

Maintenance of tobacco withdrawal by former smokers: a phenomenological study

Manutenção da abstinência do tabaco por ex-fumantes: estudo fenomenológico

Mantenimiento de la abstinencia del tabaco por los exfumadores: estudio fenomenológico



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ABSTRACT

Objective: To understand the experience of former smokers maintaining tobacco withdrawal. Methods: Qualitative research that used the theoretical and methodological reference of social phenomenology as defined by Alfred Schütz. The phenomenological interview was carried out in 2016 with 12 former smokers from a city in the state of Minas Gerais, Brazil. The statements were organized into categories and discussed based on the literature.

Results: The maintenance of tobacco withdrawal was revealed in the categories: "Health, sociability, and financial gains"; "Living with the urge to smoke and with the increase of body weight"; "Self-determination and use of replacement strategies"; and "Staying away from cigarettes."

Conclusions: These results alert health professionals to the need to provide support to former smokers so that they can remain smoke-free. In addition to the negative effects of smoking withdrawal, this implies considering the social context in which former smokers are inserted that might have an impact on the maintenance or not of cigarette withdrawal.

Keywords: Tobacco. Smoking cessation. Tobacco use cessation. Nursing. Qualitative research.

RESUMO

Objetivo: Compreender a vivência de ex-fumantes acerca da manutenção da abstinência do tabaco.

Métodos: Pesquisa qualitativa que utilizou o referencial teórico-metodológico da Fenomenologia Social de Alfred Schütz. Realizou-se a entrevista fenomenológica em 2016, com 12 ex-fumantes de um município de Minas Gerais, Brasil. Os depoimentos foram organizados em categorias e discutidos com base na literatura.

Resultados: A manutenção da abstinência do tabaco foi revelada nas categorias: "Ganhos na saúde, sociabilidade e finanças"; "Convívio com a vontade de fumar e com o aumento do peso corpóreo"; "Autodeterminação e utilização de estratégias substitutivas" e "Manter-se longe do cigarro".

Conclusões: Estes resultados alertam os profissionais de saúde para a necessidade de apoiar ex-fumantes a manter-se nesta condição. Isso implica considerar além dos efeitos negativos da abstinência tabágica, o contexto social em que o ex-fumante está inserido que poderá influenciar na manutenção ou não da abstinência do cigarro.

Palavras-chave: Tabaco. Abandono do hábito de fumar. Abandono do uso de tabaco. Enfermagem. Pesquisa qualitativa.

RESUMEN

Objetivo: Comprender la experiencia de mantenimiento de la abstinencia del tabaco para los ex fumadores.

Métodos: Estudio cualitativo que utiliza la fenomenología social de Alfred Schütz. Se llevó a cabo la entrevista fenomenológica en 2016 con 12 ex fumadores. Los informes fueron organizados en categorías y discutidos con la literatura.

Resultados: Se revelaron las categorías: "Las ganancias en la salud, la sociabilidad y la financiación"; "La convivencia con el deseo de fumar y aumento del peso corporal"; "La autodeterminación y el uso de estrategias sustitutivas" y "Para permanecer fuera de los cigarrillos".

Conclusiones: Estos resultados llaman la atención de los profesionales de la necesidad de apoyar los exfumadores de permanecer libres de tabaco. Esto implica considerar, además de los efectos negativos de la abstinencia de fumar, el contexto social en el que se inserta el ex-fumador que puede influir en el mantenimiento o no de la abstinencia del cigarrillo.

Palabras clave: Tabaco. Cese del tabaquismo. Cese del uso de tabaco. Enfermería. Investigación cualitativa.

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■ INTRODUCTION

Tobacco consumption has been on the rise in developing countries, with higher rates among men than women. The region with the highest percentage of people who smoke tobacco is Europe (29%), and the lowest is Africa (12.4%). In 2010, the region of the Americas showed 18.7% of smoking adults, where Chile was the country with the highest prevalence of smokers (40.1%). With respect to gender, Cuba recorded 54.7% of men and Chile 37.5% of women smoked. In Brazil in that same year, the percentage of adult smokers was 17.6%, with an estimate for 2025 of a 11.7% drop⁽¹⁾.

In the United States, research carried out with Air Force trainees showed that one-quarter (26.9%) of them reported regular use of products containing nicotine, especially cigarettes (11.2%) and pipe tobacco (10.5%). The smokers were male, young, non-Hispanic, white, single, and with a high school educational level⁽²⁾.

It is estimated that tobacco consumption is currently responsible for the deaths of approximately six million people around the world each year, and most of these deaths occur prematurely. The use of this substance is associated with high levels of comorbidities, such as cancer, diabetes, cardiovascular and lung diseases, disabilities, and death⁽¹⁾.

Quitting smoking is beneficial for health at any age; however, the maintenance of tobacco withdrawal is an arduous task, because of the physical, psychological, and behavioral addiction caused by the nicotine. Studies have shown that, on average, smokers make three to five attempts before quitting smoking, while relapse is a frequent problem⁽³⁻⁴⁾. Most people succeed in quitting smoking in the short term; however, relapse over a period of 12 months is quite common⁽⁵⁾.

To maintain tobacco withdrawal in the long term requires changes in lifestyle and a high level of motivation. The attempt to avoid smoking demands continuing efforts, such as persistence in carrying out self-regulatory strategies, in the sense of effectively handling situations that could trigger the urge to return to the smoking habit. Therefore, smokers face negative withdrawal symptoms, which quite often cause them to relapse into tobacco use⁽³⁾.

Self-motivation is a crucial issue in the context of maintaining tobacco withdrawal. International studies have shown that self-motivation is perceived as one of the most important determinants for preventing relapses in both the short and the long term^(3,6-7).

Despite extensive literature on this topic, the negative consequences of tobacco use on health and the difficulties observed in smokers of maintaining cigarette withdrawal

have motivated this study. The current research focused on the experience of former smokers facing the maintenance of tobacco withdrawal and led to the following questions: How does a person experience tobacco withdrawal? What are the strategies this person use for continuing smoke-free? What are the expectations this person has while maintaining tobacco withdrawal? The objective was to understand the experience former smokers have in maintaining their tobacco withdrawal.

The knowledge produced from the subjectivity included in the maintenance of tobacco withdrawal by former smokers may help to strength the discussion and the creation of health and public policy strategies with the goal of providing support to people who decided to remain cigarette-free in the long term.

■ METHODS

This is a qualitative research study based on the social phenomenology of Alfred Schütz as the theoretical and methodological reference, which allows for a discussion of the subjectivity of human activity in the context of social relations. The social dimension viewpoint is referenced by the intersubjective relations drawn from daily human experiences. For this purpose, assumptions that are linked to the topic were applied: intersubjectivity; biographical situation; pool of knowledge; and existential reasoning (human action reasons "why" and "for")⁽⁸⁾.

The intentionality of former smokers oriented toward the maintenance of tobacco withdrawal is grounded in daily situations that put them into a position in the social world that differs them from other people (biographical situation). This is what guides human action in this world and it is constituted by a background based on previous subjective experiences. This experience takes place in a context of intersubjectivity, with a pool of knowledge based on information passed on by progenitors, educators, and other significant persons⁽⁸⁾.

The maintenance of tobacco withdrawal, which the current study refers to as social action, is interpreted by humankind as based on existential reasoning that constitutes common threads of action. The "reasons why" are based on the pool of knowledge and human experience at the biopsychosocial level, whereas the "reasons for" are those related to meeting the expectations while facing the experience in question.⁽⁸⁾ While thinking about the reasons that led them to maintain tobacco withdrawal, former smokers bring to light the context of their lives without the smoking habit, as well as their strategies to continue their lives tobacco-free.

This study was carried out with users of the Primary Healthcare Units (UAPS) in a city in the state of Minas Gerais who take part in tobacco prevention and treatment groups, in accordance with the National Tobacco Control Program guidelines and other risk factors for cancer. The study population consisted of users that participated in group meetings, initially with the focus on quitting smoking and later with maintaining the suspension of the smoking habit.

Participant recruitment was randomized and, for selection criteria, the leading researcher consulted lists of people who had attended cognitive behavioral therapy groups for quitting smoking over the last two years. The potential participants were contacted by telephone and consulted about their interest in being included in the research. Thirteen people that reported having quit smoking and who met the study inclusion criteria were interviewed. One adult interviewee was excluded because, at the end of the interview he reported that, after a 24-month period of tobacco withdrawal that, very rarely, he had been smoking half a cigarette. Therefore, 12 people of both genders, over 18 years of age, who were smoke-free for at least two years, and who voluntarily accepted participation in the study were included.

Study participants were instructed on the objectives of the research as well as ethical issues, and signed the Informed Consent Form before starting the interview.

The statements were obtained in the first half of 2016 by the leading researcher, assisted by scientific initiation scholarship students, applying the phenomenological interview based on the questions: How long has it been since you smoked your last cigarette? How are you doing without cigarettes? Tell me about this experience. What strategies are you using to stay away from cigarettes? What do you intend to do to keep from smoking again?

In addition to open-ended questions, socio-demographic information and questions related to the smoking habit were obtained. Some participants were interviewed in a private room within the UAPS facilities, while others were interviewed at their homes, in a noise-free setting and away from people circulating. Permission was requested to use a recorder in order to fully record and analyze the statements.

The interviews lasted an average of 40 minutes. Because the content of the statements showed a convergence of meanings and there was no occurrence of new topics, data collection was concluded with 12 statements⁽⁹⁾. To protect anonymity, the statements were identified by the word "Former smoker" and numbered with Arabic numerals corresponding to the order of the interviews: "Former smoker1" to "Former smoker12."

Based on Alfred Schütz's social phenomenology theo-

retical-methodological reference, organization and analysis of the results were carried out. After careful reading of the interviews, units with convergent meanings were eliminated, and what emerged were categories that showed the action taken to maintain tobacco withdrawal. The organization and analysis of these categories allowed researchers to understand this action. Discussion on all categories was carried out based on thematic literature, having as a leit-motif the adopted theoretical-methodological reference. The research project was approved by the Human Research Ethics Committee under proposal number 699.381/2014, CAAE: 31814214.1.0000.5147.

■ RESULTS

Biographical situation of the participants

Three men and nine women, with a mean age of 57.8 years, took part in the study. Most were Catholic, retired, with an elementary school level of education, an average income of two minimum wages, and an average of two children. Four live with smokers in the house. The average smoking time was 40 years. The majority started smoking during adolescence, at about 12 years, and tried three to five times to quit smoking.

All participants received support from a cognitive-behavioral therapy group for quitting smoking and used some kind of medication, nicotine patches, or bupropion to help them stop smoking. They had not smoked for five years on average and all presented some illness linked to tobacco use (systemic arterial hypertension, diabetes mellitus, chronic obstructive pulmonary disease, acute myocardial infarction).

Actions for maintaining tobacco withdrawal were revealed by the former smokers in the categories that included the "reasons why": "Health, sociability, and financial gains"; "Living with the urge to smoke and with body weight gain"; "Self-determination and use of replacement strategies." For the category that brought them together the "reason for" was "Staying away from cigarettes."

Health, sociability, and financial gains

The participants pointed out that, with tobacco withdrawal, they had considerable health gains, especially regarding the cardiorespiratory system:

[...] I am another man now; I could not walk fast from here to that gate without getting tired. Not now, now I can even run and, for me, it was very good to quit smoking. I feel as

if I have another body, my strength has changed. (Former smoker1)

Before, if I was coming from the [...] station to my house here, I had to stop about three times along the way. Today, I don't need to stop anymore [...] I don't feel tired when I walk; I can climb the hill. (Former smoker2)

[...] it was good to quit smoking, now I can walk more relaxed, I don't feel tired, my legs don't hurt. [...] I can walk, eat, sleep. [...] I used to get up at night just to smoke. It looked like I had time to wake up, just for smoking [...] (Former smoker3)

[...] I don't feel as tired as I used to. Being smoke-free has been very good. (Former smoker11)

The improved sense of taste was another issue addressed by the participants. Most expressed gains regarding improvements in their appetites and the taste of food:

My taste has changed. [...] it improved for drinking water, eating. I work with food, so I know that I am serving good food to a person because I know my taste is great. With cigarettes, I ended up putting too much salt or no salt at all. (Former smoker2)

[...] I stopped smoking and started eating more; the taste improved, I feel more taste of the food, the smell improves, everything improves, our skin improves. [...] it's a win-win situation, my teeth get less damaged. [...] I just had lots of benefits. (Former smoker 4)

[...] just about noon, lunch time, and I used to have a cigarette and didn't eat. I had a cup of coffee and smoked a cigarette. I spent almost the entire day without eating, I didn't care about food, just cigarettes. [...] I couldn't feel the taste of the food, now everything changed. (Former smoker7)

That terrible smell in my mouth and in my hair; without taste, you can't taste anything. That was my life as a smoker. Now I am different, I can feel the taste of the food, I have the energy to exercise. [...] before, I didn't feel like doing anything. (Former smoker 8)

The participants reported improvements in sociability related to the lack of odor coming from cigarettes, the ability to engage in a social environment without restrictions, which leads to social interaction:

I hang out in a place for several hours and I don't have to

go out to smoke. Because, these days, there are restrictions. At a bar, any setting, you have to go out to smoke. Then, in this sense, it improved. (Former smoker4)

Before I was stinking and now I don't. Before there was that cigarette smell; I just had to open my mouth and people just walked away. [...] now I can chat with people without any problem [...]. (Former smoker9)

It got better—the fact that my husband and my kids are not pressuring me all the time around the house, the fact that you are no longer stinking of cigarettes [...] quitting smoking improved everything. (Former smoker10)

I don't want to smoke so I can serve as an influence to my son, because I don't want him to become a smoker. Nowadays, I don't want to smoke anymore because of that, and my son always asked me to stop and I did. (Former smoker11)

Some reported improvements in performing daily activities, as the behavioral link between daily activities and cigarettes was suppressed:

Now I no longer have the habit of work and then have to stop to smoke; I do my job and don't even think about cigarettes anymore. I see other people smoking and it doesn't bother me at all. (Former smoker6)

[...] I don't miss cigarettes at all, I have another routine [...]. I feel better even to chat with people. Now I can walk into a store, medical clinic and chat. [...] Before I felt that people were avoiding me [...]. (Former smoker9)

The first thing I did was change my habit. As time went by, I found out that I could cook, do laundry, chat with somebody, be happy, sad without smoking. [...] if you don't change your routine, you won't be able to quit smoking. (Former smoker10)

Reduced spending on cigarettes was another issue mentioned by the participants as a withdrawal maintenance motivator:

Now I save a good amount of money. I used to smoke a cigarette that cost R\$6.50. I used to smoke two packs a day. I was spending almost 300 reais a month; it would be 3,600 reais a year. During these four years, I already saved a lot of money, not including the healthy life I gained. (Former smoker4)

Cash in my pocket improved a lot. [...] cigarettes costs money. After I stopped smoking, I think a lot of things improved. (Former smoker9)

[...] I cannot afford to buy cigarettes now. The cost of addiction is high. Quitting smoking helped [...] I will stay smoke-free, it was good, I'm saving money. (Former smoker10)

Living with the urge to smoke and with body weight gain

Living with withdrawal symptoms was an issue raised by former smokers, especially when surrounded by other smokers or during life situations that make them turn to cigarettes:

[...] I can't put a cigarette in my mouth. I feel that urge to smoke, but I don't put a cigarette in my mouth, because if I do it, I will end up smoking again. (Former smoker1)

My friends were smoking, sat at the table smoking, and I wanted to smoke. [...] today cigarettes make me feel nauseous. When the guys smoke I tell them to go smoke outside [...]. I started to go where there are no cigarettes. (Former smoker2)

My sister bothers me because she is smoking all the time; then I don't like to stay around her because she stinks of cigarettes a lot and it reminds me of cigarettes. (Former smoker4)

My husband smokes and it is tough because I quit and he continues to smoke. But he helps me a lot, because he doesn't smoke inside the house; when he is smoking, he goes out to the backyard [...]. But the toughest part for me is to see a person smoking and I am not. (Former smoker7)

Up until now, when I'm around someone who smokes, I like the smell. Even when I am alone, I feel the urge to smoke [...]. (Former smoker12)

Weight gain resulting from tobacco cessation was another issue raised by the participants trying to maintain tobacco withdrawal. The statements show that the cigarette was replaced by food:

I gained a little bit of weight because when we quit smoking we start eating more. Sometimes when I was hungry I used to smoked a cigarette [...] then I stopped smoking and started eating more. (Former smoker4)

Now I'm taking a treatment with a nutritionist to learn how to control my diet, because I gained a lot of weight. I don't feel the urge to smoke anymore, but I feel like there is something missing. Then I go and grab a cookie or something [...]. (Former smoker6)

I gained a lot of weight after I quit smoking. I was very skinny, I was really skinny; then I gained weight, but I didn't get huge. I must be 7 kg more or less above my weight. When you get back to smoking, you lose weight, because we almost don't eat when we smoke. (Former smoker10)

[...] at the beginning I would buy a lollipop and suck it and kept rolling that stick in my mouth; then I disguised it. [...] I used to put a piece of carrot in my mouth, cinnamon in my mouth, always avoiding it, then I was able to quit smoking. (Former smoker9)

At the beginning, I was eating a lot, everything I could find, everything. I used to get very anxious about just everything. It seemed there was hunger, but it was not [...] I was always looking for something, and didn't know what it was, but it was a cigarette. (Former smoker12)

Self-determination and use of replacement strategies

Self-determination was mentioned by former smokers as crucial for maintaining tobacco withdrawal:

What facilitated was my decision. If I had not decided, I would not have being able. [...] if we stop to think about it, we are not doing harm just to ourselves, we are doing harm to those who are around us as well. (Former smoker2)

I don't feel the urge to smoke anymore; I think I don't need cigarette anymore. I don't think I will smoke again. What I want is to keep my word, keep my opinion, I don't want to smoke for the rest of my life. (Former smoker4)

I said that I was not smoking again, and I did, it's over. I said that I am stronger than the cigarette, I'm not going to smoke anymore. Then I never smoked again. (Former smoker5)

Perseverance and willpower. [...] I made up my mind that cigarettes are bad for my health; it's not worth smoking. (Former smoker8)

I will stay cigarette-free, because this is important to me, to have faith and willpower. Because sometimes I still dream with that damned [cigarette], but I know I will never smoke again. (Former smoker9)

Replacing activities previously associated with the smoking habit was a strategy mentioned by the participants as a way to maintain withdrawal:

[...] instead of smoking I read because it helps a lot, I get out and go to my sister's house that lives nearby. I live in the countryside and look for things to do, and try to divert my attention away. I avoid getting closer to people who smoke, and I avoid drinking. Having a glass of beer just doubles the urge to smoke. I get in my car and go fishing, I avoid stay inside a bar. (Former smoker3)

When I get angry I feel the urge to smoke. I don't smoke, then I suck a candy. (Former smoker5)

[...] I used to put a clover in my mouth, a small piece of carrot, until I got used to not grabbing a cigarette. [...] those things, clover, carrot, and lots of water. [...] I focused on food; I used to eat a cookie all the time, one thing and another. (Former smoker6)

Every time I have a problem, I remember the cigarette. Then, when I get the urge to smoke, I drink a lot of cold water. Even today, when I see other people smoking and I have the urge to smoke, I drink a glass of cold water [...] I leave. (Former smoker7)

[...] water helps a lot, keep my mouth clean, do you know? It helps a lot. Water is essential, and I always keep a small bottle around. As a matter of fact, even today I have the habit of walking with a small bottle of water. (Former smoker10)

Staying away from cigarettes

The participants stressed the benefits of tobacco cessation, reassuring their intention to maintain tobacco withdrawal. In this regard, they reaffirmed their need to avoid contact with cigarettes:

[...] I will never smoke again! [...] I will not put a cigarette in my mouth. If people that are smoking get near me, I will move away from them [...] I have no intention to smoke again. (Former smoker1)

I don't want to go back to smoking anymore [...]. Everything improved, even sex, excuse me for saying that, but it improved one hundred percent. [...] if God says, look, you have to smoke so you won't die; then I will die because I don't want to smoke anymore. (Former smoker2)

I hope I won't drink a drop from now on, because drinking leads to cigarettes. [...] I want to avoid bars. I want to choose friends that don't smoke. (Former smoker3)

Now I won't get back to smoking for sure. People can smoke around me because it doesn't bother me. My life has changed one hundred percent, really! I don't miss cigarettes at all. (Former smoker4)

Everything that comes in my favor and against cigarettes I will do. I think that to stop smoking is good for you. I don't think about putting a cigarette in my mouth. (Former smoker5)

I have no intention of holding a cigarette, because I think that if I have the first, I will get back to smoking again, so I don't intend to hold a cigarette anymore. I have this fixed idea: I cannot do that. Because, unfortunately, most of the people that were in the group with me went back to smoking, because they had the first cigarette. (Former smoker6)

I will continue to believe that I can be stronger than the cigarette, that I want to have a healthier old age, since I didn't have a healthy youth. I want to keep this sanity, keep this awareness that cigarettes are terrible for my health. (Former smoker8)

I won't go back to smoking anymore [...] if I have the urge, I will think this: It was very tough to stop once! Why would I go back to that (cigarette) again? (Former smoker10)

I must keep my mind steadfast like I have been until now; that I continue to be persistent and don't smoke. [...] I'm already 53 years old, I think is about time to quit once and for all. [...] there are people in my family with lung emphysema, asthma, all because of cigarettes [...] I don't want to end up like them. (Former smoker11)

[...] if I tell you that I don't have the urge to smoke, I'm lying, but I keep going with my goal, with the strength and the willpower prevailing. I don't want to smoke. I want to stay away from cigarettes. (Former smoker12)

■ DISCUSSION

The social phenomenology theoretical basis of Alfred Schütz helped the researchers to come up with the subjectivity aspects enmeshed in the social world of former smokers regarding the maintenance of tobacco withdrawal that must be considered by healthcare professionals, especially nurses, in terms of planning and implementation of actions directed to this population.

Reflecting on the maintenance of tobacco withdrawal, the participants pointed out health gains and taste and appetite improvement. In addition, they emphasized improvement in sociability, especially regarding their triumph in being able to stay in social environments, perform daily activities. They mentioned the financial savings generated by tobacco cessation. These results point to the “reasons why” former smokers take action to stay smoke-free. Such findings are corroborated by national and international literature.

Research carried out with 33 former smokers in Herveiras-RS, Brazil brought results showing cardiorespiratory health benefits, such as: readiness to performing daily activities and practice sports; heart-rate regulation; reduced coughing; and improved breathing. In addition, most participants indicated positive changes in their sense of taste and smell. Regarding changes in diet preference, almost half of the participants said they were eating more fruits and vegetables after tobacco withdrawal. All former smokers noticed an improvement in quality of life after a period of two months to a year⁽¹⁰⁾.

A research study in the US showed that adults that had quit smoking, in the 25-34, 35-44, and 45-54 age groups, saved nearly 10, nine, and six years of life, respectively, in comparison with those who continued smoking. Furthermore, tobacco cessation before the age of 40 years reduced the risk of death related to tobacco in approximately 90%⁽¹¹⁾.

The benefits noticed by the participants served as motivators for maintaining tobacco withdrawal in their lives. Suffice it to say that existential reasons are drawn from intersubjective relations experienced by people and, as a result, they are common threads of social action⁽⁸⁾. A study conducted in the state of Rio Grande do Sul, Brazil with 62 former smokers, with an average abstinence time of eight years showed the concern about health, the unpleasant cigarette smell, pregnancy, advice from family/friends and physicians, promises, the death of a relative, and concern with their appearance were the main reasons to remain smoke-free⁽³⁾. Another Brazilian research study with former smokers showed that, among the reasons for not smoking again, there were the desire of not having the physical symptoms anymore (shortness of breath, cough, circulatory

disease, fatigue, yellowish skin and teeth), hygiene (odor/bad smell caused by cigarette smoke), and financial loss⁽¹²⁾.

Despite appreciating the gains obtain by maintaining tobacco withdrawal, former smokers emphasized the difficulties they need to address after the withdrawal, which include withdrawal syndrome and weight gain. Tobacco withdrawal symptoms, especially anxiety, increased appetite, and weight gain, must be taken into consideration when a person quits the smoking habit, as well as the link between behavior and psychological addiction that these people continue to show. A Brazilian study with 62 former smokers showed that 64.5% no longer had the urge to smoke, whereas 35% still felt it (29% with low intensity and 6.5% moderately). According to those 35.5% (n=22) who reported still having the urge to smoke, the situations that triggered this desire were social meetings/parties, stress, loneliness, and consumption of alcoholic beverages and coffee⁽³⁾.

It should be stressed that the biographical situation and the pool of knowledge may or may not contribute to abstinence, especially if the person is included in a social context that favors the smoking habit. In this regard, research carried out with 6,321 smokers from Australia, Canada, the United Kingdom, and the United States showed that those who had fewer friends who were smokers were more likely to show intention to quit the smoking habit and succeed in trying to stop smoking, as well as those who had friends who were smokers who died of illnesses related to tobacco use. In contrast, the smokers that lived in social contexts with higher number of smokers tended to be less prone to succeed in trying to quit smoking⁽¹³⁾.

According to the current study and literature findings, the former smoker remains vulnerable after quitting smoking, and thus tobacco addiction, as well as social and psychological issues, could contribute to the recurrence of the smoking habit. In Valencia, Spain, a case-controlled study showed that the variables associated with the increased risk of tobacco relapse in 342 hospital workers were nicotine addiction, the belief of being capable to quit at any time they wish, the non-intention of quitting the habit forever, celebrations, and weight gain. The variables associated with lower risk of relapse were age, being a healthcare professional, higher withdrawal time, belief that smoking is a useless habit, and illnesses related to tobacco⁽¹⁴⁾.

A higher or lower level of tobacco addiction can have an impact on the ability of a person to remain smoke-free. A research study carried out in the Southeast region of the US with 73 university students, some of whom smoked daily and others who used cigarettes occasionally, showed that the latter presented lower addiction and, therefore, a higher ability to quit smoking, while daily smokers report-

ed symptoms of tobacco addiction and an inability to control this dependency⁽¹⁵⁾. In Brazil, a study conducted with people incapable of quitting the smoking habit even with the help of cognitive-behavioral therapy groups indicated the difficulty smokers had in dealing with nicotine withdrawal symptoms, psychological addiction, and behaviors associated with the smoking habit⁽¹⁶⁾.

In addition to the possibility of relapse stemming from withdrawal symptoms, weight gain was stressed by the participants in the current research as an issue to be dealt with in order to continue living smoke-free. This is because they often replace the smoking habit with food. A study carried out in the state of Rio Grande do Sul, Brazil showed that, although the participants had reported an increase in fruit and vegetable consumption and higher water intake—understood as a positive dietary change—there was also an increased consumption of sweet foods. Therefore, the tobacco withdrawal process led to an increase in weight, wherein the average weight gain was 11.67kg⁽¹⁰⁾.

Despite the health benefits derived from tobacco withdrawal, post-cessation weight gain can lead to the onset of obesity, which could unchain other chronic illnesses such as diabetes. This issue must be taken as a major source of concern for healthcare professionals, who must make interventions directed to former smokers with the goal of body weight maintenance during withdrawal⁽¹⁷⁾.

Also worthy of note is the level of self-motivation to maintain tobacco withdrawal expressed by the participants in the current study. Research carried out with 286 smokers in Spain who were submitted to a psychological intervention with six cognitive-behavioral therapy sessions for tobacco cessation corroborated this result, indicating that participants with higher levels of motivation during pre- and post-treatment showed a greater probability of abstinence at the end of the intervention and during the six-month follow-up. Those who were unable to quit smoking showed the highest levels of motivation to try a new attempt after the intervention⁽⁷⁾.

Despite the fact that the common symptoms of tobacco withdrawal are still present, the participants in this current study voiced self-determination and reported that they were using replacement strategies to stay away from cigarettes. The self-determination expressed by former smokers indicates the intentionality directed toward not going back to the smoking habit. This intentionality, according to social phenomenology, is not restricted to the individual level, to the extent of the way consciousness turns to something, assigning a meaning to it, and goes through a social structure. It is generally perceived that individual intentional experience is built since childhood,

translating this experience in the context of social relations permeated by intersubjectivity⁽⁸⁾.

Regarding the use of replacement strategies for maintaining tobacco withdrawal, research carried out in a southern state in Brazil showed that most former smokers made use of positive thinking to help them to maintain the withdrawal, such as feeling free of the cigarette smell, being a role model for family and friends, feeling healthier and with better quality of life, feeling free and having control of their own lives, as well as free from prejudices related to the smoking habit. More than half of the participants employed behavioral strategies to keep themselves tobacco-free, such as sports activities, social/family interaction, reading, and replacing the smoking habit by chewing gum/eating candy⁽³⁾.

The reflections of former smokers regarding their expectations for maintaining the tobacco withdrawal in the long term was based on health and social gains, tied to self-determination and use of tobacco replacement strategies, and took into consideration the difficulties involved in tobacco cessation. Facing these challenges, the perspective of these people is to stay away from cigarettes and smokers (“reasons for”), in order to keep the decision of not going back to smoke, under the premise of always avoiding the first cigarette that would unchain the entire process of reviving the habit. In addition, the positive thinking - of keeping themselves healthy and that cigarettes will bring negative consequences for their health - is what motivated them to maintain the withdrawal.

For this action - maintenance of tobacco withdrawal - to take place, former smokers need the support of the healthcare team in order to succeed and avoid relapses. This underlines the importance of professional support to encourage former smokers to take up physical activities⁽¹⁸⁾, and the need for close monitoring with an approach focused on changes in lifestyle and diet in order to control body weight^(17,19).

Taking into consideration the intentionality of the participants to maintain tobacco withdrawal, a study carried out with Spanish smokers indicated the need for continuing motivational interventions during the treatment and follow-up of smokers, not only during the initial phase of smoking withdrawal, but also in the long run during the withdrawal period, providing support to them so that they continue cigarette-free⁽⁷⁾.

Nurses play a major role in the health and education of the population. Therefore what is expected from them as part of the healthcare team is the promotion of educational interventions and preventive measures regarding tobacco use. This requires tackling issues involved with

the smoking habit during nurses' professional training and continuing education, in order to qualify nursing care for smokers and former smokers⁽²⁰⁾.

■ CONCLUSIONS

The experience of former smokers regarding the maintenance of tobacco withdrawal includes health gains, improvement in taste and appetite, sociability improvement—especially the achievement of being able to stay in social environments—performance of daily activities, and financial savings generated by tobacco withdrawal. Despite the gains obtained with tobacco cessation, former smokers need to deal with withdrawal syndrome and weight gain. Maintaining tobacco withdrawal in the long run is the expectation of former smokers and, in this regard, it is relevant to stay away from cigarettes and venues frequented by smokers.

These results bring awareness to healthcare professionals for the need to provide support to former smokers not only at the time when the decision to quit smoking is made, but also during the maintenance of this decision. In addition to the negative effects of tobacco withdrawal, it also implies the social context in which former smokers are included and which could have an impact on the maintenance or not of the smoking habit.

Although these findings have a worldwide relevance, they could not be generalized. The fact that it covers a specific group of former smokers, residents of a given Brazilian state and with unique characteristics is what limits the results of this research.

Tobacco use is a public health problem worldwide and smoking withdrawal involves broad issues that need to be investigated from different points of view. It is hoped that the evidence presented in this study may stimulate new research, especially in the nursing area, taking into consideration the experiences lived by former smokers while dealing with the challenges they face in maintaining tobacco withdrawal.

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