of curiosity. According to these authors, the following are the factors associated with starting smoking in Jordan: the growing population in the country, rising incomes, increasing interest in smoking [among] girls and women, and relentless tobacco advertising (Haddad & Malak, 2002). Other relevant factors include: 65% of young Jordanians live households where smoking is prevalent, 66% are exposed to smoking outside the home, cigarettes are plentiful and easily available (CDC, 2003).

We could find no previous qualitative studies of smoking in Jordan, no studies of smoking behaviours among psychiatric nurses, and no studies of the smoking behaviours of male psychiatric nurses in Jordan. Such studies are required to understand early smoking behaviours from the perspectives of adult regular smokers and young people at risk for becoming regular smokers.

### **Context**

We describe how the male psychiatric nurses in our sample became smokers because our primary interest is in developing and implementing programs aimed at smoking reduction and smoking cessation. The first author is Jordanian and became interested in health promotion when working as a nurse in Jordan. He became aware of the regular smoking habits of male psychiatric nurses when working as a university instructor and remains concerned about the lack of availability of smoking reduction and smoking cessation programs for young men and psychiatric nurses in Jordan. The grounded theory study that provides the data for our paper was collected by the first author for his PhD thesis. The second author has a background in sociology and in mental health nursing. He supervised the first author's PhD thesis at the University of Calgary (Aldiabat, 2010), with Dr. Carole-Lynne Le Navenec. The application of grounded theory has been one of his career long interests.

### **Methodology**

This paper reports on the first stage in the smoking trajectory of male Jordanian psychiatric nurses. The data were collected as part of a grounded theory study conducted to investigate smoking behaviour among Jordanian psychiatric health nurses (Aldiabat, 2010). Grounded theory is a qualitative approach research that aims to generate a theory from data (Glaser & Strauss, 1967). As with most studies that adopt a grounded theory approach, we drew heavily on the symbolic interactionism of Blumer (1969). A full account of our research methods is available in the following published paper in the *Turkish Online Journal of Qualitative Inquiry*, by Aldiabat and Clinton (2012): "Contextualizing Smoking Behaviour Over Time: A Smoking Journey from Pleasuring to Suffering." For Blumer, a basic tenet of

symbolic interactionism is the importance of identifying an explicit theoretical framework before conducting a study because the entire research process is dependent on an imaginary picture of the empirical world of the participants. Moreover, Blumer contended that this symbolic world picture of the participants “sets the selection and formulation of problems, the determination of what are the data, the means to be used in getting data, the kinds of relations sought between data and the forms in which propositions are cast” (p. 25). Because of its flexibility, the grounded theory approach allows the researcher to shape an unrelated theoretical framework at the beginning of the study, then to reshape the theoretical framework to fit the results of the study (Chenitz, 1986).

### **Rationale for Choosing Symbolic Interactionism**

We used several key concepts of symbolic interactionism to guide us in our quest to understand the meaning smoking has for our participants (Aldiabat & Le Navenec, 2011). We followed (Blumer, 1967) and a more recent proponent of grounded theory, Chenitz (1986), in looking for the meaning of smoking, understood as a symbolic object, in the social interactions in which our participants have and continue to participate. Therefore, the first author interviewed and observed our participants at their work settings in a psychiatric hospital in Jordan. The data he collected us to generate new sub-research questions to explore how the men in our sample expressed meanings of smoking in their communication with themselves, with significant others, and when reflecting on past experiences in their social world. The grounded theory approach allowed us to look closely at the participants’ interpretations of their self-understandings and actions (Glaser & Strauss, 1967). Symbolic interactionism gave us the means to develop broad research questions that were used to answer the sub-research questions. As a result, we focused on what meanings the participants gave to smoking when they first took up the habit, and how those meanings changed over time. In this article we are concerned only with these initial meanings.

According to Strauss and Corbin (1990), phenomena in symbolic interactionism are continually changing in response to evolving conditions. This is important for developing substantive grounded theories because researchers need to be able to show what changes occur over time, that is what grounded theorists call “the basic psychosocial process,” which is generally taken to involve two or more stages. Similarly, our study of smoking among Jordanian psychiatric health nurses needs to be considered as an engagement with a constantly changing phenomenon in response to a range of current and past contextual factors. The meanings male Jordanian psychiatric nurses give to smoking are not static. They change overtime as continuing and new everyday interactions within the symbolic worlds of our participants influence conceptions of self and others.

### **Rationale for Choosing Grounded Theory for the main Study**

There were three reasons for choosing the grounded theory as our approach to investigating smoking behaviours among Jordanian psychiatric health nurses. First, it allows both novice and expert researchers alike to conduct qualitative research effectively and efficiently through a unique approach for structuring, organizing data collection and analysis (Charmaz, 2004). As noted by Glaser (1978), “Grounded theory is based on the systematic generation of theory from the data, that itself is systematically obtained from social research” (p. 2). Second, this approach facilitates the researchers to make a substantial contribution to nursing knowledge where little or inadequate research has been done. It is particularly useful when existing research has major gaps and where new research may identify areas for nursing intervention (Chenitz & Swanson, 1986). The third and final reason for choosing the

grounded theory approach was that it affords a systematic way to develop a middle range theory about human behaviour (Kearney, 2001). The expected results of the development of such a middle range theory would be to develop nursing interventions that are culturally relevant for treating and prevention smoking among Jordanian psychiatric health nurses or other nurses living in similar contexts.

### **Data collection and analysis**

The following is a brief and snapshot discussion of data collection and analysis methods used to understand the initial meaning of smoking assigned by Jordanian psychiatric nurses. For more detailed discussion about how these methods used in the main study, please see Aldiabat and Clinton (2012). The first author discussed and explained to the head nurses the study method, significance, and purpose. The head nurses were the key informants who guided the first author where and how to find the data and access the participants. A research flyer with full details about the study was used at the beginning of the data collection to call for participants. The theoretical sampling was used simultaneously with snowballing sampling to collect data from participants who can provide and enrich the data to generate theoretical insight and deep understanding of smoking behavior and the initial meaning used by male Jordanian psychiatric nurses who smoke. This study has been conducted in one of the largest public psychiatric hospital in Jordan. All Jordanian male psychiatric nurses who work on that hospital and smoke, with one year experience in mental health, and who have no administrative position were eligible for this study. In-depth recorded two hours interview with each participant was the main method to collect retrospectively data about the initial meaning of smoking had assigned by participants. Symbolic interactionism sensitized the first author to ask open questions about the initial meaning of smoking. All interviews have been transcribed and analyzed by the first author immediately after each interview, who then decided what the next data to be and where he would find it. To analyze the qualitative data, the researchers followed Glaser and Strauss's (1967) steps of analysis, which included open coding (i.e., the data were read, coded, and constantly compared word by word and line by line until the initial core category identifies), selective coding (i.e., this process started when the first author stopped open coding and focused on enriching the core category by purposefully selected compared and contrasted open codes with the core category), theoretical coding (i.e., this has been reached when the first author compared and contrasted the categories and abstracted the core category to a higher complex level), as well as constant comparative approach (i.e., comparing and contrasting similarities and differences cross data collected). Saturation of data was achieved after analyzing data from the fifth participant, however; to avoid premature closure of data collection, the first author interviewed extra three participants where no new data could be added. Protection of human rights was ensured in the ways required by the ethical review committees and outlined in the consent forms. The approach used by Guba and Lincoln (1994) was also used in this study to ensure trustworthiness of the findings: credibility (e.g., the first author used member checking technique, spent longer time with participants, and consulted experts in grounded theory method and using reflexivity to validate process of abstraction the substantive theory), transferability (e.g., the first author used of "thick description" to make the study findings make meaning to others in similar situations), dependability (e.g., first author used in-depth interviews, triangulate data collection time and place), and confirmability (e.g., the first author documented in detail the research process such as data collection and analysis methods, and memo writing process).

The data that was collected from the male psychiatric nurses enabled us to investigate the social, psychological, organizational, personal, and cultural factors that influence male

Jordanian psychiatric nurses to begin smoking. The reported here are from the first part of our study in which we explored the participants' retrospective accounts of how they became novices in smoking. Later as we developed the contextualizing smoking behavior overtime theory of smoking behaviours among Jordanian male psychiatric nurses we were able to conceptualize smoking behaviors as a trajectory that begins with the novice smoker and ends with what we refer to as the exhausted smoker. Thus, our contextualizing smoking behaviour over time theory describes four normally consecutive psychosocial processes: becoming a novice smoker; becoming a formal smoker; becoming a heavy smoker; and becoming an exhausted smoker. We developed the contextualizing smoking behaviour overtime theory was derived completely from our in-depth interviews with the same eight Jordanian male psychiatric nurses. We present the first phase in our grounded theory of smoking behaviors here because our data is so rich that it the complete theory defies description within the scope of one article.

## Results

### Becoming a novice smoker

The male Jordanian psychiatric nurse participants in this part of the study were asked to answer two open questions about how they started smoking:

- (a) Would you please tell me about your earliest smoking experiences?
- (b) How has being a smoker affected your thoughts and feelings about yourself?

The participants' responses to these questions can be summarized in five sub-categories that typify how they became novice smokers at an average age of 19 years, range 15 to 20 years: crystallization of an initial meaning of smoking; getting started with smoking; accessing a supply cigarettes; experiencing initial feelings; being aware of the perceptions of others. We arrived at the sub-categories described by reading and re-reading the interview transcripts, by a process of open coding in which we tried to make sense of the meanings our participants used as they described their trajectory from novice smokers to exhausted smokers, We then collapsed categories that were interrelated and validated them by using the constant comparative method advocated by Glaser and Strauss (1967). In the following sub-sections we use direct quotations from our participants to describe and illustrate the five categories we believe encompass all the meanings the participants attributed to the process of becoming a novice smoker and the factors that influenced this first stage in their smoking trajectory. Pseudonyms are used to identify the participants to protect their anonymity. The italicized phrases in what follows are the open codes we applied and later refined to conceptualize our data.

#### Crystallizing meaning.

All eight participants reported that interactions with smokers were influential in shaping personal positive meanings of smoking, which when formed supported the development of a smoking habit. *Spending time pleasantly* was a recurring theme in initial positive perceptions of smoking:

... My friends were meeting frequently during the weekdays and weekends to play cards, watch T.V movies, or just to talk (...). They were happy, joking, laughing and, of course, smoking (...). I was thinking that such pleasant times



would not be the same without smoking cigarettes. This led me to associate smoking with spending time pleasantly with friends (Mohammed).

Another influence on forming positive perceptions of smoking was the belief that smoking *has no negative effect*. The participants stated that they did not realize the harmful effects of smoking when they first started smoking:

I started smoking at a very early age.... I had just finished high school when I began to smoke for the first time. You know, I was a young guy, healthy [i.e.] unlike now, I had no shortness of breath. I wanted to enjoy my life (...). I don't think I was mature enough to realize the dangerous effects of smoking (...). Actually, I knew smoking was harmful, but I convinced myself that smoking is harmless. I rationalized that many smokers were living in my town, but they did not seem to suffer any ill effects from smoking. It took me a long time to realize that smoking is the primary enemy of human health (...). I realized that too late when I reached the stage of being unable to quit smoking (Kamal).

The participants believed that it would be a big step to start smoking, but they found the process all too easy. One participant explained:

....A funny moment in my life was before I tried my first cigarette (...). I thought that if I smoked that cigarette I would die immediately (...) but with encouragement from my friends, I smoked it and nothing negative happened to me (...). I had discovered that smoking is not difficult; I just had scary delusions about smoking (Ismael)

The participants reported additional meanings they gave to smoking: "smoking gives me feeling of freedom;" "smoking portrays me as a brave man;" and "smoking makes me like my peers." One participant commented on the part smoking plays in connecting with other people:

....So I thought that smoking would be the magic solution to my social isolation problem (...). Oh, yah...that was what I wanted (...). Smoking extended my relationships with others. I made more friends and I overcame the isolated person, overcame the isolated life I had lived up until then (Osama).

In Arab cultures men must appear brave and be seen to protect dependents, especially women. One participant thought that smoking would give him this culturally required status:

My thinking was so simple (...). I thought that my school friends would perceive me as a brave man if I was a smoker (...). I remember how I was so proud of myself when I was smoking behind the school wall in front of other students (Hassan).

Peer pressure was reported as a most important factor in taking up smoking:

Most of my friends were smokers (...). I was feeling odd because I did not share their custom [smoking] (...). When I smoked, they celebrated my achievement and told me now you are a real man (...). It was a great feeling; I became a man and looked and behaved like my colleagues (Aladdin).

### **Getting started.**

All participants smoked for the first time during two critical periods of their lives. Adolescence was a particularly salient time: “I was a 15 year old guy when I smoked my first cigarette” (Osama); “I learned smoking when I was at high school” (Mustafa). The second period was during early adulthood: “I smoked after I finished high school and when I had a lot of psychological pressure” (Yasser); “I learned smoking when I was studying nursing (first year) at the university” (Kamal).

### ***Smoking with friends and relatives.***

The participants stated that they started smoking with friends and relatives in the same age group. Only one participant reported that he began smoking on his own. Smoking was only one of the ways in which the participants identified with their age group:

We were a very cohesive group of friends; we wore the same clothes and the same colours (...). We smoking together in public places far away from our houses (coffee shops, cinemas, theatres)... We promised to keep our smoking top secret because we feared punishment from our parents (Mustafa).

Another participant said he learned smoking from a cousin who convinced him that smoking is associated with high status:

I had a very strong relationship with my relatives (cousins near my age) because they were living near my family home (...). One of my cousins offered me one cigarette but I refused (...). He convinced me that smoking is prestigious and was a fashion one must follow. Gradually I started to accept cigarettes from him. At that time I would take cigarettes from him, but not from anyone else (Mohammed).

A third participant reported a different story; he preferred smoking alone and furtively; a secret he kept for a long time:

Smoking as a young person was like doing a crime (...). Parents who smoke always rationalized that they were hooked on smoking that they did not want their sons to start smoking (...). I decided to smoke in secret and not to share my experience with anyone (...). I was smoking alone on the roof of my house. Jordanians regard adults smoking as something normal, but when they see teenagers holding a cigarette they [Jordanians] regard them as not good children. To avoid this perception, I kept my smoking to myself (...). No one knew I was a smoker until I got a job (Kamal).

### ***Why and how the participants became smokers.***

Social and personal reasons explain why and how the participants became smokers.

### *Peer pressure.*

As noted the behaviour of peers and the associated peer pressure were relevant influences on the participants becoming smokers: “friends continued showing me the advantages of smoking. For example, smoking will reduce your stress; you will feel more comfortable; smoking will give you a cool image; smoking will help you to make friends; and only real men smoke (...)” (Aladdin).

### *Parental influence.*

Parents are important role models that influence the behaviour of their children though the way they behave: “My parents were smokers and did not take any action when I started smoking (...). I thought I was lucky because my parents kept silent about my smoking, which I took as encouragement to continue” (Yasser).

Another participants explained: “I did not care how the others perceived me. I saw smoking as a natural activity because everyone around me smoked. My parents smoked and they were role models for me. I wanted to imitate them and tried to get my hands on their cigarettes” (Kamal).

### *Curiosity.*

Curiosity played a role in the participants taking up smoking: “They [friends who smoke] advised me not to try smoking because I would get too attached to it. I didn’t listen because I trusted myself to not get attached to cigarettes. I started smoking cigarettes because I wanted to find out what it was like” (Osama).

### *Ignorance of the effects.*

Lack of knowledge about the health risks associated with smoking was another influence on the participants taking up smoking: “At that time [during my teenage years] I didn’t have enough education about the damaging effects of smoking (...). Actually, I did know that smoking causes cancer and heart diseases, but I was not 100% aware of what these diseases mean and to what degree they are dangerous” (Ismael).

### **Accessing cigarettes**

It became clear that the participants started smoking at a time when they were dependent on their parents. Therefore, they were asked how they got access to cigarettes. They stated that the main sources of cigarettes in the beginning were: friends, buying cigarettes from shops one by one by saving school money; pooling school money with friends to buy whole boxes of cigarettes. These tactics ensured a steady supply of small numbers of cigarettes with occasional access to a share in a full box bought by cooperating with friends.

### **Experiencing initial feelings.**

The participants reported positive sensations and feelings that encouraged them to continue smoking.

### ***Physical sensations.***

One participant described pleasant sensations that he wanted to prolong: “Smoking the first cigarette made me feel like my body was numb and I was flying. My head was spinning, and I heard an internal voice that told me to smoke another cigarette to keep my soul and body flying” (Osama).

Another participant described lovely feelings of dizziness: “When I smoked the first cigarette, I felt pleasant feelings with some lovely dizziness. Then, I slept deeply” (Kamal).

Not every participant experienced something to enjoy straight away:

“The first couple of cigarettes were so awful (...). But later on, smoking gave me a feeling of relaxation and calmness” (Hassan).

### ***Psychological feelings.***

The pleasant physical sensations experienced during the initial phase of *becoming a novice smoker* were typically associated with a sense of self-confidence about not succumbing to addict to cigarettes “At the beginning, because I smoked infrequently, I did not consider myself to be a regular smoker, I had high self confidence that I would smoke for a short period and then go back to being a non-smoker” (Mustafa). Another participant said: “I thought that smoking was like other decisions I had taken in my life, so I believed I could stop [smoking] at any time” (Osama). A third participant commented: “All my friends started smoking at the same time as me. We shared the same idea (...). We thought we could quit [smoking] at any time (...). We were so confident that we decided to smoke together; always with the idea that we could stop just as easily as we started” (Aladdin).

Such confidence did not last and initial feelings of guilt about smoking subsided as the participants realized they were smoking more.

Initially I was a light smoker. Then I realized I had become a heavy smoker (...). It was then that I lost confidence in my ability to stop smoking (...). My sense of control over smoking was lost. As I continued to smoke regularly, the initial feelings of guilt I had just vanished (Kamal).

### **Enjoying the perceptions of others**

This subcategory describes how the participants thought that others perceived their smoking and how the perceptions they attributed to others influenced how they thought about themselves.

### ***Becoming a real man.***

In keeping with cultural understandings about gender in Arab cultures, the participants explained how they experienced a sense of transition from childhood to manhood as others reacted to them taking up smoking. As Arab men marked separated culturally from childhood through the act of smoking, they began to regard themselves as mature, interesting, wise, and strong. These positive cultural attributions and self-attributions encouraged them to continue to smoke:

I was the youngest in my family. Although I had finished high school, my older brothers were calling me “Boy”; they ignored my opinions, and told me I had no life experience (...). Believe me, every time I smoked, I was imagining them [my older brothers] looking at me and saying “Oh, Boy, you have grown up quickly and become a real man; the kind of man we wished you would be (...); we are proud of you. That image [the image of being a real man] improved my self satisfaction (...). I continued smoking because I did not want to lose this feeling (Osama)

***Being a cool guy.***

Another positive feeling associated with the attributes of others was the goal of being “cool”.

.... During the early 1990s (after the Gulf war), my cousin who had been living in Kuwait moved to Jordan. He was a very cool guy and a heavy smoker (...).He was rich and a fashionable. I thought smoking would show that I was a “cool guy” like my cousin. (...). We were spending a lot of time together.... My personality melted into his personality (...). I imitated him in everything. I just wanted to be cool like him (Hassan).

***Girls like guys who smoke.***

Another factor that influenced the early smoking behaviours of the participants was the belief that “girls like guys who smoke”:

I was living in a very conservative society [no friendships were allowed with members of the opposite sex outside the family].When I started university, I found many girls had friendships with guys who smoked (...). I thought girls preferred those guys, and that they would find me attractive, too, if I smoked (Kamal).

Another participant said:

During my puberty age, I watched many Arabic and Western movies that portrayed smokers as attractive and active (...). I was eager to smoke because I thought my friends would perceive me in the same way as I perceived the actors I saw smoking in the movies (Osama).

In summary, the participants crystallized positive meanings about of smoking as they sought to create a positive self-image by identifying with cultural stereotypes and positive attributes of friends, family members or movie stars. As they enjoyed the pleasurable physical sensations of smoking and the associated initial psychological benefits smoking became embedded in their personal identities as they transitioned to adult roles.

## **Discussion**

The participants reported that their first use of cigarettes was between ages 15- 20. According to Klein (2006), about 85-90% of individuals around the world began smoking before age 19. During this age range, adolescents are at prone to engage in high risk

behaviours such as smoking. The process of *becoming a novice smoker* explains how and why adolescent non-smokers become novice smokers and how smoking starts to become a regular habit.

These findings provide deeper insights when considered in the context of the perspectives of symbolic interactionism and the transtheoretical model of Prochaska and DiClemente (1983).

### **The symbolic interactionist perspective.**

From a the perspective of symbolic interactionism, the experience of Jordanian males becoming novice smokers involves the development of meanings that support smoking through: (a) social interaction with other smokers (e.g., family members, peers, and significant others mediated through societal influences including Arabic and Western films), (b) consistent positive attributions of smoking associated with cultural stereotypes embedded in personal perceptions of the “generalized other” (Blumer, 1969, Mead, 1934).

Positive meanings of smoking are crystallized through personal the influence of significant others and the generalized other mediated through social interaction and the formation of personal identity, including habitual behaviours that are nevertheless open to change as societal meanings change or perspectives are changed through social interactions that involve different attributions. Grounded theory requires investigators to not only generate *substantive theories* (Glaser & Strauss, 1967) of human behaviour such as the *contextualizing* smoking behaviour over time theory that was discovered as result of main study, but also to inform *formal* sociological theory (Battjes, 1984). The account that has been given of how and why male Jordanians become novice smokers meets the requirements of a substantive theory. These findings contribute to formal sociological theory in that they draw attention to contextualizing smoking behaviour within societal and cultural as well as interpersonal influences.

In summary, the participants initiated their smoking behaviour by integrating internal contextual factors (crystallization of the initial meaning of smoking; the initial feelings about smoking; the initial perception of others) with external contextual factors (the when, with whom, and why of getting started as a smoker).

### **The transtheoretical perspective.**

Further understanding of the psychosocial process of *becoming a novice smoker* can be gained by examining the literature pertaining to the transtheoretical perspective, or Stages of Change Model (DiClemente, 2003; Prochaska & DiClement, 1983). The transtheoretical model represents a motivational readiness continuum of change toward healthy or unhealthy behaviours; and consists in six stages: pre-contemplation, contemplation, preparation, action, maintenance, and relapse. Although these stages are not linear, a transition from one stage to another takes place through the changes in cognitive and behavioural processes. That is, the internal and external activities and experiences in a context, and the benefits and costs associated with them influence people to engage with particular behaviours (DiClemente, 2003), such as smoking.

This model enhances understanding of the psychosocial process involved in becoming a novice smoker in two ways: from the vantage point of health beliefs because of the centrality of this notion in that model; and from the inclusion in the model of stages of pre-contemplation, contemplation, and preparation.

As young people the male Jordanian psychiatric nurses, had no intention of becoming smokers (pre-contemplation stage). However, through social interaction with significant

others they started to build new meanings and beliefs about smoking (contemplation stage). After that, they engaged in the preparation stage when they started to smoke the occasional cigarette under the influence of their peers and other significant others. This preparation stage was accompanied and supported by perceptions of smoking attributed to others and reinforced by positive personal experiences of smoking.

The *becoming a novice smoker* process involved indications that the participants would become regular smokers; and this is what occurred as soon as they found suitable contexts that supported smoking behaviour. For example, as novice smokers, the participants enjoyed smoking, had a lot of fun with other smokers, and smoked when and where they could; thereby experiencing positive physical sensations and positive psychological feelings.

Previous studies have indicated that people engage in smoking on the basis of their attitudes and beliefs, perceptions of social images associated with smoking, personal smoking experiences, and pressure of significant others who smoke. Castrucci, Gerlach, Kaufman, and Orleans (2002) investigated the association between adolescents' smoking behaviours and their beliefs and attitudes. These authors reported that adolescents smoke because they have positive beliefs about smoking such as: smoking reduces stress, provides relaxation, and improves social relations.

Another study investigated how social images of adolescents who smoked influenced their decisions to begin smoking (Piko, Bak, & Gibbons, 2007). The results of this study showed that adolescent smokers perceived themselves as cool, popular, smart, and independent, whereas those who did not smoke in common with those around them perceived themselves as dull, immature, and childish. Piko, Bak, and Gibbons (2007) have recommended the creation of a negative image of smokers in order to discourage adolescents from becoming smokers.

A major literature review was conducted by Weinstein (1989) to identify the factors associated with decisions to continue or quit smoking. Weinstein concluded that positive personal experiences encouraged people to continue their behaviour (e.g., individuals who effectively reduced their stress level by smoking were expected to continue to be smokers). On the other hand, people who had a negative experience with a particular behaviour such as smoking are at low risk to continue that behaviour. We believe that Weinstein's findings are relevant today because they are consistent with the final stage in our contextualizing smoking over time theory, "becoming an exhausted smoker." An exhausted smoker is one who feels acute social pressure not to smoke in coffee shops, restaurants, cinemas and in other social places as a result of an increasingly assertive anti-smoking lobby. Our informants told us that they are becoming increasingly exhausted by the need to find places to smoke in which they are not going to be openly criticized by other customers, diners and patrons. Maintaining the smoking habit in public is becoming an increasingly difficult challenge because the anti-smoking lobby in Jordan is becoming vociferous; although it has some way to go before it becomes as loud as that in Western countries. Open criticism of smokers to their face is very much an inducement to quit, or at least to find more isolated places in which to smoke.

However, several of the reports provided by the participants about becoming a novice smoker differed from the reports of studies conducted in Western countries. An important difference was that Jordanian youth engage in smoking as a result of Arabic cultural practices and social meanings; and on the basis of their own perceptions of how they like to be seen members of their society. Yet, as noted, times are changing and the heavy smokers of today are becoming a larger target for open criticism, but such criticism has not yet reached psychiatric hospitals in Jordan, in which most male nurses smoke freely, and encourage their patients to smoke as a strategy for controlling the behavior. Consequently, the male Jordanian psychiatric nurse walks an uncomfortable line between being a heavy smoker at work and a

restrained or temporary non-smoker in those public places in which there is now less tolerance of smoking.

### Conclusion

Although the findings reported about the factors that influence male Jordanians to take up smoking during adolescence are based on the retrospective accounts of mature regular smokers, they nevertheless provide insight into the dynamics involved in *becoming a novice smoker*. These findings suggest that more investigations are required of both how and why adolescents take up smoking and of how formative smoking experiences influence smoking in later life. Particularly important in both kinds of investigation is the influence of cultural beliefs and other contextual factors. It has long been recognized that smoking at a young age works as a gateway to the future. However, the extent to which this is the case requires further investigation in that smoking behaviour is likely to be more fixed in societies that have high rates of smoking and where smoking is associated with unchallenged male cultural stereotypes. Nurses can use these findings to guide culturally sensitive smoking prevention and cessation programs to help the adolescents and young people to be more aware of the dangers of smoking and the influence of cultural stereotypes. The findings will be useful as well to nurses who want to develop smoking cessation and reduction programs on a clearer understanding of the smoking history of the participants.

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