ORIGINAL ARTICLE

A Qualitative Exploration of Smoker's View of Smoking Cessation and Setting of a Quit Date

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ABSTRAK

Sebagai usaha dalam membantu perokok berhenti merokok dengan jayanya, kajian ini telah dijalankan untuk memahami perspektif perokok mengenai pengalaman mereka dalam proses berhenti merokok serta maksud penetapan tarikh berhenti merokok bagi mereka. Kajian ini adalah kajian kualitatif deskriptif yang menggunakan pendekatan pasca-positivis dan teori model COM-B. Model ini menekankan domain keupayaan (C), peluang (O) dan motivasi (M) dalam perubahan tingkah laku (B). Kajian ini dilaksanakan dari Januari hingga Julai 2022 dan melibatkan perokok dewasa yang menghadiri Klinik Berhenti Merokok di Hospital Canselor Tunku Muhriz. Mereka yang mengalami masalah komunikasi atau kognitif (seperti mengalami demensia atau penyakit psikiatri) adalah dikecualikan. Seorang penyelidik terlatih menjalankan temu bual mendalam dengan lima individu yang berjaya dan enam individu yang tidak berjaya berhenti merokok samada secara dalam talian atau bersemuka. Semua peserta telah mencuba berhenti merokok sekurang-kurangnya sekali. Terdapat 15 faktor yang dikenal pasti dan kebanyakannya menepati model COM-B kecuali faktor kerohanian dan penetapan tarikh berhenti merokok. Penetapan tarikh berhenti merokok akan lebih berkesan jika ianya boleh diubah dan ditentukan oleh perokok sendiri. Kesimpulannya, model COM-B boleh digunakan oleh penyedia penjagaan kesihatan dalam merangka program intervensi untuk membantu perokok berhenti dengan memberi tumpuan kepada faktor yang mendorong perokok untuk berhenti. Selain itu, penglibatan agamawan juga boleh memudahkan perjalanan perokok untuk berhenti merokok.

Kata kunci: Berhenti merokok; merokok; rokok; tarikh

ABSTRACT

In assisting smokers to achieve successful smoking abstinence, we aimed to understand smokers' perspectives on their quit smoking experience and the meaning of setting a quit date for them. This was a descriptive qualitative study using the post-positivist approach and the COM-B model

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as the study's theoretical framework. The model emphasises capability (C), opportunity (O) and motivation (M) domains in a behavioural change (B). This study was conducted from January to July 2022 involving adult smokers who attended the Quit Smoking Clinics in Hospital Canselor Tunku Muhriz. Those with communication or cognitive difficulties (such as having dementia or psychiatric illness) were excluded. A trained researcher conducted in-depth interviews with five successful and six non-successful quitters through physical or online meetings. All participants had attempted quitting at least once. There were 15 facilitating factors identified that mostly conformed to the COM-B model except for spirituality and setting a quit date. However, setting a quit date has a double-edged sword effect and is only beneficial if it is flexible and self-determined. In conclusion, quit smoking intervention may use the COM-B model in guiding healthcare providers to focus on facilitating factors that enhance smokers' motivation to quit. The involvement of spiritual leaders may facilitate their quit smoking journey.

Keywords: Cigarette; date; quitting; smoking

INTRODUCTION

Cigarette smoking continues to be a problem worldwide. According to the National Health and Morbidity Survey in 2023, the prevalence of smokers in Malaysia was 19% (IPH 2024a). In another survey, the Global Adult Tobacco Survey Malaysia 2023, only half (49.3%) of the smokers had attempted to quit smoking and nearly a third of the smokers (30.3%) were not interested in quitting (IPH 2024b). As part of the global fight to reduce tobacco smoking, there have been attempts to promote smoking cessation. In Malaysia, the Clinical Practice Guideline on Tobacco Disorder published by the Ministry of Health has outlined a clinical guide covering behavioural modification, pharmacotherapy and counselling for smoking cessation therapy to smokers (MOH 2016). As part of the therapy, smokers are advised to set a quit date for smoking at the beginning of the programme, ideally within the first 14 days of initiating the programme (MOH 2016).

A quit date is defined as the day that smokers completely abstain from cigarette smoking (MOH 2016). Setting a quit date has been shown to contribute to higher attempts to quit smoking (Balmford et al. 2010; Brady et al. 2019; de Vries et al. 2013). Those who set a quit date were well prepared and confident in making quit attempts (Balmford et al. 2010). Early setting of a quit date has been associated with better outcomes for smoking cessation compared to a later date (Anesi et al. 2017) while there is also evidence that smokers can successfully quit smoking spontaneously and stay abstinence without a quit date (West & Sohal 2006). It has been postulated this may occur after a series of triggers that motivated the smokers to quit spontaneously (Larabie 2005).

Quit smoking is a behaviour change that has been introduced over the years. One of the models that is being used in smoking cessation programs is the COM-B model (Michie et al. 2011). The model posits that for a behaviour (B) to occur, the individual needs to have the capability (C) to perform it, be given the opportunity (O) to conduct the behaviour, and have the motivation (M) to execute the behaviour. The capability, opportunity and motivation domains interact with each other to cause a behavioural change. It is a bidirectional relationship in which the behaviour can also cause changes in the three domains. The

capability domain consists of physical and psychological capabilities. The opportunity domain includes physical opportunities in the environment and social opportunities like the cultural norms that influence the individual's thinking. Motivation is the brain process that initiates behaviour which can be further divided into reflective motivation and automatic motivation. Reflective motivation includes evaluations, plans and high cognitive processes (i.e. beliefs, values, and goals). Whereas automatic motivation involves automatic processes such as emotions and impulses (Figure 1).

In applying the COM-B model to smokers who are quitting, having sound cognition and good communication under the capability domain is important. For goal-directed behaviour like quit smoking, it is important to have high cognitive control, meaning the ability to regulate attention and memory and resist smoking (Evans et al. 2019). However, evidence has also shown there is a relationship between nicotine withdrawal and cognitive deficits (Ashare et al. 2014), therefore, making quitting difficult and many would relapse.

Smokers who are cognitively deprived like those having psychiatric illness would need extra assistance when quitting as nicotine serves as a cognitive 'booster' to them and thus increases their smoking dependency. On the other hand, evidence has also shown that cigarettes or tobacco may have harmful impacts on individuals' brains, some may present with memory loss like Alzheimer's Disease (Evans et al. 2019). This negative impact would be part of the external motivational campaign to encourage smokers to quit.

The COM-B model identifies internal motivators, external stimuli and emotional impulses that facilitate smokers to quit smoking. Thus, once facilitating factors are being identified and managed accordingly, smoking cessation is likely to be successful (Minian et al. 2020). In general, there is still paucity of local research in the aspect of smoking cessation and the setting of a quit date albeit the Quit Smoking Clinic (QSC) is available in Malaysia for more than 10 years. Thus, this study aimed to explore the smokers' experience of quitting smoking, focusing on factors that facilitated them to quit. By adopting the COM-B model
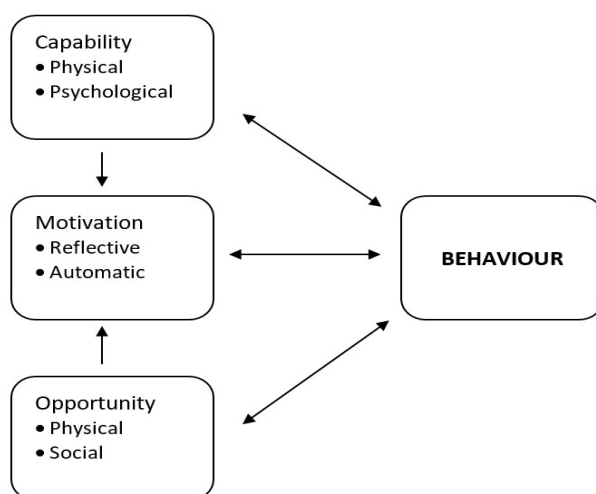

FIGURE 1: Adaptation of the COM-B model as proposed by Miche et al. (2011)

as the study's theoretical framework, it helped the researchers to understand the participants' capability, opportunity and motivation to quit smoking. The study also aimed to explore the meaning of a quit date to smokers who have attempted to quit smoking. We hoped that the findings could provide insight into important personal facilitating factors to quit for smokers and the usefulness of setting a fixed quit date prior to a smoking cessation effort.

MATERIALS AND METHODS

This was a qualitative study conducted by a Family Medicine trainee (the field researcher) and two Family Medicine Specialists (FMS), all were trained in qualitative research. The participants were recruited from the QSC at the Primary Clinic and the Pharmacy Department of Hospital Canselor Tunku Muhriz (HCTM).

This study used a generic descriptive qualitative approach that did not conform to any of the main qualitative traditions such as grounded theory, phenomenology, ethnography or case studies. However, it encompassed the main characteristics of qualitative research as followings (Yin 2011); (i) seeking participants' perspectives and uncovering meanings ascribed to their experience in quitting smoking and setting a quit date to obtain insights into their behaviour; (ii) maintaining subjectivity, through close engagement with the participants and data generated, as well as by being aware of own (researchers') biases (e.g. assumptions, beliefs, knowledge, and past experiences) that may influence the study; (iii) studying a phenomenon within a real-world complexity and its natural contextual conditions that may influence the participants and the study; (iv) remaining reflexive throughout the study; (v) analysing the data constructively and interpretatively from the participants' story and perspectives; and (vi)

ensuring the iterative process. Through this approach, we could obtain insights and an in-depth understanding of how and why certain factors could facilitate the participants who received smoking cessation treatment to quit smoking.

The phenomenon understudied here was highly contextualised with the presence of various theories explaining the behaviour. As all QSC personnel (including the researchers) are trained in smoking cessation and knowledgeable about smoking-related issues (e.g. behaviour, treatment, and behavioural theories), it is impossible for the researchers, to totally bracket their experience, assumptions and knowledge from their clinical practice. Thus, the 'pure' constructivism approach that creates a reality by both researchers and participants is unfeasible (Braun & Clarke 2013). Instead, we used the post-positivism approach to uncover a reality experienced by the participants that might not be known to the researchers (Braun & Clarke 2013). To help us gain an understanding of the phenomenon understudied, we adopted the COM-B model as the study's theoretical framework, specifically to aid us in selecting the participants and interpreting the findings. To enhance trustworthiness and reduce researchers' biases, continuous reflexivities through memoing, journaling, and peer checking were carried out.

Using the purposive sampling technique, successful and non-successful quitters who attended the QSC and fulfilled the study criteria were recruited. Successful quitters were defined as those who remained abstinent after 6 months of completing the QSC programme. Both successful and non-successful quitters were interviewed to capture potentially different experiences and perspectives given the divergent outcomes of their quit attempts (maximum variation sampling). In 2022,

the total registered number of clients at the QSC at the Primary Clinic and the Pharmacy Department were 20 and 38 respectively. The successful smokers were about 10% at the QSC of the Primary Clinic and 20% at the Pharmacy Department. General information about all the QSC attendees was obtained from the registration records of the two clinics for screening purposes. Those who met the inclusion i.e. aged above 18 years old, and able to share their experience in Malay or English were contacted through telephone calls and invited to participate in this study. Those who had communication problems like dysphasia due to stroke or cognitive difficulties like dementia or psychiatric illness were excluded. These exclusion criteria are important not only to ensure the selected clients would be able to share in-depth insights on their life experiences but also as quit smoking is a goal-directed behaviour, it needs good physical and psychological capabilities. In addition, clients who refused or were uncontactable were excluded from this study. All the participants were briefed about the study and those who agreed to participate had to give their written consent and choose their preferred method of interview, either online or physical interviews on dates of their convenience. Those who preferred online interviews submitted their signed consent forms to the researcher using email or the instant messaging platform, WhatsApp. All the relevant documents related to this study and participants were kept safe and only accessible by the researchers. The participant's identities were anonymised using code names to ensure confidentiality. The study was approved by the Research and Ethics Committee of the Universiti Kebangsaan Malaysia (UKM) with ID code: JEP-2021-373 from 20th May 2021 to 19th March 2023.

Interview Protocol and Data Collection

In-depth interviews were conducted by the field researcher over six months, from 25th March 2022 until 6th July 2022. A semi-structured interview protocol was used to explore the smokers' experience of quitting smoking and the meaning of setting a quit date for them. A pilot interview was conducted on 14th January 2022 with a successful quitter at the Primary Clinic HCTM to ensure the appropriateness of the questions and to identify any potential issues related to the interview process. The interview went well with no major issues and lasted for 40 minutes. Subsequently, the study proceeded to the actual data collection. A total of 26 QSC clients were contacted, eight refused to participate and seven were uncontactable. All interviews either at the Primary Care Clinic or on online platforms (i.e. Zoom or Google Meet) were in Malay or English communication and lasted between 30 and 60 minutes. The interviews were digitally audio recorded. Data collection was stopped at the 11th interview when there was no new additional information could be gathered.

Data Analysis and Validity

All audio recordings were transcribed verbatim by a professional transcriber and checked by the field researcher who conducted the interviews. Each transcription was read and re-read by the field researcher, and this helped with the familiarisation of the data. Data was inductively analysed using thematic analysis. Initial codes were developed based on meaningful verbatim and subsequently, themes were identified through patterns of codes. The initial codes and themes were discussed with other researchers, and the transcriptions were re-read and analysed, if necessary, to

further refine the themes. The findings of initial interviews were used to inform the subsequent interviews. The themes that emerged were then mapped against the COM-B model to enhance our understanding of the participants' facilitating factors for quitting smoking and to make sense of the meaning of a quit date to them. This process of data analysis was used to improve its quality and trustworthiness.

All the excerpts were translated into English by the field researcher and cross-checked by the other researcher. All researchers are native Malay language users with good English proficiency. Any changes in definitions and mapping of the themes were recorded to allow an audit trail of how the final themes were derived. The excerpts, codes and respective themes were tabulated in Microsoft Excel.

RESULTS

A total of 11 male smokers underwent individual in-depth interviews. The mean age of the participants was 40.36 (SD = 11.65) years. All of them were Malay Muslims except one, a Chinese Buddhist. The mean of years of smoking was 24.09 (SD = 11.08) years. Table 1 showed further details regarding the participant's previous quit attempts and current status of smoking.

Experience of Smokers in Quit Smoking

Table 2 summarised 15 themes identified relating to the participants' experience of what facilitated them to quit smoking. To ease our understanding, we presented the themes according to the six domains of the COM-B model i.e. (i) physical capability (two themes: 'Cutting down the number of daily cigarettes' and 'Avoiding smoking cues); (ii) psychological capability (two themes: 'Self-determination' and 'Confidence to quit'); (iii) social opportunity (two themes: 'Protecting others'

TABLE 1: Demographics of the participants including the number of previous attempts and current smoking status

Participant ID	Age (years)	Gender	Ethnicity	Years of smoking	Previous quit attempts	Current smoking status
P1	26	Male	Malay	4	2	Ex-smoker – 12 months
P2	58	Male	Malay	43	1	Smoker
P3	36	Male	Malay	21	2	Smoker
P4	38	Male	Malay	23	2	Smoker
P5	38	Male	Malay	23	2	Smoker
P6	63	Male	Malay	39	1	Ex-smoker – 12 months
P7	47	Male	Malay	32	2	Smoker
P8	35	Male	Malay	20	2	Ex-smoker – 7 months
P9	36	Male	Malay	22	1	Smoker
P10	41	Male	Malay	26	4	Ex-smoker – 8 months
P11	26	Male	Chinese	12	2	Ex-smoker – 8 months

TABLE 2: Summary of the themes identified relating to experience of quit smoking

	Capabilities	Opportunity	Motivation
	Psychological	**Physical**	**Reflective**
Themes	Self Determination	Restrictive areas	Health benefits
	Confidence	Financial gain	Setting a quit date
			Successful friends
			Spirituality
	Physical	**Social**	**Automatic**
Themes	Cutting down	Protecting family	Displeasure
	Avoidance	Other people's convenience	Keeping busy
			Understanding friends

and 'Inconvenience to others'); (iv) physical opportunity (two themes: 'Restrictive areas' and 'Financial gain'); (v) reflective motivation (four themes: 'Health benefits', 'Setting a quit date', 'Friends who are successful in quit smoking', and 'Spirituality'; and (vi) automatic motivation (three themes: 'Displeasure of smoking', 'Keeping busy', and 'Understanding Friends').

Capabilities

There are two components of capabilities namely psychological and physical capabilities. Psychological capabilities that encompassed 'self-determination' and 'confidence to quit' were found as the integral elements in the participants' quit smoking process. If the smokers were determined and confident, they believed they would be able to quit.

"If he has the determination, he will stop, he will be able to stop."

(P9; unsuccessful quitter)

"If the determination is strong, 100% confident, you can stop."

(P8; successful quitter*)*

As for the physical capabilities, cutting down number of daily cigarettes and avoiding smoking cues had helped the quitting process. The participants would avoid smoking cues like going to areas that were not smoke free zones and near the cigarette shelf in a grocery store. This prevented exposure to cigarette smoke as it would trigger and urge them to smoke.

"If I go to a grocery shop, as long as I don't see the cigarette shelf, I won't think about smoking."

(P1; successful quitter*)*

P1 also had cut down his cigarettes gradually and that had helped his quitting process.

"I took a long (time) to tapering down my cigarettes until I quit smoking."

(P1; successful quitter*)*

Opportunity

Under the opportunity, physical and social opportunities were two external factors that helped smokers to quit. The physical restriction imposed by local authorities had turned out to be an opportunity to save money

for other uses, which augmented the smokers' determination to quit smoking. The smoking bans in certain places and the costly cigarettes had reduced P5 cigarette smoking. He would rather keep the money for better use in things other than cigarettes.

"You can save money rather than spending on cigarettes, spend on other things."

(P5; unsuccessful quitter)

In addition, smoking bans in certain places had limited their smoking areas as stated by P1.

"When the government started to set the rules of the no-smoking zone at restaurants, I couldn't smoke there anymore and that helped me to quit."

(P1; successful quitter)

Social opportunity was an external factor that increased the chance of smokers to quit. For example, they quitted as wanted to safeguard their family members and the public from the harmful exposure to tobacco smoking. They also acknowledged that smoking would cause inconvenience to others and the motivation was further heightened among those with young children.

"It's (quit smoking) because of family and my children, the effects on my children."

(P3; unsuccessful quitter)

Motivation

Committing to religious teaching (spiritual factor), avoiding related illnesses (health benefits), having supportive and successful friends, unpleasant taste from cigarettes (displeasure of smoking), keeping busy, and having a quit date were important motivating factors of quitting smoking by the participants.

As smoking was prohibited in Islam, the Muslim participants were committed not to do this sinful activity. In addition, P2 associated the benefits of quitting (e.g. improving health, saving money and time) as a part of Islamic teaching.

"It is in the Islamic law, smoking is a sinful activity, right? Saving time and money as well as improving health (the benefits of quitting) are encouraged in Islam."

(P2; unsuccessful quitter)

The second motivating factor was the need to improve their health and manage their smoking-related diseases. The smokers decided to quit because they were diagnosed to have life threatening illnesses like coronary artery disease and uncontrolled bronchial asthma. P7, who was still in the process of quitting felt that smoking had worsened his health condition.

"I wanted to quit because I actually have asthma and I often get asthma attacks."

(P7; unsuccessful quitter)

Preventing future health problems was another health benefit of quitting smoking that motivated P5.

"As I become older, I want to take care of my health even though I don't have any medical conditions."

(P5; unsuccessful quitter)

Thirdly, having supportive friends and friends who were successful in quitting smoking had motivated them to quit too. Stories from successful friends further inspired and empowered them to feel that they were able to do it.

"When I look at my friends who quit out of his determination and by himself, without assistance.... I also have to try to quit."

(P4; unsuccessful quitter)

Supportive friends who did not offer cigarettes to them or smoke in their presence helped them to remain abstinent from smoking.

"Since I quit smoking, they respect me. They don't offer me to smoke together."

(P10; successful quitter)

Fourthly, the unpleasant smell and taste of the burning cigarette were considered as displeasure by some participants. After many years of smoking, there would be a stage where cigarettes did not give pleasure to them anymore and they disliked it. They were put off by the smell and taste of the smoke and this automated feeling made them not wanting to smoke. P11, an ex-smoker expressed that he was disgusted by the smell of the cigarettes and regretted even purchasing the cigarettes.

"It is smelly. I feel silly and why did I buy the cigarette in the first place?"

(P11; successful quitter)

Participants of this study also expressed that keeping busy could distract them from smoking and reduce the urge. This was mentioned by P1, a successful quitter.

"I keep my daily life busy and don't think about smoking.... I continue to do activities like doing exercise like bodyweight exercises at the gym and jogging. So, I got my adrenaline from there. I don't get enjoyment from nicotine."

(P11; successful quitter)

Lastly, setting a quit date as a motivation to quit smoking. Overall, the participants understood what is a quit date and felt it is a necessary part of smoking cessation. The quit date served as a target or goal for those who plan to quit smoking and they were motivated to work for it.

"...something that needs to be achieved... you must set a goal. To quit one needs a goal, without a goal you would not have achievement."

(P6; successful quitter)

The Meaning of Setting a Quit Date

The participants had different views on setting a quit date as illustrated in Figure 2. As mentioned earlier, having a quit date served as a motivating factor to the smokers. The targeted quit date would help the smokers to be disciplined and remain motivated as described by P10.

"I think it helps... it motivates me... more or less disciplining me."

(P10; successful quitter)

However, the quit date could also be a deterrent to their quitting effort, particularly, when the quit date was fixed by the healthcare professional. The fixed quit date caused distress especially when they were not ready to quit and they disliked it.

"It was stressful for me, I had to quit on the fixed date. I am not ready yet."

(P4; unsuccessful quitter)

The smokers felt the fixed quit date demotivated them to make any attempts. They felt they had no freedom as if they were 'imprisoned' with no choice other than accepting the obligatory order. They perceived their life being controlled by someone else.
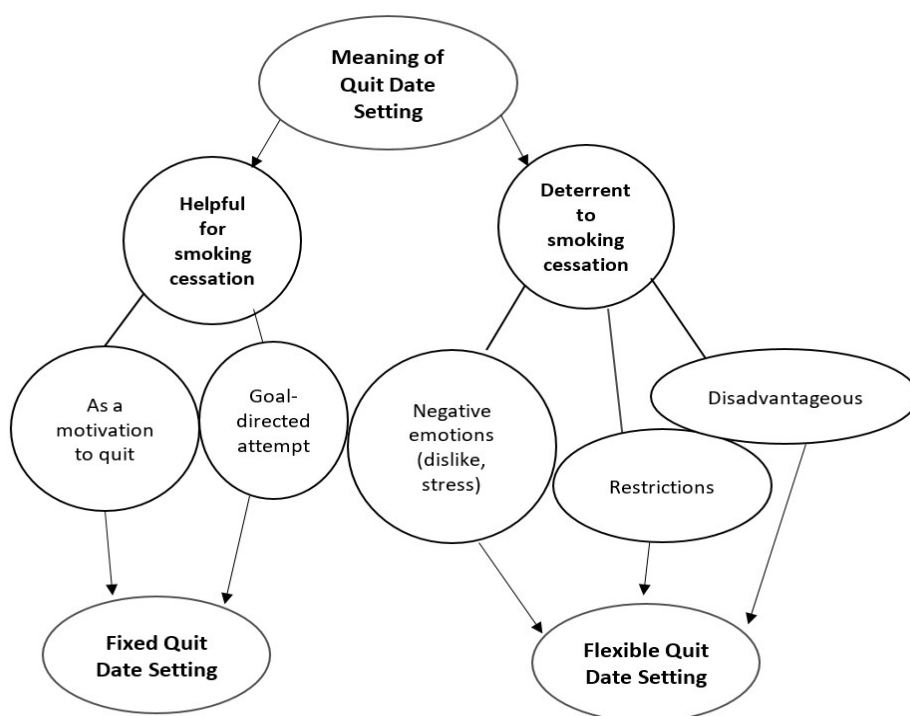
FIGURE 2: Summary of the themes that emerged regarding the experience of smokers setting a quit date

Instead, they preferred to have flexibility in choosing the quit date and freedom in deciding the ways of quitting themselves.

"There is no freedom, we are confined. We need to follow the instruction"

(P3; unsuccessful quitter)

DISCUSSION

This study had demonstrated that the behaviour (B) of quit smoking is facilitated by three components, which are: capabilities (C), opportunity (O) and motivation (M). Looking into the COM-B model in more detail, having confidence and self-determination in making quit attempts emerged as important elements of the psychological aspect of the Capabilities. This is consistent with a study involving a few states in Malaysia that highlighted the importance of confidence in quitting smoking (Sh Ezat et al. 2008). A strong willpower to quit would help smokers to succeed in their smoking cessation (Lee et al. 2013; Martins et al. 2021).

The physical capabilities found in this study like cutting down and avoiding the smoking cues would further assist their quit smoking process. It is common for smokers to reduce their cigarettes prior to quit smoking attempts, as a means of reducing nicotine dependence (Mooney et al. 2011). Cutting down the cigarettes is important in the initial part of the quit smoking program (Cropsey et al. 2011) and the use of nicotine replacement therapy which is available in almost all QSCs in Malaysia, would ease the quitting process further by eliminating physical symptoms of nicotine

addiction, which could build their confidence and motivation to quit (Cheung et al. 2015). Another coping mechanism was avoiding the smoking cues or areas. By avoiding the places and people associated with smoking, it reduces the urge to smoke (Cooperman et al. 2015).

As for the 'Opportunities', external restrictions like smoking ban areas and costly cigarettes have turned out to be opportunities for smokers to quit smoking. The smoking bans at certain places function as a barrier to active smokers. This is consistent with a local study that showed smoking bans on eateries set by the government had helped smokers quit smoking (Ahmed et al. 2020). In addition, the high tax imposed by the government on cigarettes thus, making it expensive had also caused the smokers to consider quitting. The current inflation and the high cost of living have made them realise the need to use the money for other means. The financial benefits had also been described in a study among American smokers to encourage heavy smokers to reduce their cigarette smoking (Cavazos-Rehg et al. 2014). Another opportunity that has been a factor in promoting smokers to quit is related to second-hand smoke; realising the potential adverse effects on others made them want to quit smoking to protect their family members and community from the harms of smoking (Girvalaki et al. 2020). Family is a strong motivator for most smokers to quit especially if being prompted by family members or concerns about the health of their children (Girvalaki et al. 2020; Martins et al. 2021).

In the context of 'Motivation', reflective and autonomous motivating factors were important components of smokers' journey of quitting. Personal health emerged as an important element, the smokers wanted to quit not only because they had medical problems but also to prevent them from having complications related to smoking. Data from the 2020 International Tobacco Control Malaysia Survey showed that concern regarding personal health was one of the main intentions Malaysian smokers wanted to quit (Hasan et al. 2022). This was also translated to successful smoking cessation in a primary care clinic in Seremban among patients with diabetes (Zamzuri et al. 2021).

Another component of reflective motivation is spirituality. In Islam, smoking is prohibited (*Haram*) and sinful (Juni 2014), thus avoided by many Muslims like some of the participants of this study. Muslim smokers who failed to quit were those who did not accept the religious prohibition and believed smoking was not harmful (Elkalmi et al. 2016). On the other hand, smokers with strong faith and who could accept the prohibition would attempt to quit. Religious prohibition appeared to be a reason for smokers to quit and they are more likely to have successful quit attempts especially when it is being reinforced by trusted religious leaders (Yong et al. 2009).

The participants of this study also expressed dislike towards the smell and taste of burning cigarettes. Smokers felt that the smell of the smoke was aversive and that had influenced them to quit smoking (Cooperman et al. 2015). Participants of this study also expressed that when they kept busy and distracted themselves, they were able to forget about smoking and reduce the urge. They would divert their thoughts elsewhere when the temptation occurs. Other methods of diversion that were also described as successful are keeping their hands occupied and engaging in work (Martins et al. 2021). The use of distraction as a means to reduce the craving smokers has also been found in another local study (Muhammad Lokman et al. 2020).

Smokers' social circle also plays a significant role in their cessation attempts. Successful

stories of friends who managed to quit and not being offered cigarettes by understanding friends had helped the participants in their quitting process. Other studies also showed the importance of supportive friends in helping smokers to quit smoking (Cooperman et al. 2015; Martins et al. 2021). However, a close relationship with smoking friends could hinder their smoking cessation as they could remind them of smoking and induce their desire to smoke again (Blok et al. 2017; Mohamad Helmy et al. 2020).

The last point that emerged from the study that motivated the smokers to quit was having a quit date. Setting a quit date early within 14 days is likely to cause a successful quitting (Balmford et al. 2010). Similarly, as found in this study, the participants valued the quit date as part of their quit smoking process. The date served as a set goal and motivated them to achieve the target. Planning and setting a quit date are associated with a good chance of successful quitting (de Vries et al. 2013). However, smokers in this study preferred the quit date to be flexible and determined by them. A quit date set by others would not lead to a high rate of success; it functioned better among those with low nicotine dependence compared to high nicotine dependence smokers (Borrelli et al. 2004). The findings from this study provide a better understanding of the reasons for the non-adherence to a quit date from the smoker's perspective. The participants associated the setting of a fixed quit date as something that invoked negative emotions such as dislike, stress and restricting their freedom. Setting a quit date has a double-edged sword effect. It can be a deterrent when it is fixed and determined by others or a booster when it is more flexible, determined by the smokers suiting their commitment and circumstances. Empowering smokers by allowing them to set a flexible quit date

fostered a successful quit attempt (Rennard et al. 2012; Robinson et al. 2019).

The strength of this study is its qualitative exploration which allowed the identification of multiple elements that helped smokers quit. It has provided an in-depth understanding of the facilitating and inhibitory factors of quitting smoking that are illustrated in Figure 3. The nature of this study allowed the researchers to listen and understand the smoker's experience and opinions which may not be able to be captured through quantitative methods. On the other hand, this study also has limitations. The participants in this study did not set an official quit date nor the clinic had set a quit date for them. They were encouraged to set one but changeable due to their circumstances. Hence, the opinions expressed by them were limited by their experience of having a flexible quit date as opposed to a quit date set by the QSC personnel. The participants were recruited from QSCs of a university-based setting run by pharmacists or Family Medicine specialist. Thus, the intervention provided to them may not necessarily be similar to government health centres. Therefore, their experience may or may not apply to other smokers of this country.

CONCLUSION

In addition to the well-known facilitating factors like 'cutting down the number of daily cigarettes', 'avoiding smoking cues', 'self-determination', 'confidence to quit', 'protecting others from second-hand smoking', 'inconvenience to others', 'restrictive areas', 'financial gain', 'health benefits', 'friends who are successful in quit smoking', 'displeasure of smoking', 'keeping busy' and 'understanding friends'; two other factors namely 'spirituality' and 'setting a quit date' have emerged as important factors that helped the smokers to quit smoking. These factors conform to
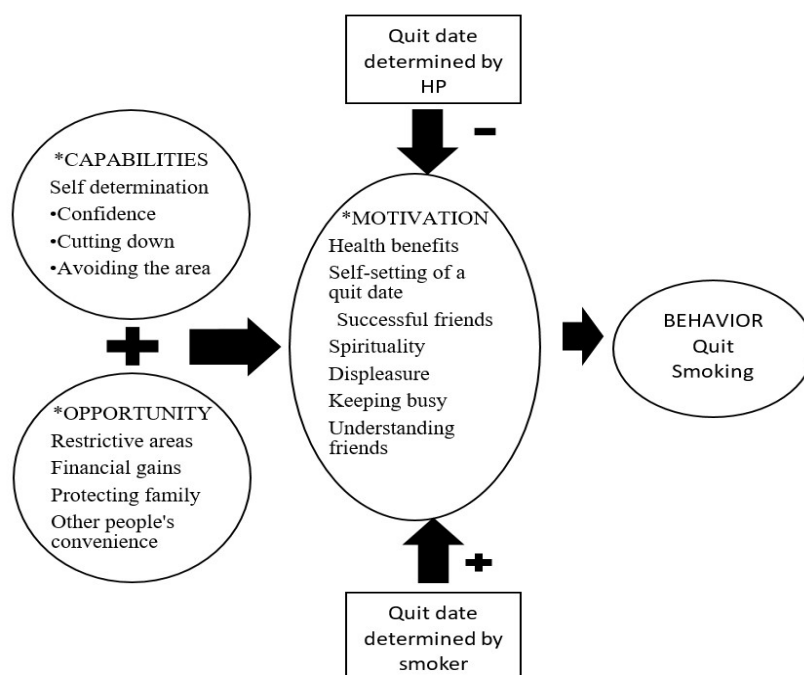
FIGURE 3: Factors that may contribute to successful smoking cessation

the six domains of the COM-B model. A last, setting a quit date has a double-edged sword effect; it could be a deterrent or a stimulus of the smokers' quitting journey. Setting a quit date is beneficial to smokers but should be individualised to allow flexibility. By providing interventions identified through the COM-B model and allowing a self-determined quit date, quit smoking may occur among attendees of medical facilities or in the community at large. A multidisciplinary team including healthcare providers and religious leaders may facilitate smoking cessation among smokers. In addition, stricter regulations, wider areas of smoking ban, and increased cigarette taxation should be considered to promote smoking cessation.

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