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Understanding smokers' beliefs and feelings about smoking and quitting during a quit attempt: a preliminary evaluation of the SNAP model

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This study sought to obtain a preliminary assessment of whether a new model of behaviour change (SNAP) could provide a useful conceptual framework for classifying smokers' reports of their beliefs and feelings about the process of stopping smoking. Eight smokers' clinic attendees in Malaysia underwent semi-structured interviews before and four weeks after the start of their quit attempt. A variant of Template Analysis found support for the view that smokers' inferred identities could be reliably classified in the terms Smoker, Non-smoker, Attempter or Planner (SNAP) using self-statements about their motivation and behaviour as well as identity. There was evidence for wide variation in the coherence of smokers' beliefs and feelings defined in terms of the proportion that fitted their modal SNAP category. As would be expected there was a shift in SNAP categories pre- to post-quit in those who were not smoking but only so far as 'attempter'. An important next step is to assess how far lack of coherence in a given identity predicts transitions to other categories.

Keywords: smoking cessation, SNAP model, behavioural model, clinic attendees, Malaysia

Introduction

Progress over the past 20 years in the development of behavioural interventions to encourage people to stop smoking has been limited (Rigotti, 2002; Lancaster, Hajek, Stead, West, & Jarvis, 2006; US Department of Health and Human Services CDC, 1990). At six months, brief interventions increase smoking cessation rates by 2% and behavioural support programmes by some 5–10% (Lancaster & Stead, 2005; Stead & Lancaster, 2008). One model of behaviour change, the Transtheoretical Model (TTM) (West, Zatonski, Przewozniak, & Jarvis, 2007; Larabie, 2005; Al'absi, Hatsukami, Davis, & Wittmers, 2004) has dominated the literature over this period (Al'absi et al., 2004). It postulates that smokers move through various stages with pre-quit stages being identifiable in terms of the timescale of future intentions to quit and post-quit

stages linked to how long they have been quit for (Diclemente et al., 1991). However, this model has been widely criticised (Etter & Sutton, 2002; Rollnick, Butler, & Stott, 1997; West, 2005a, 2005b; Abrams, Herzog, & Emmons, 2000).

A major criticism of the TTM is that the process of behaviour change is much more variable and fluid than proposed by this model. Moreover, future intentions concerning behaviour change seem to play a smaller role in behaviour change than the TTM proposes (Larabie, 2005; West, 2006; West & Sohal, 2006). Many successful quit attempts occur without pre-planning as smokers' goals to stop smoking can change quickly in response to the immediate situation and are stimulus dependent (Larabie, 2005; West, 2006). Indeed, triggers to quit smoking can present themselves unexpectedly, thus leading

smokers to act ‘in the moment’. This means that smokers who had not been intending to quit may accept an offer of help and stop smoking successfully (Pisinger, Vestbo, Borch-Johnsen, & Jorgensen, 2005).

The PRIME theory of motivation aims to provide an integrative account of the mental processes that energise and direct behaviour which can be applied to understanding behaviour change (West, 2006). It argues that purposive behaviour arises out of the strongest of potentially competing wants and needs at that moment. These are feelings of attraction and aversion involving anticipated pleasure or satisfaction in the case of wants and anticipated relief in the case of needs. Beliefs about what is good or bad and prior plans or intentions influence our actions if they generate wants or needs at the relevant moment that are strong enough to overcome any competing wants and needs. Deliberate behaviour change involves making a particular kind of plan, a ‘personal rule’. The extent to which change is sustained depends on the rule creating sufficiently strong wants or needs to adhere to it at relevant moments to overcome competing wants and needs driving the old behaviour pattern. Personal rules are part of an individual’s identity and derive their motivational strength from their link to other aspects of identity about which the individual feels strongly. PRIME theory recognises that motivations can be subject to sudden change as a result of the immediate situation or other mental changes that take place. It also recognises that aspects of individuals’ identities need not be coherent and often conflict. Therefore, the extent to which behaviour change is sustained can be influenced by coherence of a new identity to which the individual is emotionally attached (West, 2006).

Applying PRIME theory to smoking cessation, a useful model should be one that centres on the personal rule that the individual is currently applying and the degree of coherence with regard to motivations, behaviour and identity in relation to that rule. Given that smokers can make sudden decisions to stop and that, having stopped, they can renounce that decision equally suddenly; the model needs to recognise the potential for instant shifts from one personal rule to another. Moreover, the nature of the personal rule would be expected to play a major role in driving motivation to refrain from smoking. An absolute rule in which the person was ‘not smoking’ should be more likely to create the necessary momentary motivations than one in which the person was ‘attempting not to smoke’. These considerations suggest a four-state ‘SNAP’ model as shown in Figure 1. Under this model, smokers’ self-descriptions could be captured in three conceptual domains of ‘identity’, ‘behaviour’ and ‘motives’ subsumed under the four states (Figure 1).

The first question that arises with regard to this model is whether its main conceptualisations fit smokers’ descriptions of themselves while they are in the process of quitting. This paper aimed to explore smokers’ beliefs and feelings during the process of quitting qualitatively, assessing if the SNAP Model could provide an adequate

SNAP: 4 states based on the rule smokers apply to themselves

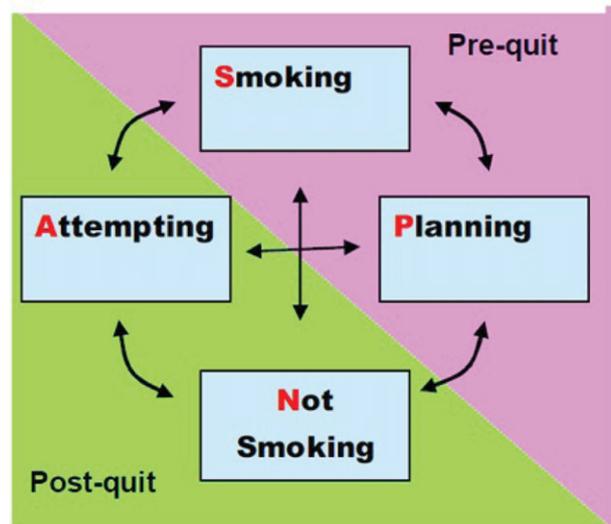


Figure 1
(Colour online) SNAP Model.

conceptual framework. The goal ultimately is to identify best approaches and strategies to improve smoking cessation interventions.

Methods

Sample

The participants in this study were smokers who attended quit smoking clinics in Malaysia. The sample of smokers was purposively selected to discover, understand and gain insight into the process of smoking cessation and to provide a rich source of relevant data (Patton, 1990). Only those who sought treatment for the first time with the clinic were selected. Eight participants were interviewed twice, during the first visit and four weeks after the quit date. Each session lasted about an hour. For this kind of research, a sample size of eight would generally be considered sufficient to generate enough data to address the central research questions (Chang, Voils, Sandelowski, Hasselblad, & Crandell, 2009).

The average age of participants was 44.5 years (range: 25 to 69 years). Six were male, six were married and one was unemployed. The mean number of cigarettes smoked was 23 (range: 10 to 40). Two participants had other smokers in the household. The Fagerstrom Test for Cigarette Dependence (FTCD) (Fagerstrom & Schneider, 1989) mean score was 6.13 (SD 1.81). Three participants had previously made quit attempts. The main reasons for the current quit attempt were health concerns, pressure from family and friends and religious beliefs. Four chose to quit abruptly while the other four chose to stop by gradually cutting down. Two were abstinent at the post quit interview.

Table 1

Interview topics

Pre-quit	Post-quit
<ul style="list-style-type: none"> • What led to the decision to come to the clinic to stop smoking? • What situation were they in when decision was made? • Had they been thinking about smoking before the decision was made? • How do they feel about their smoking now? • What is most difficult about stopping smoking? • What is the level of confidence to stop smoking completely? • Was the decision to quit smoking made before or after they heard about the clinic? • What were the steps taken after the decision was made? 	<ul style="list-style-type: none"> • Did they smoke after the quit date? If so, when and how much? • How did they feel during the first week after the quit date? • Was it difficult to stop smoking? And if so, what times and situations were difficult? • What thoughts went through head when experiencing urges to smoke? • What did they do to overcome urges? • Any problems with mood or others? • What had stopped them from smoking? • What efforts were taken not to smoke? • What were verbal responses when offered a cigarette in the first week, after stopping?

Design and Procedure

In-depth one-to-one interviews were conducted. Interviews were guided by an interview schedule, tape recorded, transcribed verbatim and checked by an independent researcher. The transcribed data were analysed using the N-VIVO 7 software. Written consent was obtained from participants prior to the interviews including the agreement to record interviews to be used in the analysis. At the end of the interview, participants were given another chance to discuss their concerns, which may have arisen during the course of the interview. The study received ethical approval from the National Medical Research Registry (NMRR-09-747-4556) the Ministry of Health Malaysia.

Interview Schedules

The interview schedules were guided by the PRIME theory. Table 1 provides an overview of the main topics addressed.

A pilot interview was carried out with one participant and the interview schedule revised in the light of this.

Analysis and Interpretation

The transcripts were analysed using a variant of Template Analysis (King, 1998, 2008). It involved the development of coding 'templates', which were based on the summarised themes identified as important in the data set, in this case the four SNAP categories and within these the themes of identity, motivation and behaviour. The initial templates were modified as the analysis progressed to accommodate the data. The final template served as the basis for the researcher's interpretation of the data set.

Since the analysis was theoretically driven, this process was 'top-down' with data attempting to fit if possible a pre-existing conceptual framework. If statements could not be classified using this framework they were recorded as such.

The template coding frame that was developed was used to code statements from transcripts according to state

(Smoker, Non-smoker, Attempter, Planner) and conceptual domain (behaviour, motivation, identity) of the SNAP model of smoking cessation. Examples of statements relating to 'Behaviour' (e.g. I don't buy any more cigarettes now; Non-smoker state); 'Motivation' (e.g. 'I enjoy smoking', Smoker state) and 'Identity' (e.g. 'I am trying to stop smoking'; Attempter state) were classified and counted. The distribution of statements of the eight participants across the different states was assessed (see Table 2).

To assess inter-coder reliability, the pre-quit and post-quit interview transcripts of one randomly selected participant were analysed and placed into themes independently by two coders. Statements were coded into the four states of the SNAP model and conceptual domains (behaviour, motivation and identity). Percentage agreement was calculated.

Results

Almost all participants' self-statements could readily be allocated to one of the four SNAP states and participants differed in the extent to which statements clustered in a single state. There was 95.1% and 98.1% agreement for the pre-quit and post-quit reliability check respectively. The distribution of statements in the different categories is given in Table 2. Overall, motives dominated participants' responses both at the pre-quit and post-quit interview.

As would be expected, smoker or planner state dominated at the pre-quit interview. Motivation statements dominated. Except for Participant 7, explicit identity statements were rare. Box 1 gives examples of pre-quit statements and their classification.

Box 1: Examples of pre-quit statements

'I have to smoke first before I go start my briefing, what I am going to do one by one, tell the things... this is smoking habits. Yeah, I know all the smokers will do this...'

Table 2

SNAP States (Smoker, Non-smoker, Attempter, Planner) and domains (Identity, Motivation, Behaviour) at pre-quit and post quit attempt

Participant	Smokers details	State	Pre-quit date				Post-quit date			
			Statement	Domain			Statement	Domain		
				Count (%)	Identity	Motivation		Behaviour	Count (%)	Identity
1	60 yrs old male,	Smoker	61 (73.5)	4	55	2	26 (44.1)	3	21	2
	Attempter	Planner	21 (25.3)	1	20	–	22 (37.3)	5	8	9
	¹ Smoking	Attempter	1 (1.2)	–	–	1	11 (18.6)	2	7	2
2	50 yrs old male,	Smoker	7 (19.4)	–	7	–	15 (14.0)	–	12	3
	successful	Planner	24 (66.7)	3	21	–	2 (1.9)	–	2	–
	quitter	Attempter	5 (8.5)	–	–	5	85 (79.4)	19	53	13
	¹ Not smoking	Non-smoker	0 (0)	–	–	–	5 (4.7)	4	–	1
3	69 yrs old female,	Smoker	20 (35.0)	1	15	4	6 (11.5)	–	6	–
	successful	Planner	29 (50.9)	–	29	–	4 (7.7)	–	4	–
	quitter	Attempter	8 (14.0)	–	2	6	40 (77.0)	–	30	10
	¹ Not smoking	Non-smoker	0 (0)	–	–	–	2 (3.8)	2	–	–
4	25 yrs old male,	Smoker	25 (58.1)	–	26	1	19 (26.0)	–	17	2
	Attempter	Planner	18 (41.9)	–	17	1	6 (8.2)	1	5	–
	¹ Smoking	Attempter	–	–	–	–	48 (65.8)	10	26	12
5	30 yrs old male,	Smoker	4 (5.2)	–	4	–	9 (8.3)	–	9	–
	Attempter	Planner	44 (57.1)	–	38	6	39 (36.1)	2	29	8
	¹ Smoking	Attempter	–	–	–	–	39 (36.1)	5	30	4
		Non- Classifiable	29 (37.7)	–	–	–	21 (19.4)	–	–	–
6	33 yrs old male,	Smoker	101 (82.1)	2	89	10	55 (79.7)	3	39	13
	Attempter	Planner	22 (17.9)	–	15	7	4 (5.8)	–	1	3
	¹ Smoking	Attempter	–	–	–	–	10 (14.5)	–	–	10
7	45 yrs old female,	Smoker	85 (95.5)	18	58	9	73 (72.3)	3	57	13
	Attempter	Planner	4 (4.5)	–	2	2	26 (25.7)	7	13	6
	¹ Smoking	Attempter	0 (0)	–	–	–	2 (2.0)	–	1	1
8	44 yrs old male,	Smoker	40 (85.1)	–	26	14	77 (78.6)	2	63	12
	Attempter	Planner	6 (12.8)	–	6	–	11 (11.2)	–	10	1
	¹ Smoking	Attempter	1 (2.1)	1	–	–	10 (10.2)	2	–	8

Notes: Each cell shows the number of statements coded as belonging to a particular state and domain. Numbers in bold refer to the modal SNAP state; ¹smoking and no-smoking refer to post-quit date smoking status.

(Participant 4; Pre-quit - State: Smoker, Parameter: Motivation)

“Well, I wanted to quit a long time ago but what I mean is that I had to consult, I really, I wanted to quit a long time ago for my family, I wanted to quit now because of the signboard I’m seeing now.”

(Participant 4; Pre quit – State: Planner, Parameter: Motivation)

‘when I get up in the morning I need to smoke . . . within the coffee shop, I need to smoke . . . it stressful at night, I need to smoke too, very-very badly because at night you alone, you know, . . . being by myself in the darkness.. .. I don’t have anything else . . . practically like talking to myself and then I need a solutionwhich I try to get answer which make me happy’

(Participant 6; Pre-quit - State: Smoker, Parameter: Motivation)

‘. . . honestly, I am not ashamed when I am with friends who smoke. I smoke, he smokes, don’t feel ashamed. The shame is because of respect for the person. So when I think like that, when I watch TV, he smokes, you see him smoke you don’t feel ashamed anymore.’

(Participant 7; Pre quit – State : Smoker, Parameter : Identity)

‘When I can’t sleep, I keep thinking of smoking to pass time.’

(Participant 8; Pre quit – State: Smoker, Parameter: Motivation)

‘After I came here (the clinic). I have that feeling. Feeling guilty of myself. . . . I have planned (to quit smoking)’.

(Participant 7; Post quit – State: Planner, Parameter: Motivation)

‘I bought cigarettes and kept in my car to challenge myself . . . I wanted to fight the urges, I knew that if I open it (box of cigarette) . . . I will never stop (smoking)’.

(Participant 2; Post-quit - State: Attempter, Parameter: Identity)

‘. . . The first few days . . . I mean it was traumatic for meI fought the urge . . . it went off. Now completely I don’t have the urge to smoke. I don’t have the urge to put a cigarette in my mouth . . .’

(Participant 2; State: Non-smoker, Parameter: Identity)

‘Different, everybody knows I used to be a smoker ok, different in the sense I’m a non-smoker now’.

(Participant 2; State: Non-smoker, Parameter: Identity)

Discussion

Participants’ self-descriptions could be reliably classified in terms of four states set out in the SNAP model and few statements could not be coded using the framework. There were varying degrees of coherence in the states that each statement was ascribed to with some individuals showing greater clustering than others. There was evidence of transitions between states from pre- to post-quit interview in the two participants who were not smoking but they tended to regard themselves as ‘Attempting’ to stop rather than as ‘Non-smokers’.

During this short-term quitting process, participants related their emotional states and difficulties that accompanied smoking cessation. The difficulties reported by them were consistent with findings from other qualitative studies such as deprivation of comfort, fear of failure, shame of not being able to quit, the perception that withdrawal symptoms are too difficult to overcome and descriptions of strong cue-driven urges and the need to smoke (Thompson, Thompson, Thompson, Fredrickson, & Bishop, 2003; Yong & Borland, 2008).

This study had a number of limitations. As with any qualitative study it can only point to what might happen and make no comment on how prevalent it is. However a start has been made and it appears that there may be merit in exploring the use of this interview and coding approach further.

Clinically, it may be worthwhile to discuss the observed pattern of statements with respondents to make them aware of their possibly implicit resistance to behaviour change despite their explicit choice to attempt to stop smoking. This may encourage them to form patterns of thoughts and feelings that are more conducive to sustain change. Moreover, further research is required to verify the predictive utility of SNAP model constructs. For example, those with more coherent self-descriptions

Post quit, participants differed in their progression, but there was a general movement towards ‘attempter’ state (Table 2 and Box 2). In no cases was there a predominance of ‘non-smoker’ statements, even in the two participants who were not smoking. Motivation statements predominated as with pre-quit.

Box 2: Examples of post-quit statements

‘There are times when you are waiting for somebody you are expected to meet and to talk something. . . then sort of you became fidgety. . . the urges will come. . . and you tend to put a cigarette in the mouth’.

(Participant 1; Post quit - State: Smoker, Parameter: Motivation)

‘I’m confident now because I know the number of sticks I smoke now and I have my willpower’.

(Participant 4; Post-quit – State: Attempter, Parameter: Motivation)

‘Well, I just fight the urges . . . especially dinner, as well as lunch hour, I never smoke because when I finished my lunch, I go straight to entertain my customers, make myself busy lah’.

(Participant 4; Post quit – State: Attempter, Parameter : Behaviour)

‘With friend in the afternoon. My friends will call me out for lunch or have tea. That is the time I will smoke’.

(Participant 8; Post quit – State: Smoker, Parameter: Behaviour)

as non-smokers should be more likely to remain in that state.

It would also be interesting to assess participants' responses at a later follow-up to determine predictors of quit success at the intermediate and late stage of quit attempts. If consistent patterns can be identified in further qualitative research, it may be useful to develop questionnaire items and to quantitatively test findings in a larger sample in a prospective, longitudinal study.

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Competing Interests

Lion Shahab has received an honorarium for a talk and travel expenses from Pfizer. Robert West undertakes research and consultancy for the following developers and manufacturers of smoking cessation treatments; Pfizer, J7J, McNeil, GSK, Nabi, Novartis and Sanofi-Aventis. Robert West also has a share in the patent of a novel nicotine delivery device.

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Conflict of Interest

Lion Shahab has received an honorarium for a talk and travel expenses from Pfizer. Robert West undertakes research and consultancy for the following developers and manufacturers of smoking cessation treatments; Pfizer, J7J, McNeil, GSK, Nabi, Novartis and Sanofi-Aventis. Robert West also has a share in the patent of a novel nicotine delivery device.

Ethical Standard

The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committees on human experimentation and with the Helsinki Declaration of 1975, as revised in 2008.

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