Contextualizing Smoking Behaviour over Time:
A Smoking Journey from Pleasuring to Suffering

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Abstract

This paper reports a qualitative study describing the basic psychosocial process of contextualizing smoking behaviour in the life fabric of Jordanian psychiatric nurses (JPNs). A classical grounded theory method was used to collect and analyze the data derived from a theoretical (purposeful) sample of eight Jordanian psychiatric nurses in 2009-2010. The constant comparative method of data analysis was used; thus, data collection, coding and analysis occurred simultaneously. Strategies were used throughout the study to ensure trustworthiness; that is, fulfill the requirements for credibility, transferability, dependability and confirmability. "Contextualizing smoking behaviour over time" was the core concept that explained how JPNs integrate smoking behaviour into their life fabric. For these nurses, smoking is contextualized in four phases: becoming a novice smoker, becoming a formal smoker as a nursing student, becoming a heavy smoking psychiatric nurse, and becoming an exhausted smoker. Contextualizing smoking among JPNs demonstrates that those nurses frequently normalize smoking as part of the fabric of everyday life. Participants described their smoking as a journey in a manner that reflected how it started with pleasuring and ended with suffering. Although this study presents a deep understanding of smoking behaviour, further studies are required to develop the theory of contextualized smoking. A developed contextualized theory of smoking is required to guide culturally sensitive smoking cessation and prevention programmes capable of influencing smoking behaviours.

Keywords: *Smoking; addiction; contextualizing; grounded theory, Jordanian nurses, psychiatric nurses, nursing*

Introduction

Smoking rate among nurses and other health professionals in Asia and the Middle East countries is very high. Smith and Leggat (2007) have shown in their review of the literature, smoking among nurses around the world varies from year to year, from culture to culture, and even in the same culture from one study to another. Table 1 summarizes results of these previous studies.

Table 1: Summary of Smoking Prevalence among General Nurses in Different Countries

Author(s) & year	Country	Smoking Prevalence
Smith and Leggat (2007)	China, Hong Kong, and Taiwan	5% of nurses were smokers
Smith, Adachi, Mihashi, Ueno, and Ishitake (2006)	Japan	11% of Japanese nurses
Kitajima et al. (2002)	Japan	34% of female nurses
Rowe and Clark (1999)	Ireland	21% of qualified nurses and 46% of nursing students
Hughes and Rissel (1999)	Australia	21% of Australian nurses
Chalmers, Bramadat, Cantin, Shuttleworth, and Scott-Findlay (2000)	Canada	12% of Canadian Nurses
Sezer, Guler, and Sezer (2007)	Turkey	45% of Turkish female nurses
El-Khushman, Sharara, Al-Laham, and Hijazi (2008)	Jordan	49% of male Jordanian nurses 17% of female Jordanian nurses
Shishani, Nawafleh, and Froelicher (2008)	Jordan	41.5% (50.5% among male nurses and 15.8% among female nurses)
Shishani, Nawafleh, Jarrah, and Froelicher (2010)	Jordan	83.8% among male nurses 16.2% among female nurses

As shown in Table 1, smoking prevalence among Jordanian nurses is the highest in the world, and the gender specific smoking rate was higher among male nurses. Having shown the smoking prevalence among general nurses, let us now shed the light on smoking prevalence among psychiatric nurses.

Smoking among psychiatric nurses is of particular concern because as Bloor, Meeson, and Crome (2006) have reported the prevalence is high. In the study conducted by these authors, the prevalence of smoking among British psychiatric nurses was 35%. Findings of such a high rate are important in themselves because the health of psychiatric nurses is at risk. However, high smoking rate among psychiatric nurses is an important issue because they are in a unique position to influence the smoking behaviours of psychiatric patients. Lawn and Condon (2006) have indicated that "the high rate of smoking by patients continues to be an insidious problem in psychiatric settings" (p. 111) . Bandura (1986) and Sperber et al. (1995) have commented extensively on the effect of role models on the behaviour of others. Moreover, smoking adds to the economic burden of providing health care as indicated by increasing absenteeism, decreasing productivity rates, and smokers taking more breaks than non-smokers (Halpern, Shikiar, Rentz, & Khan, 2001; Sarna et al., 2009).

The factors that affect smoking among psychiatric nurses are still unclear, although some studies suggest that work stress has a major effect (Rowe & Clark, 2000; Trinkoff & Storr, 1998). Such studies have been conducted in Western countries; hence, contextual factors that affect smoking among nurses in the Arabic world, including Jordanian psychiatric nurses (JPNs), have not been investigated or reported. This is a serious knowledge gap because lack of information about the contextual factors that influence the prevalence of smoking among nurses in the Arab world severely

impedes the ability to plan and implement health promotion and smoking cessation programs for these nurses.

Cultural, Social, and Organizational Contexts of the Study

Jordan is located in the Middle East with total area is about 91,000 square kilometres and population is 5,995,645 million (Jordan Department of Statistics, 2007). The Jordanian family plays a significant role in teaching the members the cultural, social and familial norms, values, and traditions (Barakat, 1993). Moreover, the Jordanian family fabric may influence smoking among individuals. For example, because the father has the authority and mercy in Arabic culture (Abudabbeh, 1996), smoking initiation among Jordanian family members starts when the siblings imitate smoking of fathers and/ or other family members who have the power, provide social support and smoke (Hashim, 2000, Kulwicki & Rice, 2003; Maziak, 2002; Saeed, Khoja, & Khan, 1996). In Jordan , adolescent family member is not allowed to smoke cigarettes in the presence of other family members regardless of whether the latter smoke or not. Jarallah, Al-Rubeaan, Al-Nuaim, Al-Ruhaily, and Kalantan (1999) have reported that young smokers in some Arabic countries including Jordan tend to hide their smoking behaviour from their family members but not from their friends because may be they feel punishment from their older family members. However, most adults who smoke have no restrictions to smoke in the presence of other family members. The possible reasons for this case might be that the society and the family consider these adults (especially the married ones) as mature, responsible for their decisions, have more autonomy, and are financially independent. All adolescents and adult females keep their smoking behaviour strictly confidential all their life because smoking among women is unacceptable behaviour in Jordan, their smoking is still a social stigma, and thus they would be viewed negatively by others (Jarallah et al., 1999; Maziak, Asfar, & Mock, 2003).

It should be noted that Jordanians in general use the word addiction to describe drug related behaviours (e.g., use of heroin, cocaine, hashish) but not those relating to use of cigarettes or tobacco. This practice may be related to the belief among Jordanians that smoking is an acceptable behaviour because offering cigarettes to others was a symbol of hospitality in Jordanian cities until the late 1980s. A second reason for the labelling of smoking in non-addictive terms may be related to the fact that the image of smokers, including their withdrawal symptoms, is portrayed in the media in a much more positive manner than that of those who use drugs. A third reason for not considering smoking as an addiction may be related to the lack of enforcement of laws and regulations about smoking prohibition and the easy availability of cigarettes in Jordan.

Although smoking is prohibited in public areas by Jordan Ministry of Health, the ministry could not apply this law effectively. Hence, it is not unfamiliar for Jordanians to smoke wherever and whenever without giving attention to smoking prohibition signs, which are distributed everywhere on the walls. Smoking in psychiatric facilities is prohibited for employees but not for psychiatric patients. However, before conducting the current study, little was known about the psychiatric health contexts in Jordan how this context might influenced psychiatric nurses smoking behaviour. Jordanian Nursing Council [JNC] (2003) summarized the situation of nurses as well as JPNs in Jordan in most institutions in the following manner:

> Jordanian nurses lack: governance, authority and autonomy, and the support of others. Nurses have unclear organizational structure and unclear job description. In some institutions, especially in the private sector, nurses lack the feeling of job security. Although they represent two thirds of the employees in a health facility, nurses have less support to continue their studies or to enrol in courses inside and

outside the country than other health care professionals. Nurses have no incentives or clinical ladders that promote them and recognize their expertise. Thus, nurses have no recognized specialization. Occupational safety is not implemented in some institutions; many times nurses carryout hazardous jobs without protection. Also, fringe benefits are not available in most of the health care institutions.... Nurses have long hours of work in some organizations. Nursing ratios to patients or beds are not adequate. The turnover rate is high among the majority of health care professionals (p. 4).

To understand smoking behaviour among JPNs, an in-depth, comprehensive exploration of this complex issue was required. Therefore, the study described here was designed to understand the cultural, social, psychological, organizational, and related contextual factors that affect the smoking behaviours of JPNs. Classical grounded theory (Glaser, 1978; Glaser, 1992; Glaser & Strauss, 1967) was selected as the research methodology because it facilitates the researcher to make a substantial contribution to nursing knowledge where little or inadequate research has been done (e.g., no studies could be found about smoking among JPNs). It is particularly useful when existing research has major gaps and where new research may identify areas for nursing intervention (Aldiabat & Le Navenec, 2011; Chenitz & Swanson, 1986). The starting point was to understand the theoretical framework that guides the classical grounded theory method.

Guiding Theoretical Framework

Symbolic interactionism is a philosophical underpinning of grounded theory methodology (Chenitz & Swanson, 1986; Glaser, 1992; Strauss & Corbin,1990; Wuest, 2007). Three premises of symbolic interactionism were adopted for the study (Blumer, 1969):
- Humans behave toward things based on the meaning those things have for them;
- Such meanings are derived from social interaction between human beings; and are modified through self interaction;
- The research act in sociological research involves the researcher in forming an imaginary picture of the empirical world of the participants, who behave in accordance with their imaginary understandings of that world.

Accordingly, identifying the theoretical framework before conducting a study is a critical act because it "sets the selection and formulation of problems, the determination of what are the data, the means to be used in getting data, the kinds of relations sought between data and the forms in which propositions are cast" (Blumer, 1969, p. 25) Furthermore, phenomena in symbolic interactionism are seen as continually changing in response to evolving conditions (Strauss & Corbin, 1990).

Such methodological insights are invaluable when conducting grounded theory studies because they remind researchers to be sensitive to how phenomena and their meanings change over time. Consequently, the basic psychosocial process discovered in classical grounded theory studies can be understood as a depiction of a phenomenon and its meaning change for participants over time. Therefore, this study of smoking among JPNs needs to be considered as an investigation of a how the meaning of smoking changed for the nurses as they undertook the journey from novice smoker to exhausted smoker. Grounded theory is suited to investigating such changes in meaning because it orientates the researcher to focus on nuanced changes of meaning in participants' accounts. Identifying such changes requires researchers to be particularly sensitive to subtle differences in how participants talk about phenomena over time.

The Study

Purpose

The purpose of the study was to generate a substantive theory of smoking behaviours among JPNs. This theory will afford knowledge and understanding about the perspectives offered by JPNs regarding their smoking behaviour.

Design

The classical grounded theory method (Glaser & Strauss, 1967) was used to conduct the study, the data for which was collected in 2009 and 2010.

Participants

The participants were eight male JPNs employed at a public psychiatric hospital in Amman (the capital city of Jordan). Female JPNs have been excluded from this study for cultural reasons (see limitations section).The participants had been recruited through research flyers. Theoretical sampling refers to "the process of data collection for generating theory whereby the analyst jointly collects, codes and analyses his data and decides what data to collect next and where to find them, in order to develop his theory…." (Glaser & Strauss, 1967, p. 45). Because theoretical sampling is strongly directed by the demands of theory developments (Wuest, 2007), the researcher in the current study continued recruiting participants, collecting ; coding and analyzing the data until the theory emerged and no new data were provided by the participants.All eight participants met the following inclusion criteria:
- Currently smoker;
- At least one-year experience at the current hospital;
- Employed as a staff nurse in direct patient care;
- Able to read, write, and speak Arabic and English;
- Freely consent to participation in the study.

The participants were aged 20 to 40 years; six were married, one was divorced, and one was single. The participants had been employed at the hospital from three to 16 years, with an average period of employment of nine years. The participants began smoking as secondary school students and student nurses between the ages of 16 and 20 years. The average age for starting smoking was 19 years. The nurses reported smoking between 10 and 40 cigarettes a day, with an average daily consumption of 28.5 cigarettes. All participants smoked primarily at the workplace as opposed to at home or at other places outside the work setting.

Data collection

The first author collected the data between the beginning of June, 2009 and early March, 2010. Three primary data collection methods were used: in-depth semi-structured interviews using an interview guide, non-participant observation, and field notes. Data sheets were used at the end of each interview to collect data on participants' social relationships and smoking behaviours.

All interviews were audio-recorded using Arabic language, and held in a convenient, safe, and quiet place in the research setting. Each participant agreed on the place for the interview in advance. Participants were interviewed once only. The length of the interviews was typically 90- 120 minutes. A funnelling questioning technique (Swanson, 1986) was used with each participant. That is, the

researcher began the interview with broad questions such as "Would you please tell me what it is like to work in this unit?" As an interview progressed, questions became more focused, depending on the participant's response. Questions then became more specific as the researcher probed for more detail or followed up on something that the participant had said earlier in the interview. Some questions focused on what the researcher had observed or overheard during visits to the field (see Table 2).

Table 2. Illustration of Funnelling Question Technique (from Interview transcript)

Nature of the Question	The Question	Examples of Participants' Response
The general question	Would you please tell me about your firs smoking experience?	"I started smoking at a very early age when my friends were meeting frequently to have fun and to smoke...." (Yasser)
A more specific question	What did your parents do when they knew you smoked with friends?	"My parents were shocked and upset; they advised me times and times to stop smoke cigarettes and not to make any contact with my smoker friends...." (Yasser)
A more detailed question	Would you please give me an example of these advices?	"...they kept telling me that smoking would make my life shorter, smoking causes diseases and makes me poor man ...." (Yasser)
A question based on a previous observation	Last time, I observed some nurses in this unit have distributed cigarettes to patients, would you please let me know more about this role.	"sure, this is one of our roles her as psychiatric nurses, distributing cigarettes to patients helps us to control their agitated behaviours and calm them.... (Mustafa)
A question based on something the participant said during another part of the interview	One of the participants has told me that nurses in this hospital do not provide smoking cessation or prevention programs to patients, what is your opinion?	"yah, that is right, because our [nurses] priority here [psychiatric hospital] is to treat their [patients] psychiatric illnesses not their smoking addiction..." (Mustafa)

After the interviews were completed, the researcher spent two to three hours in the field (three times a week, on all three shifts – morning, afternoon, night) to engage in non-participant observation to collect data on activities and behaviours related to smoking. Observations were recorded in three types of field note (e.g., observational, contact, and personal) (see Table 3).

The researcher drew sociograms to understand the social relationships data. The sociogram has been defined as "a diagram that shows all [individuals] and the nature of the ties between network members" (Katz, Lazer, Arrow, & Contractor, 2005, p. 278). The data collection sheet used to draw the sociograms had two parts: the first to record data about who the participant did and did not

regard as a source of social support; the second part to record who the participant did and did not regard as a smoking companion (see Sociogram 1).

Table 3. Types of Fields Notes (Adapted from Le Navenec (1993, p. 76))

Types of Field Notes	Definition	Example from the Study
Observational Notes (ONs)	These notes described the events and the environment of the participants through watching and listening (e.g., with whom they smoked, what they smoked (e.g., cigarettes, cigar, pipe, etc.), when and where.	….I have seen many of official letters from the Jordan Ministry of Health regarding prohibiting smoking inside the hospital, all of these letters were seen and signed by all employees...
Contact Notes (CNs)	These notes had been taken from the participants through telephone conversations, e-mails, or other communication with them.	…Once I observed Yasser today, he told me that cigarettes are allowed to be sold inside the hospital (at employees' cafeteria which is located in the hospital basement), and the hospital managers know and agree about this issue….
Personal Notes (PNs)	These notes included the researcher's reflections, feelings, and thoughts about his experience in the field.	…Next time I am going to spend 2-3 hours observing smoking behaviour of nurses who smoke at employees' cafeteria…. I will also collect more data about selling cigarettes inside the hospital from the next participant….

Sociogram 1. Smoking Pattern and Characteristics of Social Support for: Participant # 2
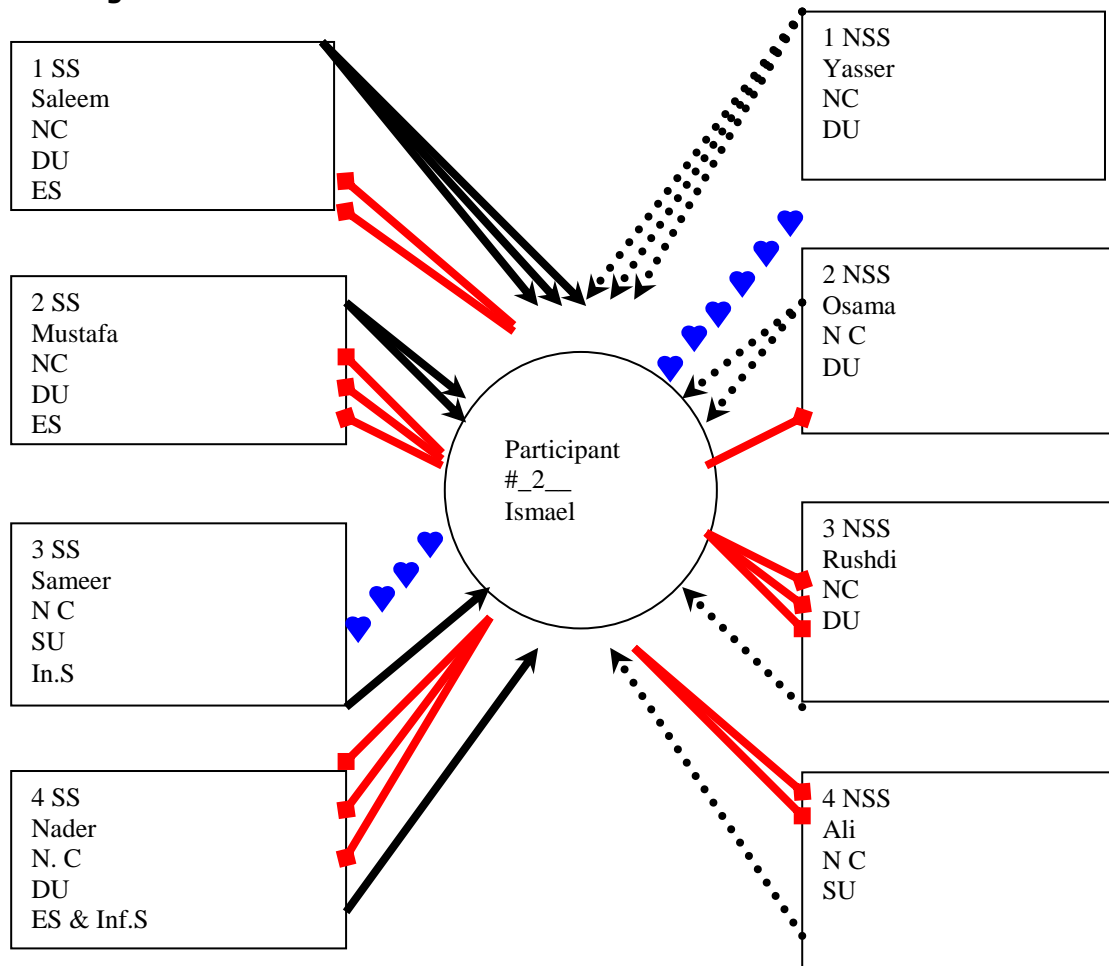
Date: __12/07/09_____

Social supporters (SS)
(all kinds of SS)
**(co-workers, superiors, social network)
social network)/
smoking with NSS**

Non-social supporters (NSS)

**(co-workers / superiors)/
smoking with SS**

1 SS
Saleem
NC
DU
ES

2 SS
Mustafa
NC
DU
ES

3 SS
Sameer
N C
SU
In.S

4 SS
Nader
N. C
DU
ES & Inf.S

Participant
#_2__
Ismael

1 NSS
Yasser
NC
DU

2 NSS
Osama
N C
DU

3 NSS
Rushdi
NC
DU

4 NSS
Ali
N C
SU

NC : nursing co-worker	= Smokes very frequently with that person	[Very Strong, Positive Support]
CW: Co-worker		
DU: Different unit	= Smokes often with that person	Average OR Moderate Positive support
SU: Same unit		
ES: Emotional Support	=smokes very infrequently with that person	[Weak, but Positive Support]
Inf.S: Informational Support		
IS: Instrumental Support	=Does not smoke at all with that person (specify why)	Very Strongly unsupportive
NA: not applicable		Average or moderately non supportive
		Weakly non supportive

Ethical considerations

Ethical approval for the study was received from health research ethics committees in both Canada and Jordan because the first author was a Jordanian doctoral candidate at one of the Canadian universities. The study was discussed in detail on an individual basis with each of the participants before they were asked to consider signing the interview and observation consent forms. Participation was voluntary and the participants were reminded that they had the right to withdraw from the study at any time without penalty. Measures were taken to ensure the confidentiality and anonymity of the participants during data transcription and analysis. The researcher assigned a pseudonym to each participant. The pseudonyms were used to label all documents and electronic records relating to the participants. The names of the participants were kept in a separate file in a locked filing cabinet accessible to the researchers only. Electronic records were stored on a password protected computer accessible only to the researcher. The researcher transcribed the interviews personally. No one other than the researcher had access to the transcriptions.

Data analysis

When complete the data collected from each participants was analyzed (interview data, observation data, field notes if any, and sociometric data) and later compared with the data from the other participants. The researcher adopted a concurrent approach to data collection to facilitate exploration of emerging theoretical codes. Four steps in the constant comparative method (Glaser, 1978) were used to analyse the data.
1. *Open coding* - reading the data line by line, word by word, and sentence by sentence to break down the data into meaningful units. Next coding and comparing the data (words and sentences to identify incidents or facts) in relation to their underlying meanings, patterns, occurrences, and similarities in smoking behaviour. Finally, categories were formed by clustering similar codes and giving them an initial name.
2. *Selective coding* - which aimed to delimit the coding process to only those variables that related to the core category (Walker & Myrick, 2006) as it emerged. At this step, the researcher focused on theoretical sampling (Glaser, 1978) to discover the core category that described the basic social process of smoking among JPNs. This was achieved by comparing incidents and categories that previously emerged.
3. *Theoretical coding* - reducing the number of categories and their properties into a smaller set of higher level concepts (main categories).
4. *Identifying the core category and writing the substantive theory* – at this step, the researcher completed the analysis of the theoretical findings and compiled the theory. This process involved further reduction of the number of categories and the eventual identification of a core category; that is, the category that was the most strongly related to all the other categories.

Trustworthiness

Credibility was achieved by prolonged engagement with the subject matter, using member checks (i.e., after the interviews' data had been transcribed verbatim, the participants were invited to review the transcript to verify the content and meaning, add, delete, or modify any information they wished before the researcher began the data analysis), consulting with peer researchers, and writing reflexive field notes. Data collection methods and times of observation were triangulated to further establish credibility. Confirmability was addressed by carefully documenting all stages of the research process, including data collection and analysis, memo writing, and seeking feedback from other grounded

theorists. Finally, the technique of "thick description" (Geertz **,** 1973) was used to assist transferability (the researcher described the context of the study, the research process such as data collection and analysis methods, and memo writing process in a rich and thorough manner that another individuals could follow the research process and understand the social and cultural contexts)

Findings

For the purpose of this paper, findings relating to the core category, the basic psychosocial process, only will be presented. Findings related to the main categories (phases) will be mentioned briefly now and later published in separate papers.

The core category that emerged from the data analysis was 'Contextualizing Smoking Behaviour over Time' and the relational categories (phases) connected to this category were: (a) Becoming a novice smoker, (b) Becoming a formal smoker as a nursing student, (c) Becoming a heavy smoking psychiatric nurse, and (d) Becoming an exhausted smoker (see Figure 1). These relational categories (phases) revealed that smoking begins as an exciting journey, later as a nursing student it takes hold (increases), next as a psychiatric nurse one becomes a heavy smoker, and eventually an exhausted smoker - a view of smoking as a journey that the participants wished they could end with the struggle for cessation continuing. This journey has been described by one of the participants as:

> "For me, smoking is like a journey, it starts by visiting the wonderland and ends by visiting the graveyard…. [It is] like eating a very delicious meal that is mixed with tasteless, slow acting poisons; others keep telling you about the dangers of this meal, but you do not believe them unless you have a serious life threatening situation caused by this meal…. Then you will realize that you have been hooked…. And the quitting road is challenging…" (Yasser).

Another participant described the smoking journey as:

> "A person who smokes is like a fish itself that needs the attractive food but she does not know that there is a hook inside it. The fish realizes the danger of this food only after she has been captured…. I started smoking as a very young teen, I got hooked to cigarettes easily because I had low self-esteem and I thought that a rolled-up paper with tobacco and nicotine inside is supposed to make you popular, or confident, or cool" (Osama).

Fundamental to the process of contextualizing smoking as emphasized by the participants was that their smoking behaviours were influenced and changed by social, psychological, organizational, personal, and cultural contexts. This is why the core category or basic psychosocial process was labelled – "Contextualizing Smoking Behaviour over Time".
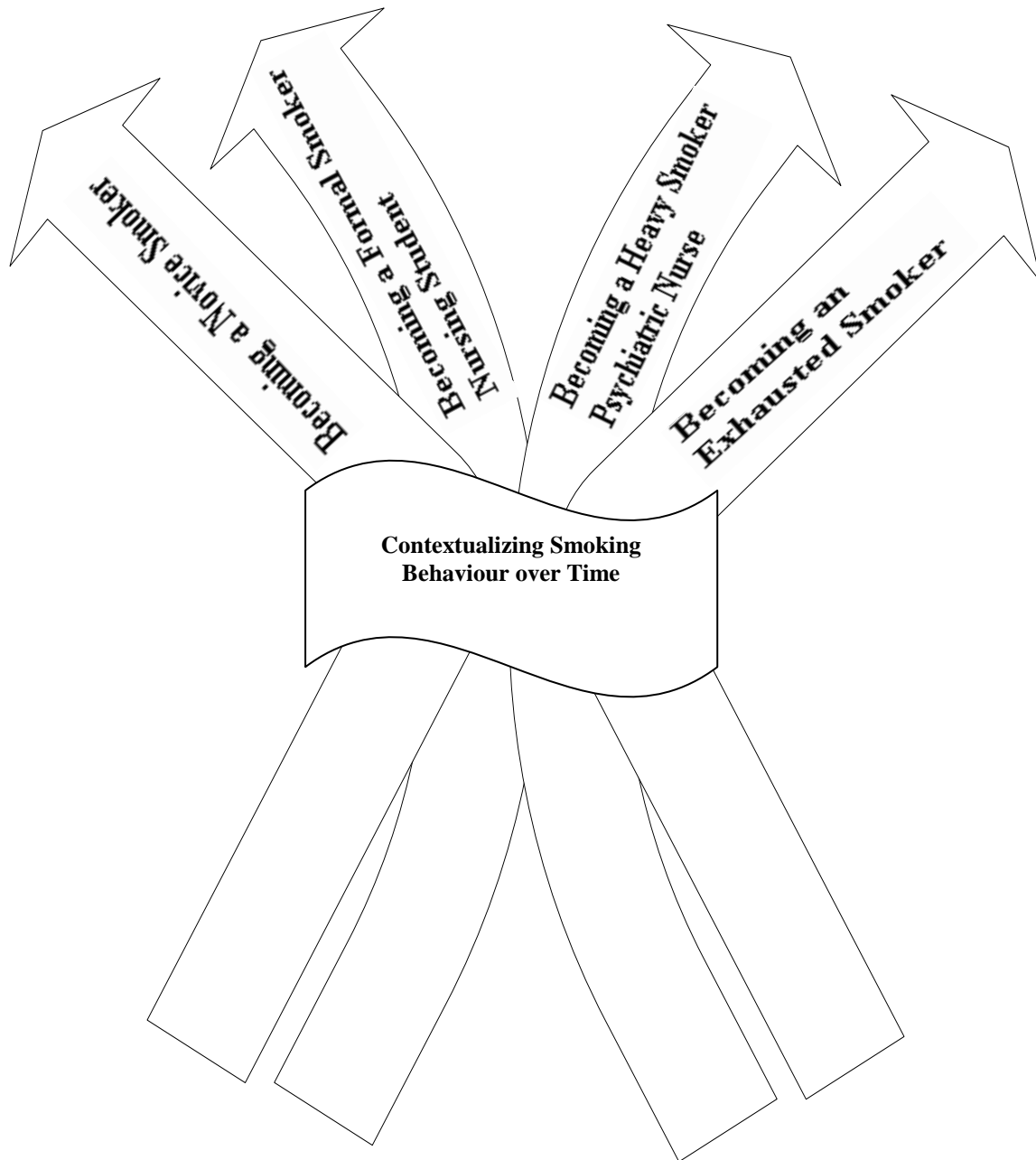
Figure 1. Contextualizing Smoking Behaviour over Time Theory

One participant used the following words to describe the important influence of context on his smoking behaviours: The principal contexts referred to by the participants are picked out in bold type and parentheses to show how what the participant said was interpreted.

> "But how do I explain this [interaction process] to others?...I didn't really think about how my interactions **[social context]** with others are shaped by environment **[cultural context]** until I **[personal context]** started to behave like those who were around me **[cultural context]**....Regarding my smoking behaviour **[personal context]**, I do not believe that I explicitly learned this behaviour but I absorbed it like a sponge**...[social context]**. It [his smoking behaviour] was under the influence of the environment around me ... by observing

> *and sensing the odour ….[**psychological context**] I did not feel that there was something wrong with me because of my smoking behaviour [**personal context**].... You know smoking behaviour among Jordanians is somewhat normal [**cultural context**]; hence, it seems that I smoked [**personal context**] to behave in the manner that Jordanians in that environment were expecting [**cultural context**]* " (Ismael).

Participants born and raised in households in which members smoke typically referred to the importance of context as an influence on smoking behaviour in the following terms:

> *Smoking is part of our Jordanian culture and heritage…. [**cultural context**] I was born and raised in an environment where all those around me were smokers [**personal context, social context**]. Actually, I lived in an extended family where my grandpas, my dad, and uncles were smoking....[**personal context, social context**] In that environment, my role as a kid [**social context**] was to help my grandpa roll his cigarettes, distributing and cleaning ashtrays [**social context**], but my favourite role [**social context**] was when those people sent me to the mini-market to buy them a cigarettes' box because they awarded me some coins for that service....[**social context**] I was enjoying smelling and observing how more than 20 persons smoked at the same time [**psychological context**], it was like a fog atmosphere…. I carried my beliefs and attitudes regarding smoking [**psychological context**] from my family environment [**social context**] to the school [**organizational context**], university [**organizational context**], and work environments [**organizational context**]…. I did not face clashes in the new environments regarding smoking [**psychological context, social context**], because I found smoking there like a normal and part of these environments…. [**cultural context**]…(Mustafa).*

For the purpose of this research, a contextual factor that influences the smoking behaviours is defined as: Any actual or conceptual, intrapersonal or interpersonal, past, current, or future situation that can be used by JPNs who smoke to characterize and give meaning and background to their smoking behaviour. Although the study data points to the social context as a major influence on the smoking behaviors of JPNs, the basic psychosocial process explained cannot separate out the relative importance of the various dimensions of context. As can be seen in the bolded insertions in the verbatim statements of participants cited above, it can sometimes be unclear to determine whether a reference is to the psychological context, personal context, the social context, or the cultural context. Consequently, the study findings support a multidimensional and dynamic conception of the influence of contextual factors on smoking behaviours. Narrower definitions of contextual factors would add clarity to the analysis, but this would be at the expense of forcing the data in ways that would invalidate the multidimensional and dynamic meanings given to context in the participants first person accounts.

Becoming a novice smoker

This first main category (phase) reflects the early smoking experience of Jordanian psychiatric nurses and describes four salient factors (subcategories) that were essential for them to begin smoking. Some of these factors were related to the intrapersonal/psychological context (e.g., crystallization the initial meaning of smoking, the initial feelings about smoking, and perceiving the initial perceptions of others), and one was related to the interpersonal, physical, and social contexts (e.g., when, with whom, and why/ how they got started in the smoking journey). Becoming a novice smoker was

evident in the contextualizing accounts of all the participants; that is, they spent a great deal of time describing how they got started smoking. Initially, they crystallized a positive meaning about smoking (e.g., fostering social interaction, creating a more positive self image, and affording positive pleasurable physical sensations), thought that the others would perceive their smoking behaviour in a positive manner (e.g., being part of the group or cool guys), found the suitable contextual environment to practice their smoking, and they experienced exciting feelings when they smoked.

Becoming a formal smoking nursing student

This second main category (phase) illustrates the contextualizing of smoking by the participants in regard to the influence of the numerous contextual factors on their smoking when they were studying nursing at the university. The major shift that occurred in this phase was an increase in smoking and they became regular/ formal smokers, which in turn was described by them as way to deal with their stressors, ongoing encouragement from their friends, absence of penalties for smoking, absence of smoking cessation programs, and no content about such programs in the nursing curriculum.

Becoming a heavy smoker psychiatric nurse.

This third main category (phase) illustrates how JPNs who smoke became heavy smokers after they were regular tobacco consumers. Participants reported six salient contextual factors (subcategories) in their psychiatric work settings that influenced their smoking behaviour to extent that they became heavy smokers. These subcategories were:
   a) Challenging paths in the workplace lead to higher smoking rate;
   b) Living in ambiguity;
   c) Experiencing the workplace conflict;
   d) Facing workplace stressors ,
   e) Enjoying work in psychiatric nursing;
   f) Receiving social support (emotional and instrumental) from nursing coworkers, and smoking with both social and non-social supporters coworkers.

Becoming an Exhausted Smoker

This fourth and final main category (phase) illustrates how participants who smoked became exhausted and tired from their smoking behaviour, and their expressions of need for help to quit smoking. Participants changed their positive feelings about smoking to negative ones (e.g., feelings of nervousness and self-blaming). They changed also their own positive perceptions about how are others perceiving their smoking and modifying their smoking behaviour on that basis (e.g., an undesirable person). Moreover, they reformulated the initial meaning of smoking over time (e.g., smoking does not promote feelings of fun). Finally, they were wavering between hope and fear of quitting (e.g., "I want to quit smoking … but I fear of losing part of my personality" (Hassan), and sought help to quit their smoking in order to help psychiatric patients who smoke to quit.

<div align="center">

Discussion

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Contextualizing smoking among participants demonstrates that nurses frequently normalize smoking as part of the fabric of everyday life. Contextualizing this behaviour involves not only understanding change in a social and temporal context , but also changes in participants definitions of the situation, in their self-concepts, and the intrapersonal meanings given to smoking as expressed by the

participants. The basic psychosocial process discovered in this study can be clarified with reference to three related theoretical perspectives.

In the symbolic interactionist literature, theorists such as Turner (1998), emphasize that human beings adjust their behaviour based on particular context at particular points in time. Therefore, what symbolic interactionists call 'the definition of the situation' is similar to what is referred to here as contextualizing. Hewitt (2000) defined 'definition of situation' as "an organization of perception in which people assemble objects, meanings, and others, and act toward them in a coherent, organized way" (p. 72). However, to 'define the situation' is to represent the environment symbolically to the self so that a response can be formulated (Lauer & Handel, 1977). In other words, human beings respond to any particular situation on the basis of how they define that situation, rather than how the situation is objectively presented to them. Jordanian psychiatric nurses change their definitions of smoking as they progress through the phases of their smoking journey. Therefore, an understanding about how they define the situation can assist us to more fully comprehend why they behave as they do in the situation.

According to DiClemente (2003), "The social/environmental perspective emphasizes the role of societal influences, peer pressure, social policies, availability [of cigarettes], and family systems as mechanisms responsible for the adoption and maintenance of [the behaviour]" (p. 7). Although this notion is similar to the substantive theory that the researcher has developed, it differs from the latter in that it involves no explicit reference to the importance of changes in perspective over time. Just as the substantive grounded theory developed in this study included a comprehensive range of societal factors that influence smoking, similar factors were identified in several previous social/environmental studies (all were quantitative in design) mostly conducted in the Middle East such as: pressure from friends or siblings who smoke, parental or other family member modeling of smoking behaviour, familial attitudes and norms toward smoking of their dependents, social and cultural acceptance of individuals' smoking, social and life problems, low economic status, accessibility and availability of cigarettes give opportunities to engage in the smoking, and lack enforcement of tobacco legislation and control policies (Abu Baker, Haddad, & Mayyas, 2010; Belbeisi, Al Nsour, Batieha, Brown, & Walke, 2009; Haddad, Shotar, Umlauf, & Al-Zyoud, 2010; Haddad & Malak, 2002; Haddad & Petro-Nustas, 2006, Maziak et al., 2004 a b ; Tyas & Pederson, 1998).

From a coping /social learning perspective, individuals who have ineffective coping mechanisms or who are unable to cope with 'life stressors', use substances including smoking to manage their stressful situations (DiClemente, 2003). This perspective is similar to the substantive grounded theory developed by the researcher in the sense that the participants contextualized their smoking as a way to relieve workplace stress and to manage their anger and frustration. Furthermore, they smoked even when they were students in the nursing program as a way to relief their stressors associated with academic life. These results are consistent with previous studies. For example, one Australian study whose aim was to explore the relationship between workplace stressors and coping methods among nurses revealed that they used smoking as one of their coping mechanisms when they believed that they could not address the stressful situations appropriately (Chang et al., 2006). Owies and Diabat [Aldiabat] (2005) found that Jordanian nurses who were exposed to physicians' verbal abuse managed their anger and frustration by using less effective coping mechanisms such as smoking.

An additional aspect that is apparent when one discusses the contextualizing smoking behaviour over time from the social learning perspective is how these nurses used their social cognition. The social learning theory explains smoking behaviour by focusing on the role of one's expectations, peers and

significant others (Bandura, 1986; DiClemente, 2003). This perspective is similar to the current substantive theory in the sense that the participants indicated that they were influenced and emulated smoking behaviour of their significant others such as their friends who smoked. A second similarity between these perspectives is that the participants began smoking and continued to smoke because they expected to derive something positive from smoking (positive expectancies) (see Aldiabat & Le Navenec, 2011).

Although the coping/social learning model shares the above similarities with the contextualizing smoking behaviour over time substantive theory, one important difference between the two is that the coping/ social learning model is more limited in nature. That is, the latter model does not afford a comprehensive understanding of many factors that affect how one goes about contextualizing smoking and the changes in it over time (e.g., the vast range of cultural factors that are involved in contextualizing smoking).

Limitations

The most salient limitation of the current study was excluding Jordanian female psychiatric nurses who smoked from the current study for the following two cultural reasons: (a) Smoking cigarettes among females is not an accepted practice in Arabic/Islamic society because the female who smokes in that culture would be looked at by societal members in an unfavourable manner, and she would be accused of being immoral. Hence, it would be very difficult to access a female participant who agrees to express her smoking experience to a male researcher via recorded interviews. (b) Because observation of participants in their field was one method of data collection for the current study, it would be culturally unacceptable for a male investigator to shadow a Jordanian female psychiatric nurse in females' psychiatric units.

<div align="center">**Conclusion**</div>

Although the contextualizing smoking behaviour over time substantive theory does not depict a complete understanding of the activities and experiences that are involved in the movement between, and length of time in each of the four phases, this theory has several strengths. First, the contextualizing smoking theory has integrated a wide range of cultural, social, organizational, psychological, situational, and personal factors of smoking among JPNs. Second, these factors as reported by the participants were unique to the Jordanian culture, psychiatric nursing subculture, JPNs who smoke, and how they were changing their smoking behaviour over time. Third, although the contextualizing smoking theory emerged from data concerning smoking among Jordanian psychiatric nurses, and its focus was primarily on smoking behaviour, the main categories and some sub-categories could be used to explain other related behaviours such as drug use among other populations. Finally, this theory has been developed based on personal experiences of JPNs who smoke. As discussed before, participants described their smoking as a journey in a manner that reflected how it started with pleasuring and ended with suffering.

Further studies are recommended to depict a complete understanding of contextualizing smoking over time theory; however, this theory still has many implications. It can be used by nurses to develop culturally sensitive smoking cessation and prevention programmes. Their primarily role to de-contextualize smoking behaviour from the entire life of those who contextualized it over time by diminish the effect of internal and external contextual factors that influenced their smoking behaviour.

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