

# Between Awareness and Addiction: Smoking Experiences of Healthcare and Non-Healthcare Workers

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## ABSTRACT

**Background:** Smoking remains a significant public health concern and is still observed among healthcare workers and non-healthcare workers, although its prevalence varies across contexts and professions. This habit may begin due to social influence, curiosity, or as a coping mechanism for stress. Participants described being aware of the health risks, financial burdens, and, in some cases, conflicting feelings related to their smoking behavior. However, many expressed difficulties in quitting, often citing persistent social and environmental influences. The purpose of this study was to explore the experiences, motivations, and challenges faced by individuals related to smoking.

**Methods:** A qualitative descriptive approach was employed to explore and compare how healthcare workers and non-healthcare workers experience and interpret their smoking behavior in light of their social and professional roles. The participants in this study were four healthcare workers and five participants were non-healthcare workers who had a minimum of two years of active smoking experience.

**Results:** The results indicated that smoking emerged during adolescence due to social influence and curiosity. Over time, smoking became a means of coping with stress for the participants. Participants had an understanding of the health effects, moral dilemmas experienced and significant financial impact, participants still had difficulty stopping smoking due to social influence.

**Conclusion:** The majority of participants have motivation to quit smoking for various reasons such as health effects, moral conflicts faced, and financial consequences. However, nicotine addiction, alongside the social environment, continues to play a major role in sustaining the smoking habit.

**Keywords:** Smoking; Smoking experience; Smoking cessation motivation; Health impact; Health workers

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## INTRODUCTION

Smoking is one of the global health issues that widely affects physical, economic, and social health. World Health Organization (WHO) states that smoking is one of the main factors causing lung cancer, heart disease, and COPD. WHO explains that respiratory infections cause more than 8 million deaths each year due to tobacco consumption, and in 2023, most of these cases were recorded in low- and middle-income countries (1). Despite the fact that smoking is viewed as a harmful act, its prevalence among adolescents and young adults remains high, as individuals in this age group are often influenced by social and cultural norms (2).

The phase in which smoking habits often develop is the significant impact of the social environment and the stage of identity search. Based on recent meta-analysis studies, teenagers with smoking peers are almost twice as likely to start the habit (3). The positive image conveyed by cigarette advertisements and peer influence also play a significant role. The main reasons for the appeal of smoking among teenagers are curiosity, the desire to appear mature, and the need to be accepted in social groups (4).

Social environmental factors also influence the development of smoking behaviour. Environments that permit smoking behaviour, such as families or communities that normalize smoking behaviour, reinforce individuals' decisions to start and continue smoking (5). In the context of healthcare workers, a moral dilemma arises as their smoking behaviour contradicts their professional role as health promoters. This creates tension between professional responsibilities and personal habits that are difficult to break (6).

The physiological dependence caused by nicotine, the main addictive substance in cigarettes, reinforces the decision to continue smoking behaviour. Nicotine increases dopamine levels in the brain, producing a significant relaxation effect, according to research. This effect is often utilized to cope with stress and emotional pressure (7). Additionally, withdrawal symptoms, such as anxiety and irritability, are exacerbated by nicotine dependence, which drives individuals to smoke despite being aware of the health risks (8).

In addition to the impact on the individual's body, the habit of smoking also has significant financial implications. As a result of fiscal policies such as tobacco taxes and the continuous increase in cigarette prices, low-income groups in society experience significant economic pressure. A study shows that the increase in cigarette prices is related to a decrease in consumption, although this effect is more significant in countries that implement strict tobacco control policies (9). Awareness of financial responsibility and health impacts often serves as the main motivation to quit smoking (10).

However, social impact and lack of support often hinder the intention to quit smoking. Research presented by Holstein shows that although motivations such as health and responsibility towards family drive a person's desire to quit smoking, social pressure from peers and difficulties in accessing smoking cessation services can also be significant obstacles (11). Therefore, comprehensive and community-focused strategies are needed to help individuals overcome these barriers and support their efforts to quit smoking.

The primary objective of this study is to conduct an in-depth exploration of the various experiences, underlying motivations, and significant challenges encountered by individuals in relation to smoking behaviour. This includes healthcare workers who may experience internal conflict due to their role as health advocates and non-healthcare workers, whose experiences are shaped more by social and environmental influences. Specifically, the study aims to understand the personal, social, and environmental factors that influence smoking initiation, continuation, and cessation efforts. Additionally, this study seeks to examine differing perspectives between the healthcare workers and non-healthcare workers exploring how non healthcare workers make sense of their smoking behaviour in daily life, and how healthcare workers navigate the tension between smoking and their roles as health advocates. Through this research, a comprehensive understanding of the complexities surrounding smoking behaviour can be achieved, which may contribute to the development of more effective prevention and cessation strategies.

## METHODS

### Research Design

This study employed a qualitative descriptive approach using thematic analysis to explore the experiences and influencing factors of smoking behavior.

### Participants

This study involved a total of nine male participants, consisting of two distinct groups: four individuals who were healthcare workers actively working in hospital settings and five individuals who were non-healthcare workers from various occupational backgrounds. The selection of participants was conducted using a purposive sampling method to ensure the inclusion of individuals with relevant smoking experiences. A key criterion for participant selection was having engaged in active smoking for a minimum duration of two years, allowing the study to capture deeper insights into their smoking behaviours, motivations, and challenges. To support the depth of analysis, data on participants' smoking duration, cessation attempts, and sociodemographic background were also gathered.

### Data Collection

The researchers conducted in-depth interviews with nine participants and used a voice recorder as a documentation tool, which was then analysed. The interviews explored smoking initiation, influences that maintain the habit, perceived consequences, and participants' motivations and challenges in attempting to quit, including those who had not yet succeeded in quitting.

### Data Analysis

The data were analyzed using thematic analysis following the six-phase approach proposed by Braun and Clarke (12). First, the researchers familiarized themselves with the interview transcripts by repeated reading. Second, initial codes were generated manually by identifying meaningful segments related to participants' smoking experiences. Third, these codes were grouped into potential themes based on patterns observed across participants. Fourth, the themes were reviewed and refined by comparing them with the coded extracts and the entire data set.

Fifth, the themes were clearly defined and named to reflect their core meaning. Lastly, the final themes were organized into a coherent narrative to describe participants' smoking behavior and influencing factors. To enhance trustworthiness, triangulation and member checking were applied during the verification stage.

### Ethics

This research has received ethical approval from the Health Research Ethics Committee of Muhammadiyah University Purwokerto, with approval number KEPK/UMP/116/IX/2024. All participants were provided with complete information about the purpose, procedures, potential risks, and benefits of the research before giving written consent. The confidentiality and privacy of participant data are guaranteed, in accordance with the principles of the Helsinki Declaration and applicable data protection regulations.

## RESULTS

The results obtained from the qualitative data analysis, which include the main themes that emerged from in-depth interviews with participants. These findings are described in detail to illustrate the experiences, perceptions, and meanings expressed by the participants, in accordance with the research objectives. Narratives and verbatim quotes from participants are used to reflect the depth and complexity of their experiences within the context of the study.

### First Encounters and Triggers to Initiate Smoking

Participants recalled their first encounters with smoking as moments shaped by curiosity, uncertainty, and a strong desire for social acceptance. Many described these early experiences occurring during adolescence, where peer presence and social situations deeply influenced their emotional responses and choices. Participants also described curiosity and a desire to try something new as early motivations for smoking. Although their initial experiences were physically unpleasant, some continued smoking due to encouragement from peers and a growing sense of acceptance.

"About the third year of middle school, it first tasted bitter... maybe the mouth was adapting to something foreign coming in."

(P9)

"At first, trying cigarettes, it felt like coughing and dryness in the mouth, but over time, it became a habit."

(P5)

"The first time I smoked, I coughed badly until my throat hurt, but a friend taught me how not to cough, so I kept trying."

(P2)

The above expression shows the first experience of smoking accompanied by an uncomfortable bodily reaction. However, this did not hinder their desire to continue smoking. The majority of participants stated that they started trying cigarettes due to the influence of friends who smoke.

"The beginning of smoking was from elementary school if I'm not mistaken... it was also because of the environment... that made me smoke."

(P1)

"When I first smoked, it was because my friends were doing it, and since they were all smoking, they invited me to try it."

(P2)

"I started smoking in middle school, eighth grade, because I followed my friends."

(P5)

"At first, it was just to look cool in front of friends. Not really intentional, actually."

(P6)

Several participants described how their smoking behavior was significantly influenced by peer pressure and permissive social environments. Smoking was commonly practiced and even encouraged in various settings such as school, campus, and community events. In these environments, smoking was often normalized, and individuals were expected to conform to group behavior.

"When doing community service or at the work post, many friends smoke. Some even brought cigarettes to share, so I just went along with it."

(P3)

"Behind the campus, students often smoke. Even though there is a smoking ban, no one says anything. So they feel completely free."

(P3)

"If you go to campus, there are actually no smoking signs, but no one enforces them if someone violates the rule. In the end, people still smoke there."

(P6)

"At my workplace, the smoking ban only applies to certain areas, such as those with air conditioning or near fuel. But many coworkers, especially heavy equipment drivers, continue to smoke in the cabin even though it is prohibited."

(P4)

These statements reflect that smoking is often perceived as a socially acceptable behavior due to the lack of strict enforcement and the tendency of individuals to follow group norms. Although several participants expressed a desire to quit smoking, they faced difficulties due to the lack of social support. Environments where smoking is normalized not only encourage continued use but also act as barriers for those attempting to quit.

"I managed to quit smoking for one or two months because I felt the price of cigarettes was too high, but the influence of my friends at the boarding house eventually made me start again."

(P5)

"My colleagues themselves are also very supportive of smoking. So it's quite difficult when I try to quit smoking, but my environment sometimes offers me cigarettes, so I feel strange if I don't smoke."

(P4)

"At home, no one comments on my smoking because my father also smokes, so there are no restrictions."

(P5)

In these situations, the absence of discouragement or positive reinforcement to quit smoking further entrenched participants in their smoking behavior. Even when the individual is motivated to stop, continuous exposure to smoking behavior within their social circle often undermines cessation efforts.

### Initial Sensation and Smoking Habit

The initial sensation of smoking is generally accompanied by uncomfortable bodily reactions, such as coughing or a bitter taste in

the mouth. However, the social impact and the relaxation effects felt by individuals influence the development of smoking behaviour over time. The initial sensation of smoking is generally accompanied by unpleasant reactions, such as coughing, as stated by the participants:

*"At first, I tried smoking... I coughed, right... just for show, not knowing the side effects."*

(P1)

*"At first, I tried smoking, right? I coughed, but it was just for show, not knowing the side effects. Well, when I first smoked, I coughed like it was suffocating... then I kept coughing, right..."*

(P2)

*"...when I really tried smoking, when I lit it, I didn't know how to inhale it, so you could say I was probably shocked, right? So at that time, I immediately coughed, and the cough was so bad it felt like my lungs were deflating..."*

(P4)

*"...at first it was a cough, sis, and it also felt strange, like it was dry in his mouth when he first tried it..."*

(P5)

The above statement shows that when trying to smoke, it is done without a deep understanding of its side effects. However, on the contrary, this is an effort to adapt to smoking behaviour. A similar reaction was also expressed by participant 6, who stated:

*"At first, I coughed because I had no intention of wanting to smoke, I just wanted to look like my friends."*

(P6)

The impact of social pressure or the desire to fit in with peers becomes a significant reason to try smoking, even though the body initially reacts negatively.

One of the participants stated that the habit of smoking is partly influenced by the social environment. Although it initially causes uncomfortable reactions in the body.

*"If at home I can smoke one stick a day, but when I drink coffee I can smoke four or five sticks."*

(P9)

Smoking behaviour eventually becomes a routine associated with certain social situations, such as when gathering with peers, or as a

calming activity when facing emotional stress, even though the initial experience of smoking causes physical discomfort in individuals. However, almost all participants were able to adapt and adjust to the discomfort caused by smoking behaviour.

### Reasons for Continuing to Smoke

Nicotine is a substance that causes dependence in its users, and the feeling of calm after smoking a cigarette is also experienced by the participants, where this behaviour is used as a means or outlet during times of stress or emotional pressure. This affects the participants' decision to continue smoking behaviour, as conveyed by the following participant:

*"The nicotine makes you feel relaxed in your mind."*

(P3)

*"When there are a lot of thoughts, the escape is to smoke first. That's a way to calm myself down."*

(P7)

*"The effect of nicotine is really quick." If you're feeling dizzy or tired, smoke a cigarette for a bit, and you'll feel more relaxed right away."*

(P8)

The nicotine content in cigarettes provides a calming effect, which can encourage individuals to continue smoking. Nicotine dependence is the reason that makes it difficult for individuals to stop smoking behaviour.

*"I'm the type of person who, when under mental stress, needs to relax to calm myself down, so I've planned to smoke."*

(P1)

*"Because it has addictive substances, it ends up being addictive."*

(P5)

*"If I've just eaten or I'm just staring blankly, I usually smoke." It makes me more relaxed and not think about heavy things."*

(P6)

The addictive characteristics of nicotine can reinforce smoking behaviour patterns, so the initial motivation to smoke, such as the impact of the social environment, diminishes. Over time, this pattern evolves into a more specific need. Relaxation and nicotine dependence are

two factors that drive people to continue smoking and make it a part of their daily habits or a way to cope with emotional pressure or stress.

### **Financial Impact and Awareness of the Dangers of Smoking**

Besides having a negative impact on health, the habit of smoking also affects the finances of smokers, especially if their cigarette consumption is high. The increase in cigarette prices has become one of the reasons for some participants to reduce their smoking habits, as mentioned by the following participant:

*"The price of cigarettes is around thirty thousand per pack."*  
(P9)

*"In the early days of my smoking in 2018, the price of cigarettes was still around fifteen thousand. Whereas now it has reached forty, even fifty thousand. The increase is really significant, up to thirty to forty percent."*  
(P4)

*"I can finish one pack in a day, which means if one pack costs forty thousand, in one month it can reach one million two hundred thousand."*  
(P4)

*"Finances have become difficult to manage because of this habit, but now I am trying, Insha'Allah, to quit completely."*  
(P5)

In addition to affecting finances, the negative impact of smoking habits also results in physical symptoms:

*"I feel tightness in my chest or when I wake up, what I feel more often is a bitter throat."*  
(P4)

The above statement emphasizes the negative impact of smoking on health, such as respiratory issues and throat irritation, which is further reinforced by the statement:

*"Many, ma'am, especially shortness of breath, dry lips, and dizziness."*  
(P5)

The statement reflects physical complaints that have negative impacts due to the habit of smoking. Some smokers are considering

quitting smoking due to the rising price of cigarettes and the negative health impacts such as shortness of breath, dry lips, dizziness, and a bitter taste in the throat. However, completely eliminating this habit remains difficult, especially for those who have already developed a dependence on nicotine.

### **The Dilemma of Smoking as a Healthcare Worker**

Some participants working in the healthcare sector described feelings of guilt or discomfort associated with their smoking behaviour. They acknowledged that, as healthcare workers, they were expected to serve as role models and to promote healthy lifestyles. Healthcare workers in this study expressed internal conflict between their smoking behaviour and their role as health educators. Despite understanding the serious health consequences of smoking and often advising patients to quit, several participants admitted to continuing the habit due to personal stress, emotional dependency, or the normalization of smoking within their work environments.

One participant stated, *"Sometimes I feel guilty because I advise patients not to smoke, but I myself do it during breaks. It's embarrassing, but it's hard to stop."*  
(P2)

This indicates a dissonance between professional identity and personal coping strategies. For many, smoking served as a form of stress relief amid job-related pressures, highlighting that knowledge alone may not be sufficient to motivate cessation.

Most healthcare workers (3 out of 4) reported a sense of ethical discomfort regarding their smoking habits, as they realize that smoking contradicts their primary responsibility, which is to maintain and promote the health of patients. This dilemma arises when they feel anxious that the smoking habit could serve as a bad example, especially for patients facing health issues related to smoking.

*"I'll try not to smoke for now... because I'm also concerned about the patients, it's pitiful."*  
(P1)

The above statement shows that participants have an obligation towards patients. A number

of healthcare workers also strive not to smoke in the hospital area.

*"I try not to smoke in the hospital environment."*  
(P1)

This indicates their efforts to maintain professionalism and prevent negative effects for patients and staff. Although efforts have been made to control smoking habits in the hospital, they still face a moral dilemma, especially when caring for patients with a severe smoking history.

*"I also sometimes meet patients... with a history of heavy smoking and the effects that arise like this and that, so..." sometimes also, what is it, anxious."*  
(P2)

This reflects the feelings of anxiety and tension within the participants caused by the negative impact of their smoking habits, which contradict their profession and role as healthcare workers. Another participant expressed the dilemma they felt:

*"As a health worker, don't you feel a dilemma with this smoking behaviour?" It's a huge dilemma because I was influenced by friends and it just stuck with me until now."*  
(P5)

Although they are aware of the risks of smoking, their choices are still influenced by the social environment and long-standing habits, which disrupt their personal beliefs and professionalism. This dilemma highlights significant challenges for healthcare workers in addressing smoking behaviour, both in relation to their responsibility towards patient health and the influence of the surrounding social environment.

### **Desire and Motivation to Quit Smoking**

The majority of participants expressed a desire to quit smoking, driven by various reasons underlying their decision. Health factors, responsibility towards family, and financial needs are the main reasons driving their intention to quit smoking.

*"When you have a family, you want a healthier lifestyle."*  
(P6)

*"There is a desire to quit completely, for my mother's sake."*  
(P5)

This shows that the encouragement to lead a healthy lifestyle for participants and their families influences their desire to quit smoking. Although there is an intention to quit smoking, environmental factors remain a barrier for participants to stop the habit.

*"The desire to quit has been there since the beginning... but during college, it actually increased."*  
(P1)

*"I managed to quit smoking for one or two months because I felt the price of cigarettes was too high, but the influence of my friends at the boarding house eventually made me start again."*  
(P5)

*"My colleagues themselves are also very supportive of smoking. So it's quite difficult when I try to quit smoking, but my environment sometimes offers me cigarettes, so I feel strange if I don't smoke."*  
(P4)

The statement of the participant above shows that although there is an intention to stop the smoking habit, the social environment still has the strongest influence in continuing the smoking habit.

### **Experiencing the Difference: Tobacco Cigarettes vs. Vapes**

Some participants who had tried vapes, a type of electronic cigarette, reported that tobacco cigarettes provided a more satisfying sensation afterward. As expressed by the following participant:

*"The sensation is different, vape does not provide the feel that tobacco cigarettes offer."*  
(P9)

*"For the calming effect against stressors, a cigarette is better than a vape."*  
(P3)

*"Cigarettes are cheaper and their calming effect is more pronounced compared to vape."*  
(P6)

This shows that tobacco cigarettes are considered capable of providing a more satisfying taste and smoking experience, especially in providing a relaxing effect when participants face stress compared to electronic cigarettes or vapes (13). Besides the factors of sensation and relaxation effects, economic aspects are also a reason why some respondents choose tobacco cigarettes.

*"If it's a vape, the price for a single purchase is quite expensive, ranging from one hundred to two hundred thousand, depending on the brand. Not to mention the supporting accessories like liquid and cartridges, which also need to be replaced regularly."*

(P8)

*"Tobacco cigarettes are easy to find, and their price isn't too expensive compared to vapes. I personally prefer regular cigarettes because they are more practical."*

(P4)

*"Cigarettes are cheaper and their calming effect is more pronounced compared to vape."*

(P6)

Although vaping is considered an innovative and more modern alternative to enjoying cigarettes, the maintenance costs and the purchase of accessories actually make it more expensive compared to tobacco cigarettes. As a result, participants tend to choose to return to using tobacco cigarettes as their primary option. In addition to economic factors, the satisfaction impact such as relaxation is also a main reason for participants to choose tobacco cigarettes.

### Smoking Etiquette

Participants expressed concern about the potential harm of second-hand smoke, especially to vulnerable groups such as children. One participant mentioned avoiding smoking near children out of fear for their future health. Another reflected on a personal experience, recalling how their nephew had contracted tuberculosis, possibly due to exposure to residual smoke. Despite smoking outdoors, the participant worried that smoke particles might still cling to clothing or enter the home environment, posing risks to family members.

*"If I have a small child or a pregnant woman, I would definitely stay away or not smoke at all. Pity their future too."*

(P1)

*"In my opinion, that's dangerous because my own nephew once got TB from cigarette smoke. Even though I smoke outside, maybe the smoke sticks to my clothes or comes into the house."*

(P2)

*"The person who smokes on the road while riding a motorcycle is not right." The cigarette ash can hit other people, and that's very unethical."*

(P3)

*"In my opinion, smoking near small children is very unwise. Children do not have a strong metabolism, so we should know the right places to smoke."*

(P4)

*"Smokers should know where they can and cannot smoke."*

(P4)

*"We must respect others who do not smoke, especially small children and pregnant women who should clearly not be exposed to cigarette smoke."*

(P6)

*"I always look for a quiet place to smoke so as not to disturb others, especially non-smokers."*

(P8)

*"I strongly disagree with people who smoke on the street or while driving, because the cigarette ash can hit other people. That's impolite and dangerous."*

(P8)

The statements of several participants above indicate that smoking around vulnerable groups such as children and pregnant women is very dangerous and poses health risks, including to passive smokers. Ethical awareness in this behaviour reflects the participants' efforts to protect and maintain the health of the social environment, one of which is by choosing the right location to smoke.

### DISCUSSION

The influence of peers and the social environment causes most participants to start smoking in their teenage years. Curiosity and the desire to appear mature and attractive also became factors for them to try smoking (14,15).

Research conducted by Liu states that the habit of smoking often begins in adolescence, a phase of life characterized by the search for identity, social pressure, and environmental influences. Many studies show that peers have a significant influence in encouraging smoking behaviour among teenagers. A meta-analysis found that teenagers who have peers who smoke are nearly twice as likely to start this habit. The research also noted that close interpersonal relationships in collectivist cultures reinforce this influence, reflecting the importance of social factors in adolescents' decisions to smoke (16).

Another study mentions that in a recent meta-analysis, it was found that the influence of peers is statistically significant in encouraging teenage smoking behaviour. The study shows that teenagers who have close friends who smoke are more likely to adopt the habit as part of their efforts to socially integrate. Peer pressure is often viewed as something normal or even appealing by teenagers who are still searching for their identity within certain social groups (3).

The decision of teenagers to smoke is also greatly influenced by a social environment that permits smoking behaviour. Previous studies have shown that the presence of smoking family members, such as parents or siblings, significantly increases the likelihood of teenagers trying smoking. This study found that teenagers living in families with smoking members have a 2.05 times greater chance of starting the smoking habit compared to teenagers without smoking family members. In this context, families that do not prohibit or even facilitate access to cigarettes create an environment that supports such behaviour, thereby reinforcing the decision of teenagers to try smoking (17).

Additionally, the factor of curiosity, often triggered by peer influence or frequently seeing adults smoke, is another important component that affects the decision to smoke. The presence of peers who smoke can increase the likelihood of teenagers starting to smoke by more than double. This curiosity becomes even stronger when teenagers associate smoking with positive attributes such as bravery, a modern lifestyle, or freedom. This peer influence is often reinforced by social norms that tend to be permissive towards smoking behaviour in their environment (2).

The desire to appear mature, independent, and attractive, as well as the effort to gain self-confidence or as an escape from emotional pressure or stressors, are strong motivations and drives for them to smoke. This is supported by several recent studies highlighting the relationship between psychological motivation and smoking behaviour at a young age. A systematic review found that adolescents with low self-esteem are more likely to engage in risky behaviours such as smoking to enhance their self-image in the eyes of others. This study shows that adolescents often use smoking as a tool to display maturity or attract attention, especially in social environments that support such behaviour (18).

The decision to smoke in adolescence is also influenced by the desire to be recognized as an independent individual and to become a symbol of freedom from personal control, which is one of the underlying reasons for smoking. This is in line with findings that teenage smokers often feel that smoking gives them a unique or different identity from their peers, even though they are less aware of the long-term health risks associated with this habit (19).

The motivation to smoke is also influenced by psychological factors such as the desire to be considered mature, to boost self-confidence, and as an attempt to avoid stress (20). This often makes active smokers disregard the long-term effects on their health. Furthermore, the findings revealed that as smoking behavior progresses, the role of nicotine dependence becomes more dominant. Initially driven by social influence or curiosity, participants reported that the calming effects of nicotine became a primary reason for continued use. This aligns with research indicating that nicotine stimulates dopamine release, producing short-term relaxation that reinforces the cycle of addiction (7). Therefore, efforts to reduce smoking behavior must address both psychological motivations and the neurobiological mechanisms of addiction.

Smoking behaviour develops into a habit over time, influenced by social environmental factors and the psychological effects experienced. Although the initial experience of smoking causes uncomfortable reactions in the body and tends to be negative, such as coughing, a bitter taste, and even throat irritation, as well as chest pain and tightness.

The social influence of peers and a permissive environment play a key role in encouraging individuals to continue smoking. A study mentions that social norms among peers that support smoking behaviour can create pressure to conform, causing individuals to feel compelled to continue the habit even though their initial experience was uncomfortable (16). Additionally, the sense of comfort derived from smoking behaviour is the main reason many people continue to smoke. Research shows that nicotine can provide a calming effect that helps individuals cope with stress and anxiety. This is especially true for teenagers who use cigarettes as a coping mechanism to deal with emotional or social pressures. In this context, cigarettes become a tool that is perceived to provide control over daily pressures, although the effects are only temporary and potentially lead to serious health impacts (4).

Another study found that the relationship between social experiences and increased tolerance to nicotine's effects can escalate smoking behavior from a mere habit into a serious addiction. The study found that although the initial experience of smoking is less comfortable, individuals who continue to smoke tend to develop physical tolerance to the initial side effects, which in turn allows them to enjoy the social and psychological aspects of this habit. This factor, combined with pressure from social groups, reinforces smoking habits among adolescents and young adults (21). The social influence of peers, family, and group norms, along with the dual effects of nicotine – both its calming sensation and its highly addictive nature—are the main factors driving the development of smoking behavior, even though the initial experience is often uncomfortable. These social and psychological factors make smoking a habit that is difficult to quit, even though they are aware of the health risks.

Physiological and psychological factors such as the calming sensation of nicotine, its ability to reduce stress, and the development of nicotine dependence are central to why individuals continue smoking. Nicotine, the primary addictive substance in cigarettes, stimulates dopamine release in the brain, producing a temporary sense of relaxation and emotional relief. This short-term gratification reinforces the behaviour, especially during moments of stress, anxiety, or emotional discomfort (7,22).

As a result, these effects not only sustain smoking habits but also become major obstacles to cessation. Even when individuals are aware of the health risks and express a desire to quit, the addictive cycle driven by both neurochemical reward and emotional reliance makes cessation challenging. Therefore, interventions must address not only behavioural and social aspects but also the biological mechanisms that reinforce continued smoking.

Nicotine creates neurophysiological changes in the brain that reinforce the cycle of addiction. Research has found that nicotine withdrawal symptoms such as anxiety, irritability, and inability to concentrate often motivate smokers to continue their habit, thus avoiding this discomfort. This process explains why many smokers find it difficult to quit despite repeated attempts (8).

Cigarettes are also often used as a way for individuals to calm themselves from daily emotional stress. Studies show that the short-term relaxation effects of smoking help smokers cope with difficult stress or emotional situations, although these effects are temporary and accompanied by the need to smoke again. This factor reinforces the smoking habit and adds challenges for individuals who want to quit (23). These psychological and physiological effects of nicotine reinforce smoking behavior and often override individual intentions to quit, as seen in various participant experiences.

Some individuals are trying to reduce the intensity of smoking behaviour, partly because the price of cigarettes continues to rise and the negative health impacts such as shortness of breath and a bitter taste in the throat are factors that influence this decision (24).

The increase in cigarette prices is directly correlated with a reduction in consumption, especially among low-income groups and teenagers who are more sensitive to price changes. Studies have found that price increases through tax hikes result in a significant reduction in cigarette consumption, both in the short term and long term. This effect is more pronounced in countries with strict tobacco tax policies, where price elasticity indicates a reduction in consumption of 0.3 to 0.5 percent for every 1 percent increase in price (9).

Other research shows that individuals who experience direct physical effects from smoking are more likely to reduce the number of cigarettes consumed per day, especially if they have previously shown an intention to quit smoking (25). Therefore, the direct effects perceived by individuals on health and the policy of increasing cigarette prices through taxes play an important role in motivating individuals to reduce the intensity of smoking behaviour.

Healthcare workers who smoke face moral issues because it contradicts their role and duty to provide health education (26). This creates conflicts related to professionalism and individual responsibility. Research published in the *Indonesian Journal of Public Health Media* illustrates that healthcare workers who smoke can influence people perception, as they are supposed to be role models in providing information about the dangers of smoking. This role inconsistency can make the people reluctant to quit smoking. In addition, the regulation prohibiting smoking in the workplace for healthcare workers is already governed by legislation, such as PERDA No. 1 of 2019, which establishes smoke-free zones within healthcare facilities (5).

Motivations such as family responsibilities, financial issues, and health problems are the main factors that drive individuals to quit smoking. However, external barriers such as the social environment continue to be a significant obstacle in the effort to quit smoking (27).

Recent research supports this view by describing various motivational factors and obstacles faced by individuals who want to quit smoking. Holstein's research found that the desire to live a healthy life and protect the well-being of the family became the main motivation for parents to quit smoking. However, stress and social influences from the environment, such as peers, remain the main obstacles (11). Other research also reveals that, in addition to health issues, the financial impact of smoking serves as a strong motivator for patients with cardiovascular diseases to quit. However, the influence of a social environment that supports smoking habits and the lack of professional support can hinder the process of quitting smoking (10).

Based on Milcarz's research, the importance of access to smoking cessation services such as free

clinics and support from doctors in encouraging individuals to quit smoking is highlighted. However, addiction symptoms and social pressure remain significant obstacles, especially for heavy smokers (28). This research emphasizes that the influence of the social environment remains a strong factor in continuing the smoking habit, despite health reasons, family responsibilities, and financial considerations also being taken into account. While social support plays a critical role in smoking cessation, addressing nicotine dependence through pharmacological interventions is equally important. Nicotine Replacement Therapy (NRT), such as nicotine patches, gums, or lozenges, has been proven effective in reducing withdrawal symptoms and increasing cessation success rates. Combining NRT with behavioural support strategies—such as counselling or peer-based interventions—has shown higher efficacy compared to either approach alone (7,8). Therefore, an integrated approach that includes both pharmacological and psychosocial support is essential to overcoming the complex nature of smoking addiction.

Most smokers show awareness of the ethics and morals related to smoking behaviour. This is demonstrated by avoiding smoking near vulnerable groups such as children and pregnant women, and they also try to respect passive smokers by finding quiet places to smoke. This is in line with research that reveals the fatwa of the Indonesian Ulema Council (MUI) prohibiting smoking in public places and around children, which encourages smokers to be more aware of the impact of their behaviour on the surrounding environment (29). Additionally, research in Pegulon Village, Kendal Regency, shows that active smokers with toddlers are beginning to understand the dangers of cigarette smoke to passive smokers and are making efforts not to smoke in public places (30).

## CONCLUSION

This study highlights how participants experience smoking as a socially embedded and emotionally driven behaviour, shaped by their interactions, internal conflicts, and personal meanings attributed to smoking over time. The initial experience of smoking generally begins in adolescence, driven by curiosity, peer pressure, and the influence of a social environment that permits them to smoke. Over

time, the smoking habit develops because the relaxation effect felt is considered their stress coping mechanism. Factors motivating quitting smoking, such as the perceived negative impact on health, responsibility towards family health, and financial considerations, are also taken into account. However, nicotine dependence and the social environment still remain strong factors influencing an individual's decision to quit smoking. This was particularly evident among healthcare workers, who expressed internal conflict and moral dilemmas as they struggled to reconcile their smoking behaviour with their responsibilities as health educators and the expectations placed on them to serve as role models.

All participants are aware of smoking etiquette, as demonstrated by avoiding smoking near vulnerable groups such as children and pregnant women. They also make efforts not to smoke in public places. Increasing social support for quitting smoking can be a highly influential intervention on the motivation to quit smoking.

#### CONFLICT OF INTEREST

The authors declare that there is no conflict of interest related to this research. There are no financial, professional, or personal relationships that could influence the results or interpretation of this study. If any potential conflict of interest arises in the future, the authors are willing to disclose it and take the necessary steps to address it in accordance with applicable research ethics guidelines.

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#### AUTHOR CONTRIBUTIONS

**MRF:** Contributed to the conceptualisation, research design, data collection, and initial drafting of the manuscript.

**DP:** Responsible for data analysis, interpretation of findings, and critical revision of the manuscript.

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