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An Exploration of Psychological, Environmental and Social Factors of Smoking Behaviours in UCJ students, Despite the Awareness of Associated Health Risks

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Abstract

Research indicates that while the rate of smoking among young adults has decreased over the years, it still remains a significant concern (Public Health England, 2020). Despite the efforts of public health campaigns to educate young people about the dangers of smoking, many university students still choose to smoke. A recent study estimates that over 127.000 young adults (18-25) in the UK start smoking regularly each year (Cancer Research UK, 2024). Despite the well-known health risks and the decrease in smoking-related advertisements, many young people continue to engage in smoking. Understanding the factors is essential for designing effective intervention strategies for students at University College Jersey (UCJ).

The aim of the research was to investigate the factors influencing university students at UCJ to engage in smoking, despite widespread awareness of its health risks. This study will seek to understand the underlying psychological motivations, social influences and environmental factors that contribute smoking behaviours.

A mixed methods design using a survey and qualitative interviews was used to answer the research question. Descriptive statistics were used to analyse the quantitative data and thematic analysis was used for the qualitative data. The key findings were psychological and emotional drivers, social influences, cultural and environmental norms, health and fitness and sense of control.

From this research, recommendations include addressing student stress coping mechanisms and revisiting policy in relation to smoking on campus.

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Chapter 1. Introduction

This chapter provides a summary of the study by exploring the background and context of the study as well as outlining the study's research problem and the key aims and objectives. The research question will be developed. This chapter will also discuss the significance of the research and provide an overview of the dissertation's structure.

1.1 Background to study

Research indicates that while the rate of smoking among young adults has decreased over the years, it remains a significant concern (Public Health England, 2020). Despite the efforts of public health campaigns to educate young people about the dangers of smoking, many university students still choose to smoke. A recent study estimates that over 127.000 young adults (18-25) in the UK start smoking regularly each year (Cancer Research UK, 2024). The underlying reasons remain uncertain but could stem from a complex combination of environmental, social and psychological factors. There is a growing interest in understanding the connection between mental health and smoking behaviours among students. Research suggests that psychological disorders are important factors that can influence smoking behaviour among students. According to the Mental Health Foundation, adults with depression have smoking rates that are twice as high as those of adults without depression (ASH, 2019).

The ONS (2024) suggests that psychosocial pressures may outweigh the impact of health campaigns. Academic pressure particularly during exam periods can result in increased smoking as a coping mechanism (Chen et al, 2020). This could stem from the belief that smoking alleviates stress and anxiety which may lead to habitual use and long-term dependence. The college environment often exposes individuals to peer pressure which can play a significant role in encouraging smoking. Social groups may normalise smoking, making it more likely for individuals to adopt the habit. This influence is further reinforced when peers model smoking as a way of relaxing or socialising (Ennet et al, 2008).

1.1.1 The Research Problem

Having conducted a scoping review of the literature, a specific research problem related to smoking in university students has been identified. Despite the well-known health risks and the decrease in smoking-related advertisements, many young people continue to engage in smoking. Understanding the factors is essential for designing effective intervention strategies for students at University College Jersey (UCJ).

Based on the identified research problem, a research question, the aim and objectives have been formulated. The PICO framework was utilised as a guide in developing this question. PICO is a well-established approach for posing a focused research question. It divides the question into four key components: population, intervention, comparison and outcome. This can make it easier to locate and analyse relevant information (Erikson & Frandsen 2019).

1.1.2 Research Question

The research question that has been formulated is: What environmental and social factors influence the decision of university students at UCJ to engage in smoking, despite the awareness of associated health risks?

1.1.3 Research Aim

The aim of this research is to investigate the factors influencing university students at UCJ to engage in smoking, despite widespread awareness of its health risks. This study will seek to understand the underlying psychological motivations, social influences and environmental factors that contribute smoking behaviours. By identifying these influences, the research aims to provide a deeper understanding of how specific actions or programs can help reduce smoking initiation and support students in quitting. The findings of this research could also provide recommendations for tackling these factors and improve efforts to prevent smoking among university students at UCJ.

1.1.4 Research Objectives

1) To explore the key psychological factors influencing smoking behaviours amongst university students, including stress relief, peer pressure and social norms
2) To examine the role of social dynamics such as peer pressure and social acceptance in shaping smoking behaviours among university students
3) To investigate how students' awareness of the health risks associated with smoking affects their smoking behaviours
4) To explore the impact of marketing strategies and social media on students' understanding of the health risks related to smoking

1.2 The significance of the research

Research indicates that while the rate of smoking among young adults has decreased over the years, it still remains a significant concern (Public Health England, 2020). Despite the efforts of public health

campaigns to educate young people about the dangers of smoking, many university students still choose to smoke. A recent study estimates that over 127.000 young adults (18-25) in the UK start smoking regularly each year (Cancer Research UK, 2024). The underlying reasons remain uncertain but could stem from a complex combination of environmental, social and psychological factors. Therefore, understanding the reasons behind smoking behaviours and the factors that influence this could be crucial for designing effective interventions to support students at UCJ.

1.3 The structure of the dissertation

This dissertation is structured to provide a comprehensive exploration of the research topic. In Chapter 1, I have set the context of the study and introduced the research question. In Chapter 2, I will present a detailed literature review which will outline the development of the search strategy and explore relevant literature. In Chapter 3 I will discuss the research design, introduce the research philosophy, outline the research methodology, data collection methods and data analysis methods. Ethical considerations will also be addressed. Chapter 4 will present the data analysis, and I will discuss the key findings of the research. Chapter 5 will offer a discussion of the findings, exploring key themes and discussing how far the research went in answering the research question. The study's limitations will be considered and recommendations will be made. In Chapter 6, I will conclude the dissertation by summarising fundamental insights and suggesting directions for future research.

1.4 Conclusion

Within this chapter, I have introduced the topic of my research which explores the psychological, environmental and social factors that influence smoking behaviours in university students at UCJ. I have outlined the importance of understanding these factors and how this study might provide valuable insights into student behaviours and potential smoking interventions that support and educate students on campus. In the following chapter, I will conduct a review on the existing literature that are relevant to the various factors of that influence smoking tendencies in university students.

Chapter 2. Literature Review

This chapter focuses on the literature review exploring the existing research on the topic. It begins with an outline of the search strategy used to find relevant academic sources, identifying the data bases, key words and the selection criteria. Having illustrated retrieval of relevant literature, this chapter then provides an overview of the existing literature on smoking behaviours among university students with a focus on psychological, social and environmental factors that influence these behaviours. A critical discussion of the studies will follow which will set a foundation for the research question that guides this dissertation.

2.1 Search Strategy

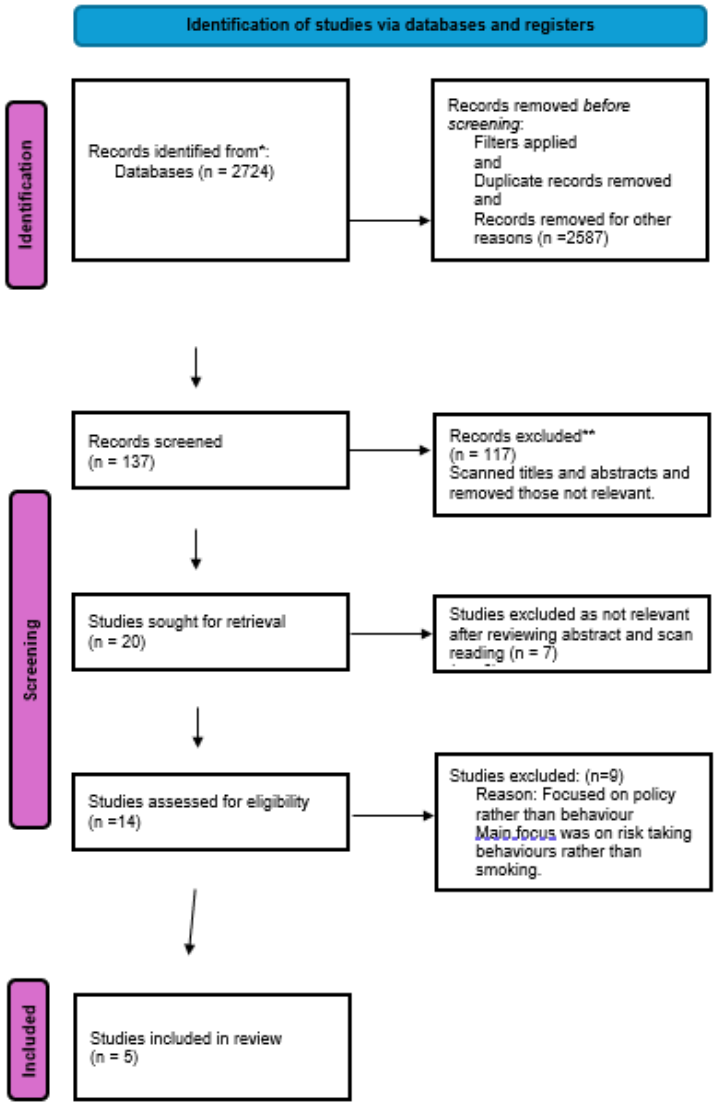
A search strategy is a systematic approach that uses specific keywords and terms to search a database (Table 2.1). This strategy combines the key concepts of the research question to ensure that accurate and relevant results are retrieved (University of Leeds, 2022). In conducting research for this review, a systematic process was followed to ensure the selection of studies. Three primary databases were used to gather the most academic literature based on their specific relevance to the research topic. PubMed was selected for its collection of studies related to health and psychology, making it idea for exploring how smoking behaviours relate to psychological and health issues. PsycINFO was another key database used to provide valuable insights into social and mental factors that can influence smoking behaviours. CINAHL was also utilised as it provides a wide coverage of nursing and allied health literature which offers valuable information on health behaviours and interventions.

Within these databases, the Boolean operators AND, OR and NOT were used to combine the search terms. Filters were then applied to ensure that the search was focused. The filters utilised included restricting the results to studies published in English language, selecting recent studies, typically focusing on those published within the last five years and focussing on age groups specific to my research. Additionally, only peer-reviewed studies were included to ensure high academic quality, ensuring the inclusion of the most relevant, credible research for the review (Table 2.1). To further refine the search to include only the relevant studies, the abstracts were reviewed, and full studies were retrieved for screening. The PRISMA illustrates this process (Table 2.2). Table 2.3 provides a summary of the selected studies for review.

Table 2.1 Search Terms

Key Search Term	Synonyms	Hits
Smoking Behaviour:	(tobacco use) OR smoking OR (nicotine addiction)	136518
Students:	adolescents OR (young adults) OR (college students)	2826579
Social Factors:	(Social factors) OR (Peer influence) OR (societal norms) OR (social environment)	952427
Environmental Factors:	(Environmental factors) OR (family environment) OR community	5166426
Health Risk Awareness:	(health knowledge) OR (health awareness) OR (risk perception)	480486
	Combined with Boolean Operator AND	2724
	Applying filters English Language and 2020-2025 and Boolean Operator NOT waterpipe OR (e cigarette) OR (electronic cigarette) OR vaping	137

Table 2.2 Prisma



Source: Page MJ, et al. BMJ 2021;372:n71. doi: 10.1136/bmj.n71.

Table 2.3 Retrieved Papers

Author	Year	Title	Key Findings
Zahedi, H., Sajjadi, S.L., Sahebihagh, M.H. and Sarbakhsh, P.	2024	Association Between Loneliness and Cigarette Smoking Attitudes Among University Students in Iran: A Cross-Sectional Study	The key findings within this study are as follows: 131 (24.3%) of students reported having experienced cigarette smoking. 30% of students had a positive or indifferent attitude towards smoking. Freshmen students had more of a negative attitude towards smoking compared to students in their fourth year of university. A statistically positive correlation was found between loneliness and cigarette smoking attitudes (CSA) ($p<0.001$). Male and senior year students were more likely to have a positive attitude towards smoking
Roby, N.U., Hasan, M.T., Hossain, S., Christopher, E., Ahmed, M.K., Chowdhury, A.B., Hasan, S. and Ashraf, F.	2020	Puff or Pass: Do Social Media and Social Interactions Influence Smoking Behaviour of University Students? A Cross-Sectional Mixed Methods Study from Dhaka, Bangladesh	The key findings within this study are as follows: Students who socialised for more than four hours per day were nearly twice as likely to smoke ($p<0.05$). Smoking odds were higher for those who primarily socialised at night-time ($p<0.05$). Students who engaged with tobacco related content on social media had significantly higher odds of smoking ($p<0.05$). Qualitative findings shows that students suggest that they were encouraged to engage in smoking behaviours due to peer influences.
Alves, R.F., Precioso, J. and Becoña, E	2022	Smoking Behaviour and Second-hand Smoke Exposure Among University Students in Northern Portugal: Relations With Knowledge on Tobacco Use and Attitudes Toward Smoking	The key findings of this study are as follows: 20.1% of students were current smokers with 7.3% smoking occasionally, 2.9% regularly and 9.9% daily. 61.4% of smokers started smoking before the age of 17. A statistically positive correlation was identified between smoking and having smoking peers ($p<0.01$). Smokers with smoking peers also had a more positive attitude towards smoking. Students' knowledge about tobacco

			was moderate. Former smokers demonstrated greater knowledge health risks associated with tobacco use. 59.7% of smokers had never attempted to quit, however the study did not explore the reasons why. Students who no longer lived with family were more likely to smoke and had lower awareness of smoking risks.
Suhányi, L., Gavurová, B., Ivanková, V. and Rigelský, M	2020	Smoking Behaviour of University Students: A Descriptive Study	The key findings of this study are as follows: 36% of students were current smokers. The majority of smokers had a mild addiction (55%), followed by a moderate addiction (33%), 10.8% had a strong addiction whilst 0.94% had a very strong addiction. There were no significant differences between smokers and non-smokers based on demographic factors. University lifestyle was identified as a high-risk period for smoking initiation due to social influences.
Resen HM	2018	Impact of Parents and Peers Smoking on Tobacco Consumption Behaviour of University Students	The key findings of the study are as follows: 15.8% of smoking students had smoking parents. 17.1% also had smoking peers. Among male students, 22.2% had smoking parents and 21.7% had smoking peers. In comparison, 10% of female students had smoking parents and 7.8% had smoking peers, highlighting that smoking among peers and parents was more common in male students than female. Peer influence had a stronger effect on smoking behaviour than parental influences. Interestingly, nearly 80% of smoking students reported no parental or peer influence. The study found a weak association between parental smoking and student smoking ($p<0.0486$). Correlations within this study were found but it could not determine cause and effect relationships.

2.2 Review of the Literature

A study by Zahedi et al (2024) explored the association between loneliness and cigarette smoking behaviours among university students in Iran. The study used a cross-sectional, observational research design which involved 538 university students as participants who were selected through use of the cluster random sampling method. This sampling method divides a population into groups that are typically based on a specific characteristic (Sedgwick, 2014). Descriptive analysis as well as Pearson's correlation coefficient and multivariable regression analysis were used to analyse the findings. 60% of the participants were female and the average age was 22.2 years. 38.1% were studying medicine. The study identified a highly statistically significant positive correlation between loneliness and cigarette smoking attitudes ($p<0.001$). This emphasises the connection between loneliness and smoking attitudes.

While overall, the students had a negative attitude towards cigarette smoking, with 26.4% reporting feelings of loneliness. Furthermore, the study also found that male students, of senior status with higher feelings of loneliness were more likely to have a positive attitude towards smoking. This could be due to smoking being a way to alleviate academic stress or pressure or due to the enjoyment of the social aspect of smoking that makes it easier for students to socially connect with peers. Freshmen students were found to have more of a negative attitude towards smoking than fourth grade students. This could be due to older students' being exposed to smokers within the university environment. Additionally, younger students may have received more health education and are therefore more aware of the dangers of smoking. However, it is important to acknowledge other factors such as peer pressure and family influences. A more in-depth exploration of these variables may have provided a more comprehensive understanding of student's motives and attitudes towards smoking behaviours.

While the study's findings offer valuable insights for university environments and health care systems, sample size was calculated as 558 participants, needed for a significance level of 0.05 and a 95% chance of accurately reflecting the population. However, only 538 participants were included in analysis and therefore the statistical significance should be treated with some caution. Also, a limitation of the cross-sectional design is that it does not account for changes over time and therefore cannot reliably establish cause and effect relationships. A longitudinal study could have allowed for the observation of evolving changes and the identification of relationships between variables. Additionally, the use of a self-report questionnaire in this study could present a limitation due to the potential of social desirability bias. Due to the participants studying in a healthcare field,

individuals may have been more likely to provide responses that they felt were more socially acceptable. This could affect the validity of the findings.

Roby et al (2020) conducted a study exploring the influence of social interactions and social media among university students. A mixed methods study including a cross-sectional study and semi structured interviews was used. This involved 600 participants including smokers and non-smokers, recruited from two private (n=300) and two public universities in Dhaka (n=300). The sample size for the quantitative questionnaire was determined by a power calculation that estimated that 276 participants were needed. However, 300 were recruited to account for non-respondents. This approach confirms that the study is adequately powered to be able to detect statistical significance. Purposive sampling was used to recruit participants with smoking experiences for the interviews which ensures that the data collected was relevant and meaningful to the study. The results found a statistically significant association between social behaviour and smoking, with participants who socialised for more than four hours a day were almost two times more likely to smoke ($p<0.05$). Similarly, individuals who engaged with tobacco-related content on social media also had higher odds of smoking ($p<0.05$). The findings reinforce existing literature, highlighting the significance of social interactions both online and in person can influence smoking behaviours. This further reinforces the importance of understanding social factors and environments in smoking prevention interventions. A key limitation of this study is that its cross-sectional design only identifies associations between social connections and smoking and therefore cannot determine cause and effect relationships. Additionally, the self-reported data could increase the potential of social desirability bias which could have influenced participant's answers. While the sample includes participants from both public and private universities, it does not fully represent all university students in Bangladesh or the broader youth population. However, the study collected strong data which strengthens the validity of its conclusions.

A study by Alves et al (2020) examined the prevalence of active smoking and exposure to second hand smoke (SHS) among university students at a single institution in Portugal. It also analysed the relationship between their knowledge of tobacco use and attitudes towards smoking. A cross-sectional design was used with a representative sample of 840 university students. Data was collected through a self-reported questionnaire distributed to a proportionally stratified random sampling during 2018/2019. Students from health science related courses were excluded to reduce potential bias of prior health-related knowledge. Whilst this approach helps reduce the influence of

prior knowledge on responses, it could also make the findings less applicable to a wider student population.

The results identified there is a significant positive correlation between tobacco use and peers who smoke ($p<0.01$), implying that smokers are more likely to have friends who also smoke. The results also illustrated that 20.1% of the students surveyed were current smokers with 7.3% occasional smokers. Over half of the students started smoking before the age of 17, before entering university (61.4%). This could link to the loss of parental control upon leaving home. The increased independence at university may provide an opportunity for students to experiment with smoking more freely. This could highlight the role of parental influence in shaping early smoking habits. Additionally, the findings identified that students who had moved out of their family home were more likely to smoke, had minimal knowledge about the health risks of smoking and possessed negative attitudes towards smoking compared to those who remained living at home. This highlights the role of sociodemographic factors which could be linked to the transition of university life, increasing social influences and potential peer pressure. Results also illustrated that most smokers reported to never having attempted to quit smoking (59.7%) but did not explore the reasons behind this. This suggests the need for further investigation into the specific factors that contribute to student's reluctance to quit smoking. The study provides valuable data and offers unique insights, particularly in areas that are often overlooked by other research such as the impact of residence on smoking behaviours. However, the study's focus on a single university in Portugal restricts its ability to be generalised to a broader population of university students across the country. Furthermore, the cross-sectional design limits the study's capacity to track changes overtime or identify casual relationships between variables. The use of self-reported questionnaires also introduces the potential for bias as participants may have difficulty accurately recalling their smoking habits or attitudes which could lead to inaccuracy within the data.

A study by Suhányi et al (2020) assessed the prevalence of smoking among university students within the Slovak Republic. The research used a questionnaire based analytical approach, employing the Glover-Nilsson Smoking Behavioural Questionnaire (GNSBQ) to categorise smokers based on their smoking-related behaviours. The GNSBQ is a widely used tool used to assess the behavioural aspects of nicotine dependence (Glover 2005). Despite its popular use, the study's reliance on self-reported data could result in bias due to social desirability or recall bias as participants may not accurately remember or report their smoking habits. The study employed a mixed sample method, combining voluntary participation with quota selection. This approach is beneficial in that it allows

for a broad sample; however it could limit the representativeness of the findings as several exclusion criteria were applied such as nationality-based exclusions. A sample of 1, 612 university students were gathered. While the sample size is large, the exclusion of non-Slovakian students and the use of non-random sampling methods could restrict the generalisability of the findings to a wider university population. The study found that 36% of students were smokers, with the greatest proportion classified as having a mild addiction (55%). No clear connections were found between smokers and non-smokers based on demographic variables. The findings highlight that university is a high-risk period for smoking behaviours due to social influences, emphasising the need for targeted intervention. A limitation of this study is that it captures data at a single point in time and therefore cannot show casual relationships between university life and smoking behaviours. Furthermore, the study lacked depth as it did not thoroughly explore the underlying factors influencing smoking behaviours.

Resen (2018) conducted cross-sectional observational study at the University of Sharjah to explore the influence of parental and peer smoking habits on student's smoking behaviours. The study surveyed 400 university students aged 18 to 23, 50% male and 50% female. Data was collected through a self-administered questionnaire as well as use of a convenience sampling method. The findings found that nearly 16% of smokers had parents who also smoked compared to 8.7% of smokers who did not have smoking parents. While the result is statistically significant ($p<0.0486$), this finding should be interpreted with caution as the strength of association appears weak.

Peer influence had a greater effect than parental influence. Students with smoking peers were significantly more likely to smoke than those without ($p<0.0001$). Almost 80% of students reported no peer or parental influence. This raises questions about other factors that may encourage smoking behaviours. Additionally, the need for further influences such as stress and academic pressures should be explored. A limitation of this study could be the reliance on self-reported data which may involve underreporting due to social desirability and embarrassment. Furthermore, whilst a correlation was identified between parental and peer smoking and student's smoking behaviours, cause and effect relationships cannot be established.

2.3 Conclusion

Having reviewed the literature on this topic, the key findings across the literature are that smoking prevalence among university students is high with a significant proportion of students beginning to smoke during their years at university. Additionally, most of the studies identify that peer influence

is a strong factor contributing to smoking behaviours. It is important to note that all of these studies were conducted outside of the UK, meaning social and cultural differences in smoking attitudes may differ. A key gap within these studies is the lack of deep exploration into specific psychological, environmental and individual factors influencing smoking, particularly among students with no smoking peers or parents. Having reviewed the relevant literature and identified that this is an area worth exploring, the next chapter will present the research design to answer the research question.

Chapter 3. Research Design

Within this chapter, I will outline the research design for the study, with a rationale behind its selection. The research will be positioned within a research philosophy which helps determine an appropriate research methodology. The data collection methods are detailed alongside the recruitment strategy. The data analysis techniques are described. This chapter will conclude with a discussion of ethical considerations.

3.1 Research Philosophy

Based on this research problem and question, the philosophy that aligns best with this research is pragmatism. Pragmatism is a philosophy that values flexibility and practicality which emphasises problem solving (Creswell and Clarke 2018). This philosophy is positioned between both positivism and interpretivism and is well-suited to mixed methods research as it allows the integration of both qualitative and quantitative methods to provide a comprehensive exploration and understanding of the issue. The flexibility within pragmatism fits well to enable exploration of the prevalence and demographics of smoking in students through quantitative measurements. Meanwhile, the personal motivations and social influences of smokers can be qualitatively explored. It is the dual perspective within pragmatism that enhances the understanding of the factors being investigated and can allow for recommendations for actionable outcomes to be made (Morgan, 2007).

3.2 Research Methodology

3.2.1 Quantitative Research

Glanz, Rimer, and Viswanath (2008) discuss research design in the context of health behaviour, including smoking. They emphasise the importance of using a design that aligns with the research objectives and behaviour context. They suggest combining quantitative and qualitative methodologies (Glanz et al 2008). This fits with pragmatism. Therefore, this research will adopt a mixed method methodology combining both qualitative and quantitative methodologies. The research will be in two parts. The first part will be quantitative. Quantitative research focuses on objective measurement and in the context of this research fits with exploring prevalence and demographic factors (Bryman, 2016), that will then enable a process of purposely selecting participants from the quantitative participants to then include in the follow up qualitative research.

Survey research is the process of gathering information from a sample of people by having them respond to questions (Ponto, 2015). Survey research can use both quantitative and qualitative

strategies by using numerically rated items as well as open ended questions. Survey research enables researchers to draw conclusions about larger populations, making surveys a valuable tool for providing generalisable results (Hassan, 2022). Survey research is an appropriate methodology for my study as it will allow me to collect data from a broad sample of students, enabling me to explore the different factors that may influence smoking behaviours. This approach will allow me to capture diverse attitudes and behaviours across a range of students, allowing me to identify potential patterns and correlations. By collecting data from a survey, I can draw meaningful conclusions that are specific to the student population at UCJ which can inform necessary recommendations to address smoking behaviours.

3.2.2 Qualitative Research

The second part of the research study will use a qualitative methodology. Qualitative research explores subjective participant experience to enable understanding (Denzin and Lincoln, 2018). This can provide insight into how peer dynamics influence smoking and also insight into how participants justify their smoking.

Qualitative research focuses on understanding the deeper meanings, perceptions and personal experiences that shape a particular behaviour. It focuses on exploring the underlying reasons and factors that contribute to a behaviours of an individual (Hassan, 2024). Qualitative research enables the use of open-ended questions, allowing participants to express themselves in their own words and share their perspectives freely (Albudaiwi, 2024). This approach aligns well with my research as it allows for an in-depth exploration of potential smoking factors as well as providing rich details of motivations, challenges and perceptions around smoking. This could also compliment the quantitative data by providing a more holistic understanding of the issue.

As the plan is to gain an understanding of why students smoke, the qualitative methodology of phenomenology will be used. Phenomenology is a qualitative research methodology that is aimed at exploring and understanding lived experiences (Van Manen, 2016). It is suited to exploring the subjective experiences and personal reasons for why students smoke. Qualitative research will allow me to gain an understanding on the variety of factors that contribute to smoking behaviours.

3.3 Data Collection Methods

3.3.1 Quantitative Data Collection

Data will be collected in two phases. The first phase will be survey data. Surveys align with a quantitative methodology of survey research. The quantitative survey will be used to gather demographic information as this can offer a quick overview of smoking behaviours among UCJ students. Surveys are a useful tool for research as they can provide a snapshot of how widespread the issue is (Ponto, 2015). The survey will be created via Microsoft Forms as this is available within Highlands College and as the College use it, it reduces ethical issues about the security of other platforms that may not have the same security assured. The survey follows a structured format to ensure consistency in the responses. The survey consists of 17 closed ended questions that offer a multiple-choice answer. The closed-ended questions will provide quantitative data which can be statistically analysed to assess pupil attitudes towards smoking behaviours at UCJ. The use of multiple-choice questions will allow me to categorise student's smoking habits to gain a clear prevalence of smoking behaviours within the sample population. The data collected will allow me to identify patterns and trends regarding the frequency of smoking and student demographics. The survey finishes with one open-ended question which allows respondents to express their opinion regarding their belief on what universities can do to address smoking among university students. This open-ended question will complement the quantitative data, offering qualitative insights. Additionally, the survey will be used to recruit participants for the qualitative interview. A final section of the survey will include a scan code to ask volunteers who smoke and are willing to be interviewed to come forward as participants for the second phase of the data collection. The data obtained from the survey will remain anonymous to protect the identities of the respondents.

3.3.2 Qualitative Data Collection

The second phase of the data collection will involve semi-structured interviews. Semi-structured interviews align with the aim of phenomenology to understand participant experiences (Sholokova et al, 2022).

The qualitative interview aims to explore participants' personal experiences and the factors that influence students' decision to smoke. This allows for gathering data that can provide deeper understanding of individual motivations. This is best gathered through direct conversations with participants. The interview will consist of open-ended questions, allowing participants to express their thoughts freely. Additionally, some prompt questions will be included to ensure the interview remains focused. In phenomenology, the purpose of an interview is to explore the participant's

experiences and perceptions. An interview will intentionally be flexible as it enables the participant to guide the conversation while the researcher facilitates (Castillo-Montoya, 2016). The interviews will be recorded and transcribed using Microsoft Teams to enhance accuracy of the data. The data collected will be stored on a password protected laptop ensuring confidentiality and compliance with the Jersey Data Protection Law (2018).

All participants will be assigned pseudonyms to protect their identities; the pseudonyms will replace their real names within the data analysis. Furthermore, all questionnaire responses will used responsibly and stored securely. Data will be stored on a password protected device that is only accessible to the researcher and when necessary, the supervisor. All measures will comply with the Jersey Data Protection Law (2018). Identifying information such as names or contact details will be stored separately from research data and will be discarded once the report is complete.

3.4 Data Analysis Methods

3.4.1 Quantitative Data Analysis

Quantitative data from the survey will be analysed using simple descriptive statistics. This is a useful method that allows visual presentation of the findings through graphs. This will include key information such as participant's demographics which will allow me to understand smoking patterns and trends within the sample. This approach will also enhance clarity of the findings which will allow readers to easily comprehend patterns and trends within the data (Alabi and Bukola, 2023). I will use descriptive statistics to analyse the data. The data will be organised to identify patterns and trends. This approach will enable me to present the data effectively through the use tables and graphs. This will ensure that the data is both clear and easily accessible for readers.

3.4.2 Qualitative Data Analysis

Qualitative data from the interviews will be analysed using thematic analysis, guided by Braun and Clarke's (2006) thematic analysis framework (Table 3.1). Braun and Clarke's thematic analysis framework is compatible to qualitative data as it offers a clear, comprehensive method for identifying, analysing and explaining patterns within data (Braun & Clarke 2006). It is a flexible framework as it does not depend on strict theoretical structures which allows for a more open exploration of personal experiences. This makes it adaptable to various research questions, specifically those that aim to explore experiences and perceptions (Maguire et al, 2017). I will apply Braun and Clarke's framework to analyse the data in a structured and systematic way. This will allow me to identify patterns and organise reoccurring themes, helping to make sense of the participant's

experiences. This approach will allow me to identify commonalities and draw meaningful conclusions about participant's perspectives.

Table 3.1 Braun and Clarke (2006) Thematic Analysis Framework

Step 1: Familiarisation with the Data
Step 2: Generating Initial Codes
Step 3: Searching for Themes
Step 4: Reviewing Themes
Step 5: Defining and Naming Themes

3.5 Recruitment Strategy

A recruitment strategy is important for research as it helps ensure that the right participants are selected. This allows the study to gather relevant and reliable data of the research (Dawani et al, 2018). The first phase of the research requires a large sample to increase the validity and reliability of the research and enhance statistical power and generalisability of findings. Large samples are also required to increase the likelihood of the sample, adequately capturing variations in demographics and reflecting the characteristics of a target population (Faber & Fonseca, 2014). In this survey, a total population sampling technique will be used to ensure the target group is included. Inviting all participants who meet the inclusion criteria (Table 3.2) minimises the risk of selection bias (McDonagh et al, 2013). The sample for this survey will include a total population sample consisting of all university students at UCJ, therefore all participants will be 18 years old or older.

3.6 Inclusion & Exclusion Criteria for Sample

This criteria chart ensures clarity and helps define the target population for both the survey and interview. This table is useful as it clearly defines the criteria for ensuring that the sample is relevant to the research objectives.

Table 3.2. Inclusion and Exclusion Criteria

Criteria	Inclusion	Exclusion	Rationale
Age	18 years old and older	Below 18 years old	To reduce ethical concerns and ensure participants can give informed consent
Smoking status	Smokers (for interview participants)	Non-smokers	To focus on the understanding of the experiences and influences of specifically, individuals who smoke
Location	University students at UCJ	Individuals who are not a student at UCJ	

Upon receiving permission for the college principal, the survey will be distributed by the college administration team. To allow a sufficient time for responses, the survey will remain open for two weeks. Duffy and McGovern (2021) suggest that there is no agreed expected response rate to surveys and concludes that a response rate of 80% as excellent. Others such as (Nulty 2008) and Survey Lab (2023) suggest that a response rate of 30% can ensure validity. The aim is to achieve a 30% response rate. If the 30% response rate has not been met within this period, a follow-up distribution will be conducted to encourage further participation.

The qualitative phase will use a purposive sampling technique. Purposive sampling is a technique used where participants are intentionally selected based on specific characteristics relevant to the study (Hassan, 2024). For the qualitative interview, four to six participants who smoke will be specifically selected for interview. This is because they will be able to provide valuable insights into their personal experiences and the factors that influence their smoking behaviours. The purposive sampling ensures that the participants who have been selected have relevant experiences that align with the specific goals within this study (Campbell et al, 2020).

3.7 Ethical Considerations

An important part of the research design is the ethical considerations. The Nuremburg Code was created after World War II in response to unethical medical experiments carried out by doctors, establishing rules for protecting human participants in research (Fischer, 2005). The Declaration of Helsinki expanded on these principles, providing international guidelines to ensure the safety, rights and informed consent of participants in medical research (World Medical Association, 2013). Additionally, the Declaration of Helsinki also introduced the significance of conducting ethical reviews which requires research to be assessed by an ethics committee (Nurunnabi, 2025). This ensures that participant's well-being is protected and any potential harm is minimised. Both the Nuremburg Code and Declaration of Helsinki have set an important foundation for ethical research practices, keeping participants respected, safe and protected.

It is crucial to acknowledge the four fundamental ethical principles that are outlined by the British Psychological Society (BPS) which include integrity, respect, competence and responsibility. These key four principles serve as guidelines throughout the research process, ensuring it is carried out honesty, fairness and accountability (British Psychological Society, 2021). They are designed to protect the rights and wellbeing of participants whilst maintaining the researchers' professional

standards and ethical conduct. By following these principles, researchers can help build trust and credibility in their work, ensuring that their studies contribute positively to society.

Ethical considerations will be a primary consideration in this research to ensure the welfare of participants are protected. Key concerns include obtaining informed consent, ensuring confidentiality and minimising any potential harm to participants. As this research involves both a survey and interview, it is important to ensure that participants are fully aware of the purpose of the research and their right to withdraw. Researchers have a responsibility to safeguard the well-being of participants while upholding the integrity of their role as professionals (Corti et al, 2000). As a student, protecting the well-being of participants and maintaining integrity is important as it will build trust in my research and ensure ethical standards are met.

Ensuring that privacy and confidentiality of participants is an important aspect of this research. Several measures will be implemented to safeguard participants' data and protect their anonymity. Informed consent is a significant component of research ethics as it ensures that participants voluntarily agree to take part in a study after being informed of its purpose alongside potential risks and benefits. To ensure consent is informed, a participant information sheet will be included at the beginning of the survey to provide information (Appendix 1). Participants will have to acknowledge reading this to be able to move on to the survey. Once participants have acknowledged they have read the participant information, the next page of the survey will be a consent form where they will give their consent to be included in the research before being able to move onto the survey questions. This aligns research integrity as this ensures that all participants are fully aware of the study's objectives and how their data will be used.

The right to withdraw allows participants to discontinue their participation at any time without consequence; this ensures their involvement is voluntary throughout the study. Participants will be informed regarding this in the participant information sheet.

The potential for psychological distress during the study will be carefully considered. Although the questions in this study are not intended to be particularly sensitive or distressing, there is a possibility that topics relating to smoking behaviours may trigger sensitive emotions or discomfort for some participants. To minimise this, participants will be informed beforehand about the nature of the questions and given the opportunity to not provide an answer to a question they may find

distressing. During the interviews, participants will be reminded that they can pause or terminate the interview at any time.

Participants will also be directed to appropriate support services such as Highlands College's Student Life and any additional well-being services which can provide professional emotional health support. Contact information for these services will be provided on the questionnaire and during the interview to ensure participants can access support if they need it. This aligns with BPS's respect principle as I have taken responsibility by considering the possibility of distress and I have this plan in place to support participants if necessary. By ensuring that participant's well-being is prioritised, I am complying with an ethical obligation in psychological research.

An ethical review by the Highlands College Ethics Committee is a critical step in ensuring that research aligns with established ethical standards and priorities the well-being and rights of participants (Appendix 2). Ethical reviews serve as a safeguard and ensure that potential risks are identified and minimised. It also ensures that participants are treated fairly and with respect. For this particular study which involves exploring personal behaviours such as smoking, the ethics review will ensure that the study has been carefully planned with appropriate safeguards in place to address any ethical concerns before I conduct the study.

3.7 Conclusion

Within this chapter I have outlined the research design and the approach to data collection and analysis. The ethical considerations have been taken into account, and I have discussed how they will be addressed. The following chapter will present the findings from the analysis of the quantitative and qualitative data analysis.

Chapter 4. Findings: Data Analysis

The aim of this chapter is to demonstrate the analysis and present the findings from the data. The data from the survey was analysed using simple descriptive statistics and the qualitative data was analysed using thematic analysis using Braun and Clarke's framework (2006) (Table 3.1).

4.1 Quantitative Findings

The aim of the survey was to gain a broad overview of the demographics of smokers within UCJ and to use this information to purposively select participants who met the inclusion criteria and were willing to be included in the qualitative research. A response rate of 30% was initially targeted as this is generally accepted as a successful response rate for survey research (Survey Lab, 2023). However, the final response rate was lower at 20% (n=35). While this response rate was lower than expected, the data collected still provide meaningful information regarding smoking behaviours among students at UCJ.

4.1.1 Survey

Data gathered via the survey were statistically analysed and categorised according to gender, age and course of the study. Of those responding the majority were aged 18-21 and 60% (n=21) were non-smokers, followed by smokers 30% (n=10) and ex-smokers 10% (n=4). The majority of the current smokers 85% (n=9) reported that they began smoking between the ages of 16 and 18. This suggests that within the 18-21 age group, most individuals do not currently smoke. Of those who were smokers, 85% began smoking between the ages of 16 and 18 years. In relation to smokers and gender, one participant did not answer the question, and this is accounted for in the graph (Table 4.1, 4.2 and 4.3).

Table 4.1 Age and Gender Distribution

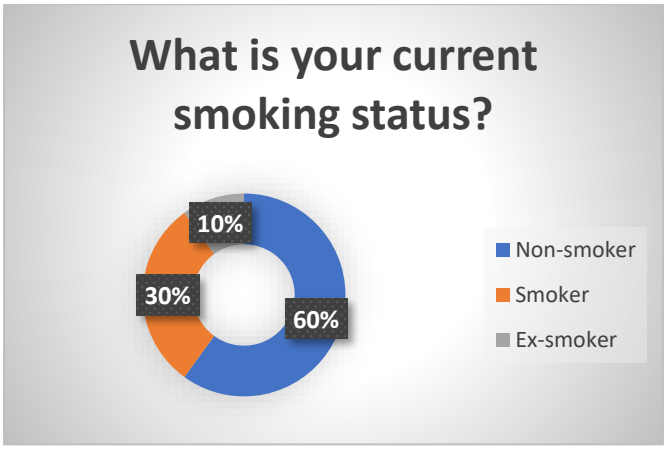


Table 4.2 Age Started Smoking

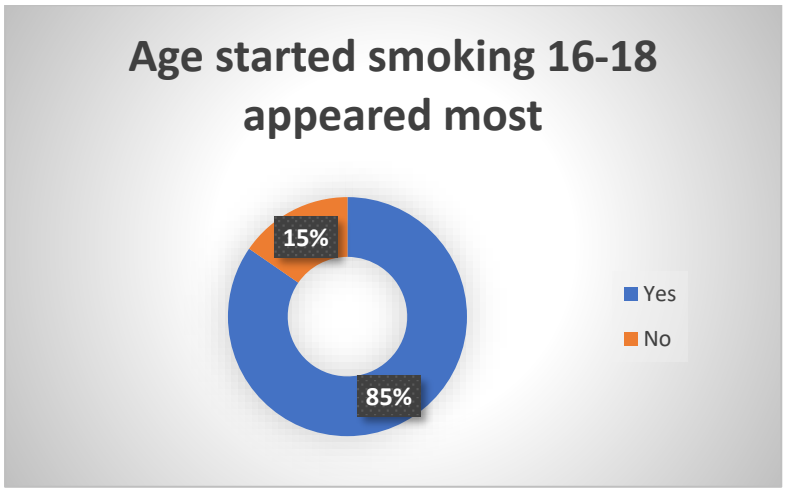
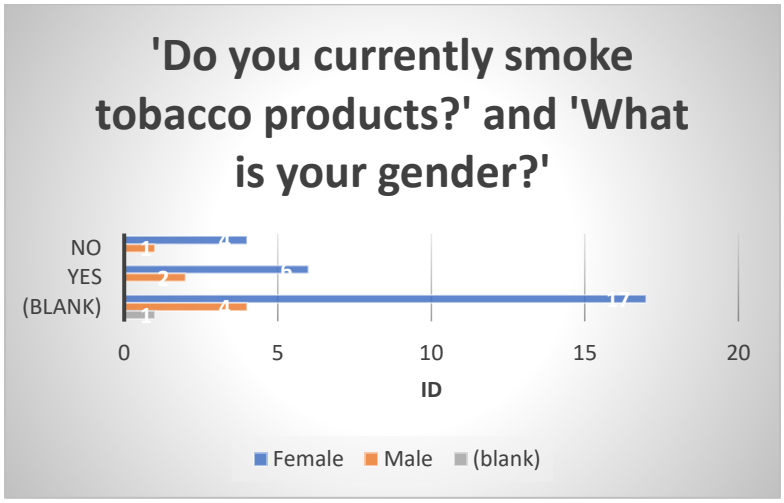


Table 4.3 Smokers and Gender



More females (77%) than males smoked (20%). Of those females who smoked, the majority were in their third year of the Childhood Studies degree (n=10). Of the males who smoked, most were enrolled on the Sport Coaching and Development degree (n=3) students (Table 4.4, 4.5 and 4.6).

Table 4.4 Gender of Smokers

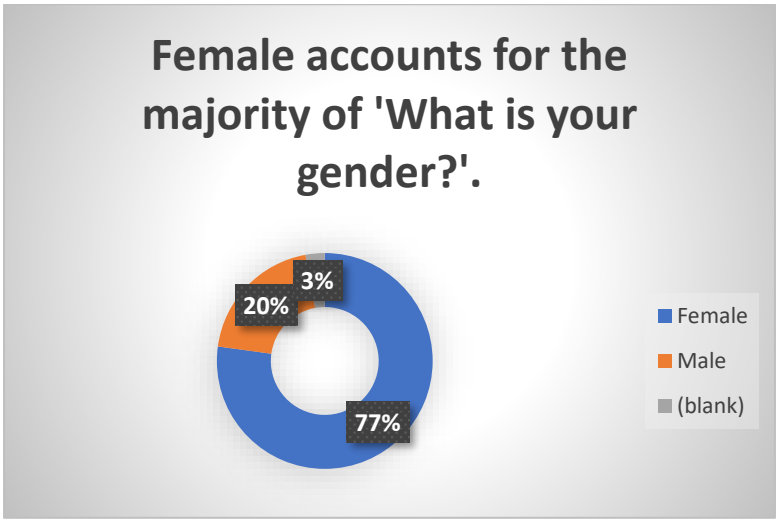


Table 4.5 Distribution of Age by Gender

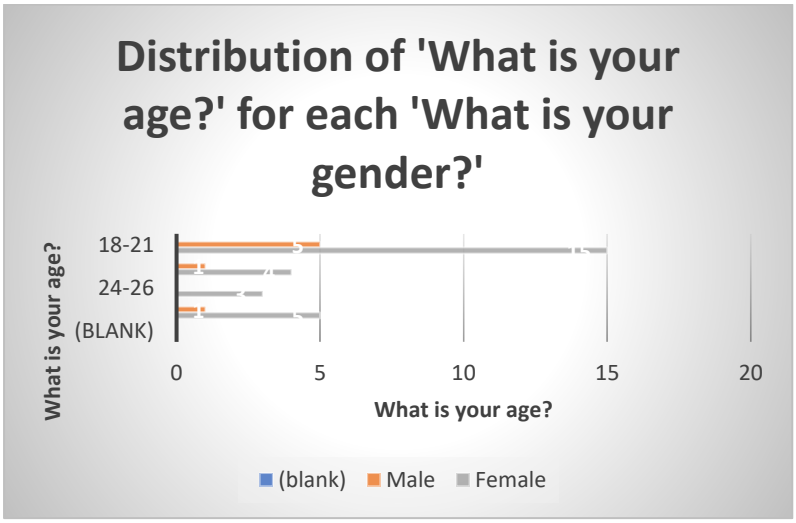


Table 4.6 Programme of Study by Smoker

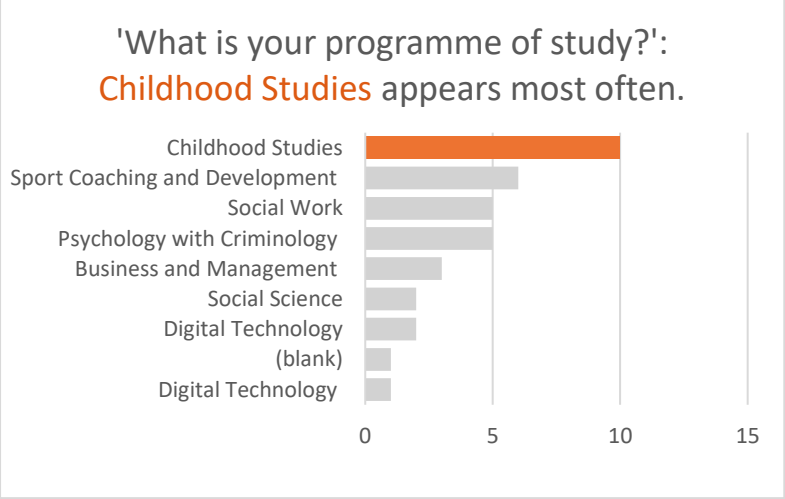
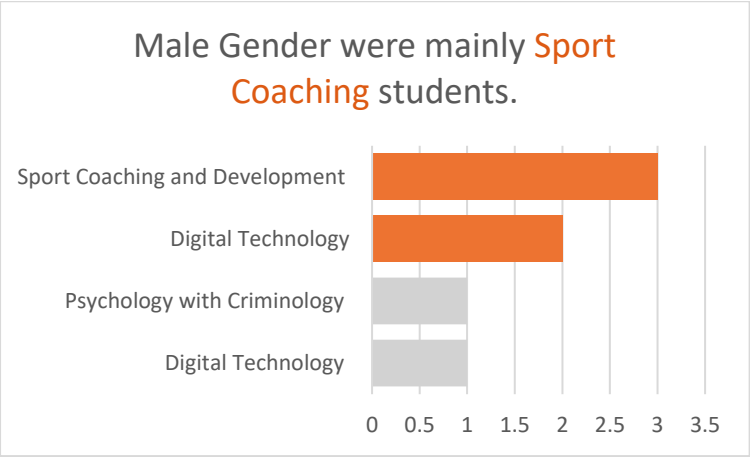
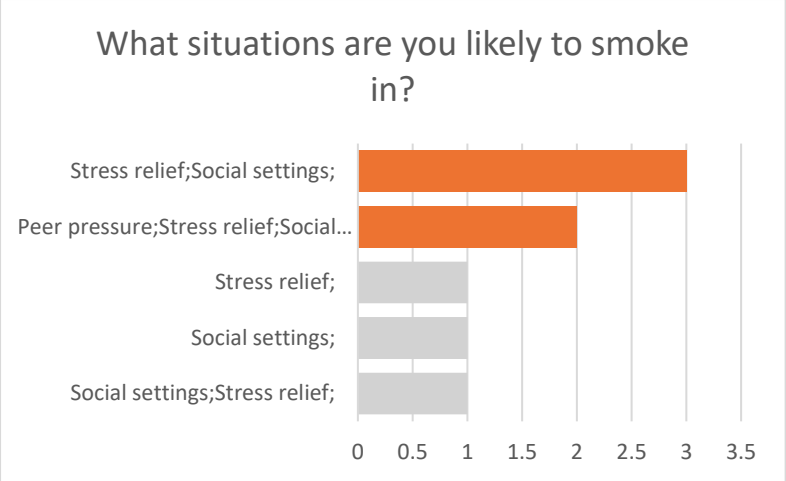


Table 4.7 Male Smokers by Course



In spite of knowing the health risks associated with smoking, stress emerged as a primary motivator for their smoking behaviour, particularly due to assignment deadlines (Table 4.8).

Table 4.8 Situations for Smoking



4.2 Qualitative Findings

Participants from the survey were invited to make contact to be a part of the qualitative interviews. Four participants were included in the qualitative interviews. Following Braun and Clarke's (2006) framework (Table 3.1), the first step involved becoming familiar with the data through repeated reading of the interview transcripts and listening to audio recordings in order to categorise them into initial codes. Once the initial broad codes were established, it was then possible to generate potential themes and reviewing them for coherence and relevance before defining and naming the final themes (Table 4.1).

Table 4.1 Development of Themes from Initial to Final Stages

Initial Codes	Generated Themes	Named Themes
Loss of a loved one Rebellious phase Lack of self-care Distress and scare Coping mechanisms Having children Disincentive Cigarettes only friend Smokers are the enemy Smoking everywhere Unhealthy social circle Smoking was normalised Secretive smoker Social judgment Ritualism Reliant on smoking Schedule smoking sessions Policy reinforces smoking not okay Subconscious (peer pressure) Relaxing/relieving Making it outcast Cost of smoking Health impact The smell of smoke Positive public health messages Kick their addiction Being with friends Nicotine replacement Abstinence Nicotine replacement therapy Say no to cigarettes Strict college policy Fitness and health checks Drop in center Addiction Sibling smoking Thought it was cool Encourage healthy environment Socially inclined Nicotine is the problem Going out with friends Having control/boundaries Peer pressure? Nothing I don't like	Emotional factors Influences Social environment Everyone doing it Stress and anxiety Relaxing Healthy/unhealthy Fitness Life stages Ritual Friends and social circle Peer pressure Having control and boundaries Judgement Addiction and reliance Abstinence Policy	• Psychological and Emotional Drivers • Social Influences • Cultural and Environmental Norms • Health and Fitness • Sense of Control

Parent discouragement No parental consequences Smoking and alcohol Smoking location No physical enjoyment Psychological pleasure Younger people smoking Rebellion		

4.3 Writing up the Report

The final stage of Braun and Clarke's (2006) (Table 3.1) Framework is to write up the report and demonstrate the emergent themes.

4.3.1 Psychological and Emotional Drivers

A prominent theme that emerged across the data was psychological and emotional factors. Most participants reported turning to smoking as a coping mechanism during periods of stress, emotional distress or personal loss. Participant 1 described how the death of her mother triggered a period of emotional distress, which led to the initiation of smoking.

> *"After I lost my mum, I was in my rebellious phase. I felt overwhelmed and began smoking because she used to smoke. It made me feel closer to her."*

She further explained the emotional resilience she developed on cigarettes.

> *"Cigarettes were my only friend. They helped soothe my nerves and I relied on them as a crutch."*

Stress emerged as a consistent trigger for smoking across participants. Participant 2 highlighted the psychological relief smoking provided during high pressure situations.

> *"I always smoke in stressful situations to feel calm. It makes me feel like I'm in a different space."*

Participant 3 expressed a similar sentiment, particularly in relation to academic stress.

> *"I smoke when I feel stressed because it makes me feel more relaxed, especially when I have been handed an assignment."*

Likewise, Participant 4 identified smoking as a habitual response to stress.

> *"I smoke when I feel overwhelmed and stressed. It's my go to coping mechanism because it helps me de-stress."*

These narratives suggest that smoking is not only used to manage emotional discomfort but also as a means of achieving a temporary sense of calm and control. These findings indicate that for most participants, smoking served as a functional role in emotional regulation and stress relief, reinforcing the psychological dependency associated with cigarette use.

4.3.2 Social Influences

Social influences play as a key factor in shaping participants' decision to start smoke. All participants described how peer groups, family members and social factors played a significant role in normalising smoking and embedding it within their social identities. Participant 1 reflected on the widespread social acceptance of smoking during the time she began.

> *"My whole social circle smoked. They were doing it everywhere – nightclubs, pubs and even at home. Smokers will do everything they can to keep you with them, along with cigarettes."*

She further described smoking as embedded in the social culture of the time:

> *"When I started, smoking wasn't a bad thing. It was a whole culture that felt completely normalised."*

For participant 2, smoking was largely tied to social settings.

> *"When I'm with my friends, I feel more inclined to smoke because it feels more natural. I don't really smoke unless I'm with friends or going out."*

This illustrates how peer presence acted as a situational trigger, reinforcing smoking as a shared social activity.

Participant 3 highlighted the influence of family and peers during adolescence.

> *"My first experience was when I was younger and watched my older brother smoke – I thought it was so cool."*

He continued to explain how his behaviour developed through peer influence

> *"As I got older, I had friends who smoked, so I started too.*
> *I wanted to feel part of the group."*

The impact of social media was also identified. Participant 4 described how digital exposure shaped her perception of smoking.

> *"I followed people who smoked on social media – they made it look so aesthetic. It really made me want to smoke."*

She further explained the role of in-person peer influence

> *"Being around my friends made me want to smoke because it seemed so normal. I thought it was cool."*

The findings demonstrate how social influences – both in person and online, normalised smoking and made it appear desirable. Smoking was frequently viewed as a behaviour shaped by social environments, with participants describing it as a means of belonging or fitting in. This highlights the powerful role that social identity and peer norms can play in influencing health-related behaviour.

4.3.3 Cultural and Environmental Norms

The analysis revealed that cultural and environmental norms played a significant role in participant's smoking behaviours. This included both the ritualistic integration of smoking into daily routines and the influence of specific environments where smoking was normalised or expected. Participant 1 provided a detailed account of how smoking became embedded in her everyday rituals.

> *"Smoking for me was very ritualistic. I loved cigarettes with my coffee."*

She elaborated on how smoking was closely tied to personal routines and leisure activities.

> *"The ritual of having a drink with a cigarette, watching a band with a cigarette or sitting on my own at home with a cigarette."*

These patterns illustrate how smoking functioned not only as a habit but as a repeated, meaningful behaviour tied to comfort and familiarity. Participant 1 also highlighted how social perceptions altered her smoking behaviour after becoming a parent. She described a shift towards secretion due to fear of judgement.

> *"When I had my children, I became a very secret smoker. I would smoke in private as I was worried about being judged as a mum who smoked. Nobody knew but me."*

This contrast between public image and private behaviour underscores how cultural norms and perceived stigma can influence not only whether individuals smoke but how and where they choose to do so.

Similarly, participant 3 discussed the influence of specific social settings that made smoking feel acceptable and even desirable.

> *"Music festivals and clubs and alcohol alongside a cigarette influenced me. Everyone is doing it, it smells nice, it's socially acceptable – nobody would judge you as they're doing the same."*

Similarly to participant 1, he also drew a boundary between socially sanctioned and inappropriate smoking contexts:

> *"If I'm in a professional environment such as my job, I would not smoke there. I'm seen in public a lot wearing company clothes and I'm representing my job, so I would not feel comfortable smoking in public while sober, in my uniform."*

These findings reveal the complexity of smoking behaviours as shaped by both cultural rituals and environmental cues. While certain settings reinforce or even glamorise smoking, others prompt participants to hide or supress their smoking behaviours due to perceived social judgement or professional expectations. This theme illustrates how smoking is not only a personal choice but also a socially situated behaviour that shifts depending on context.

4.3.4 Health and Fitness

While health and fitness did not initially play a major role in participants' decision to smoke, increasing awareness of the physical consequences of smoking emerged over time. Most participants reflected that when they first began to smoke, they were either unaware or did not care about the health risks. However, for most participants, this changed later in life, particularly in response to lifestyle changes or responsibilities. Participant 1 admitted a lack of concern for her well-being at the time she started smoking.

> *"I didn't care for myself, nor did I care about the effects it would have on my body."*

Her perspective shifted after becoming a parent.

> *"When I had children, I got scared and wanted to stop for my health and for my kids. I recognised that smoking was very unhealthy"*

She later reflected on the broader implications of smoking, stating that

> *"Smoking is a health issue. It is an addiction and we need to encourage a culture where people are making healthier choices for their bodies."*

Similarly, participant 2 acknowledged a delayed awareness of health risks:

> *"I never thought about the health risks until I got older and thought that it was terrible for my health."*

Interestingly, he also rationalised his behaviour by differentiating between types of tobacco.

> *"I feel better as I smoke rolled tobacco. It feels not as chemically induced, so at least I know what I'm using."*

This suggests a partial attempt to mitigate perceived harm, even if not fully evidence-based, highlighting how smokers potentially adopt cognitive strategies to reduce guilt or justify continued use.

Participant 3 stood out as the only individual who considered health effects from the beginning.

> *"I always thought about the health effects to be honest."*

He described fluctuating smoking behaviour and noted physiological differences when quitting.

> *"I would start and stop smoking, on and off. I noticed that when I would stop for a long period of time and then restart, I would notice differences in my respiratory capabilities."*

He emphasised that the impact of smoking can become more noticeable for those with active lifestyles.

> *"Smoking can be very impactful. Especially if you are quite active, I feel like you'll notice a difference in your health more."*

Overall, this theme illustrates how awareness of health-risks evolves over time and is often shaped by personal life transitions or physical experiences. Even among those who initially dismissed their health concerns, the eventual recognition of smoking consequences became a motivating factor for change or reflection.

4.3.5 Sense of Control

The theme of control emerged strongly among participants, particularly in relation to autonomy over smoking behaviours and the influence of external structures and social dynamics. Participants reflected how control or the lack of control shaped their smoking habits, motivations and their ability to manage their behaviour. Participant 1 highlighted the subtle pressure and control exerted by others who smoked, suggesting that social environments can limit one's autonomy.

> *"You think smokers are your best friend but they're your worst enemy. They do not want to lose a fellow smoker."*

This quote reflects the social tie that can make quitting more difficult as maintaining social bonds may come at the cost of personal control. This finding shows that smoking may not solely be a personal behaviour but one regulated by shared habits. Participant 1 also shared how institutional policies impacted her smoking routine, implying a shift of control to social forces

> *"Policies make you plan out your cigarette time. There was a no smoking policy or smoking area at my school. I'd plan to leave my class a few minutes early so I had time to wash my hands or get some gum."*

This narrative illustrates that smoking was not only an impulse, but it also became a managed activity, shaped by external rules and time constraints, suggesting that policy can indirectly influence behavioural control.

Participant 3 instead discussed the importance of personal self-control in relation to smoking.

> *"Smoking is psychologically fine if you're in control but once it starts controlling you is when it becomes a problem. You have to be aware of how easily it can be turned into a dependency."*

Participant 4 described smoking as a form of control and emotional regulation.

> *"When I feel stressed, smoking makes me feel like I have control over the situation. It calms me down and helps me feel balanced."*

These reflections illustrate how the concept of control is multifaceted within smoking behaviours, involving both internal self-discipline and external influences such as social pressure and policy implementation. For some, maintain control was about resisting dependency and preserving autonomy. For others, it was shaped by the need to navigate structured environments or social

expectations. Ultimately, this theme underscores the complex balance between choice and constraint that characterises smoking behaviours in different contexts.

4.4 Conclusion

In this chapter, the demographics and themes have been presented. In the next chapter, the themes and descriptive analysis will be discussed further with a focus on connecting them to existing literature and exploring their relevance to the broader context of smoking behaviours in university students.

Chapter 5. Discussion

5.1 Introduction

Having presented the findings in the previous chapter, this chapter will include a discussion of these in relation to the research question and the wider literature. How far the research went in answering the research question will be considered. The limitations of the research design will also be considered.

5.2 Summary

The quantitative research provided useful data to set the demographic context of the research and provide some useful patterns and trends. The survey also presented an opportunity to purposively recruit participants for the qualitative research. Having analysed the qualitative data, the key themes that emerged were psychological and emotional drivers, social influences, cultural and ritualistic norms, health and fitness and sense of control.

5.2.1 Psychological and Emotional Drivers

Quantitative data revealed that stress was a significant factor influencing smoking behaviours among UCJ students. A notable proportion of respondents identified academic pressures as a key trigger for smoking. This was reinforced by the thematic analysis which highlighted a strong pattern of students smoking as a coping mechanism. Participants frequently referred smoking in response to academic stress as well as challenges related to personal life such as relationships, mental health struggles and general emotional overwhelm.

These findings are consistent with existing research. A study by Clark (2014) found that psychological stress and ineffective coping mechanisms were closely associated with the initiation and maintenance of smoking among university students. Similarly, Lawless et al (2015) found that individuals with higher stress levels were more likely to engage in smoking as a form of emotional regulation, suggesting that smoking may not solely be a habit but also serve as a functional behaviour within the context of stress management.

Both the quantitative and qualitative data in this study illustrate how smoking is often embedded within broader emotional and psychological coping strategies. This aligns with the connection between smoking and emotional regulation, as it is well established that smoking can have mood-regulating effects, although temporarily (Choi et al, 2015). Therefore, if students are driven by

emotional factors, it is unlikely that campus-wide smoking bans will be effective. This suggests that an important consideration for the university leaders is to incorporate smoking cessation interventions targeting university students that focus on stress-reduction and specialised mental health support rather than focusing solely on abstinence.

5.2.2 Social Influences

A strong theme among this study was social influences. The survey highlighted that respondents were more likely to smoke in social settings rather than alone. This was further supported by the thematic analysis where participants described smoking with friends or family or being introduced to smoking through social interactions. This aligns well with existing research highlighting the influence of social networks on smoking initiation and maintenance (Thomeer et al, 2019).

The survey indicated that most respondents were more likely to smoke in social settings rather than alone. This was further supported by the thematic analysis, where participants described smoking with friends or family, or being introduced to smoking through social interactions. This aligns with existing research highlighting the influence of social networks on smoking initiation and maintenance (Schaefer, 2013). Social influences can be a powerful driver that encourages smoking. By setting this into context of students finding peripheral areas to smoke outside of a campus smoking ban, a social space is then created which adds further social influence of peer pressure, modelling behaviour and smoking as a norm. This underscores the need to reshape social norms surrounding smoking.

5.2.3 Cultural and Ritualistic Norms

The survey and interview findings highlighted how cultural and situational norms significantly influence smoking behaviours. Participants reported feeling more comfortable smoking in social settings such as clubs and music events, where the behaviour is often normalised and integrated into the social experience. This aligns with existing research indicating that nightlife environments can facilitate smoking through social interactions, peer influences and drinking alcohol (Jiang & Ling, 2013). Additionally, the theme of ritualism emerged with one participant strongly associating smoking with specific routines such as pairing cigarettes with coffee or music. These rituals contribute to the reinforcement of smoking habits, embedding them within daily life and cultural practices. In the context of a university setting, smoking during break times becomes a communal activity, reinforcing its role as a social norm among students. This aligns with research suggesting smoking serves as a coping mechanism and a means of gaining acceptance in peer groups (Poole et

al, 2022). The desire to fit in drives continued smoking as it becomes ingrained in the social fabric of student life. Over time, these rituals evolve into a method of emotional regulation, helping students manage stress and social pressure, while further linking smoking to student's sense of identity and belonging.

5.2.4 Health and Fitness

Interestingly, the quantitative data revealed that the highest proportion of smokers were female and enrolled on the Childhood Studies Degree. Of the males who responded to the survey, these were more often enrolled on the Sport and Coaching Development Degree. This is notable given that both subject areas place considerable emphasis on health and well-being topics, typically associated with promoting healthier lifestyle choices. The thematic analysis further supported this observation as although the majority of the participants acknowledged the health risks of smoking, they continued to smoke regardless. This finding raises questions about the relationship between health-related knowledge and actual behaviour. While it may be assumed that individuals studying health-focus subjects would be less likely to smoke, existing research shows otherwise. A study by Do (2013) identified a high prevalence of smoking among medical students, despite their comprehensive understanding of the health risks involved. This suggests that knowledge alone may not be a sufficient deterrent. Similarly, research also highlights a strong prevalence of smoking among healthcare professionals. This further emphasises that knowledge alone may be insufficient to prevent smoking (Nilan et al, 2019). Therefore, it is evident that smoking in these contexts is closely linked to factors such as stress, emotional fatigue and work pressures. This provides an area worthy of further exploration as these students were more likely to be better educated on health and wellbeing yet were more likely to be the smokers.

5.2.5 Sense of Control

Although not immediately prominent, the theme of control emerged as a significant factor in the qualitative data, reflecting varied perspectives among participants. Some individuals emphasised self-regulation, highlighting their ability to manage smoking habits and prevent dependency. Others described smoking as a means to exert control over stress or emotional challenges, using it as a coping mechanism. However, these perceptions may reflect an illusion of control, where individuals overestimate their ability to influence outcomes. Langer (1975) introduced the concept of the illusion of control, suggesting that individuals may believe they can control events that are influenced by chance. In the context of smoking, this may manifest as a belief that one can avoid negative health consequences despite continued cigarette use – 'it is not going to happen to me'.

Weinstein (1980) further elaborated on this phenomenon through the concept of unrealistic optimism, where individuals believe they are less likely than others to experience adverse health outcomes. These cognitive biases may contribute to the maintenance of smoking behaviours, as individuals underestimate their personal risk and overestimate their control over potential consequences. These diverse viewpoints underscore the complex interplay between awareness, autonomy and self-discipline and smoking behaviours.

5.3 Limitations

Initially at the outset, the research was designed as a mixed-method project with a quantitative part used to gather demographic information on smokers within UCJ. As it was not possible to know how many smokers there were or who the smokers were, this was deemed a useful method to find participants who met the inclusion criteria for the qualitative research that was focusing on their experiences. In reality, while it did allow me to purposively select participants for the qualitative research, this was probably the most benefit there was from the survey. The survey itself only had 20% response rate (n=35). While it was possible to get an idea of the demographics of the smokers, the sample size was too small for meaningful generalisable results. Whilst the survey was used to recruit the qualitative research, it could of equally have been useful to purposively select participants for the qualitative research by using poster advertising around UCJ. However, some of the findings from the quantitative survey did allow fine tuning of the qualitative research questions. Another limitation was the inclusion of only four participants in the qualitative research. While this aligns with phenomenology and the need for a small sample size to facilitate in depth explorations of individual experiences, it may be that further themes have been missed (Saunders et al, 2018). Although data saturation appeared to be achieved by the fourth interview, evidenced by the recurrence of key themes, it is important to recognise that saturation is a nuanced process. Saunders et al (2018) argue that additional interviews may uncover further themes or divergent viewpoints. Therefore, while the data collected provided valuable insights, the inclusion of more participants could have enriched the findings and enhanced their transferability.

5.4 Was the Research Question Answered?

This research aimed to explore the psychological, environmental and social factors influencing smoking behaviour among UCJ students, despite the well-known health risks. The findings provide meaningful insights into student's motivations, highlighting the complex interplay between stress, social environments and personal habits. While the study's scope was limited, the data collected

offers valuable perspectives that contribute to a deeper understanding of smoking behaviours in this context.

5.5 Implications

Despite awareness of smoking health risks, particularly among students in health-related fields, many continue to smoke, often due to stress around assignment handouts as a contributing factor. While the implementation of the current smoking policy at UCJ intends to reduce smoking prevalence, these measures can inadvertently lead to congregation of smokers in peripheral areas, fostering social environmental where smoking becomes normalised. Research indicates that students who smoke may seek out designated smoking areas which rather than deterring smoking, can reinforce the behaviour by creating spaces where smoking is socially acceptable (Thompson et al, 2007). This phenomenon underscores the complexity of policy implementation and the need for comprehensive strategies that address both environmental factors and the social dynamics influencing smoking behaviours.

5.6 Conclusion

Having discussed the research findings in light of the research question and implications for this, the final chapter will include the recommendations.

Chapter 6. Conclusion

The final chapter presents the study's conclusions, discusses the key recommendations and reflects on the overall implications of the findings.

6.1 Recommendations

Based on the findings of this study, three key recommendations have been identified: the implementation of a comprehensive smoke-free campus policy, the provision of enhanced stress management support for students and the encouragement of further research into the factors influencing smoking.

6.1.1 Smoke-Free Campus

To reduce the normalisation of smoking and minimise social reinforcement among students, it is advisable for UCJ to transition to a fully smoke-free campus. Eliminating designate smoking areas can prevent the congregation of smokers as well as diminishing the visibility and social acceptability of smoking behaviours on campus. However, while a smoke-free campus policy is a necessary step, it is unlikely to be fully effective on its own. This policy should be implemented alongside comprehensive strategies, including smoking cessation interventions supported by professionals. By combining a smoke-free campus with targeted support for students who smoke, UCJ can more effectively address the underlying factors driving smoking behaviours.

6.1.2 Stress Management Support

Given the strong association between stress and smoking among university students, institutions should offer accessible stress-reduction programs. This includes promoting student services that provide counselling, integrating stress management workshops into tutorials could provide students with practical tools to cope with pressure. Additionally, offering campus-wide activities such as mindfulness sessions or physical exercise programmes could promote healthier coping mechanisms and reduce dependency on cigarettes.

6.1.3 Further Research

To develop targeted interventions, larger-scale studies are needed to explore the relationship between stress and smoking among university students. Understanding the nuances of this relationship can inform more effective prevention and cessation programmes.

6.2 Final Conclusions

While this study offers a limited snapshot of the psychological, environmental and social factors influencing smoking within a university setting, it provides meaningful insights into the complex interplay of stress, social dynamics and institutional policies on student smoking behaviours. These findings underscore the need for further research to explore these factors in greater depth and to inform the development of more effective interventions.

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Appendices

Appendix 1

Participant information sheet

Title of Study: Psychological, Social and Environmental Factors Influencing Smoking Behaviours, Despite Health Risks

I am a final year student on the BSc (Hons) Social Science at University College Jersey. I am completing a research project for my dissertation. You are being invited to take part in a research study. Before deciding, it's important to understand why the research is being done and what your involvement include. Please take some time to read through this information carefully and feel free to discuss it with others if you wish. If anything is unclear or you need more details, do not hesitate to ask. Take your time to decide whether or not you would like to participate.
Thank you for reading this.

What is the purpose of the study?

The purpose of this study is to explore the factors that influence university students at UCJ to smoke despite being aware of the health risks. The research aims to understand the psychological, social and environmental reasons behind smoking behaviours. Through this research, it is hoped to identify ways to help students quit or avoid smoking behaviours. The findings of this research could help develop better strategies to reduce smoking among students at UCJ.

The first part of the research is an online survey to explore the extent of smoking among students. Those completing the survey will be asked to volunteer to be interviewed for the second part of the research. The second part of the research will involve interviewing students who smoke to gain an understanding of their experiences.

Why have I been chosen?

You have been chosen to take part in this interview because you are a university student at UCJ. Your experience and perspectives are valuable in helping to understand the factors that influence smoking behaviours among students.

Do I have to take part?

It is your choice whether or not you decide to take part in either the survey or interview. If you decide to participate in the online survey, you will be asked to acknowledge this participant information on the survey before moving to the online consent section. Upon completing the survey, if you agree to be interviewed you will be given this information sheet to keep and asked to sign a consent form. You can withdraw at any time before the data analysis begins and you do not need to provide a reason. However, once the data has been anonymised and combined, it will not be possible to remove your responses. Choosing to withdraw or not to take part will not affect the care you receive.

What will happen to me if I take part?

If you agree to take part in the survey, you will confirm you have read and accepted the online consent form and then move on to a short online survey. At the end of the survey, there will be a question asking if you are interested in being a participant in part two of the research and be interviewed. You will be given this information sheet to keep and asked to sign a consent form. This will allow a researcher from UCJ to contact you and arrange an interview. During the interview, you will have the chance to share your views and experiences related to smoking. The interview will take about an hour or less and with your permission, it will be audio recorded and transcribed on Microsoft Teams. Your identity will remain confidential, and no one will be identifiable in the final report.

What are the possible disadvantages and risks of taking part?

No disadvantages or risks are anticipated in taking part in this study. While it is not the intention to cause any distress, discussing experiences may lead to this and therefore, I would like to signpost some support services should this be the case.

Student Life, Highlands College
Email: student.life@highlands.ac.uk
Telephone: 01534 608 654

What are the possible benefits of taking part?

It is possible that you may welcome the opportunity to share and discuss your views and experiences of smoking and what influences smoking behaviour. By taking part, you will be contributing to my research through sharing your views, which will hopefully benefit others in the future.

What if something goes wrong?

If you wish to make a complaint or have any concerns about how you have been treated or approached during the study, please contact: Mr Ben Bennett, Head of Higher Education, University College Jersey, Highlands College
Tel: 8699 - Email: ben.bennett@highlands.ac.uk

Will my taking part in the study be kept confidential?
All information collected during this research will remain strictly confidential, with access limited to the researcher and the research supervisor.

Data will be stored securely on a password protected device, in compliance with the Jersey Data Protection Law (2018) and the General Data Protection Regulation. Additionally, to protect participants' identities, each will be given a pseudonym which will replace their real name during data analysis.

What will happen to the results of the research study?
The results will be written up into a dissertation for an academic assessment. Findings may also be shared in a publication or academic presentation. It is hoped that the findings may be used to understand the different psychological, sociological and environmental factors that may influence smoking behaviours, despite health risk awareness. Individuals who participate will not be identified in any subsequent report or publication.

Who is organising and funding the research?
The research is sponsored by University College Jersey.

Who may I contact for further information?
If you would like more information about the research before you decide whether or not you would be willing to take part, please contact:

Kay Mané
Email: km111578@hc.ac.je

Thank you for your interest in this research.

Please sign below if you have read this sheet and give your consent to participate in an interview.

Name:

Appendix 2

HIGHLANDS COLLEGE – UCJ RESEARCH ETHICS COMMITTEE

UCJ RESEARCH ETHICS COMMITTEE - LETTER OF APPROVAL

Project Number: HREC 2024/021

Project Title: What environmental, psychological and social factors influence the decision of university students at UCJ to engage in smoking, despite the awareness of associated health risks?

Principal Investigator: Kay Mane

Highlands College UCJ Ethics committee members gave **ethical approval** on the above research on the basis of the research described in the application form and supporting documentation. Subject to any conditions outlined below.

Conditions of Approval

Approval is subject to the following conditions being met:

- Management approval being obtained from each organisation
- Consent being obtained from all relevant parties
- Need permission from Jo Terry Marchant
- Ethics form - complete
- Survey questions - pre-amble not included
- Interview schedule - a lot of questions, some very personal, ethical implications of discussing some of these issues is a concern. Please discuss with your supervisor and module leader re: including only some questions from the social and environmental sections
- Letter to Jo TM
- Participant information sheet
- Consent forms

It is the Principal Investigator's responsibility to ensure that all involved with this project are aware of the conditions of approval and which documents have been approved.

Approved documents

Documents reviewed and approved at the meeting were:

Number	Document	Date
1	Ethics application form	14/1/25
2	Questionnaire – minor amendments	14/1/25
3	Interview schedule – minor amendments	14/1/25
4	Participant information sheet	14/1/25
5	Consent forms	14/1/25
6	Letter to Jo Terry Marchant	14/1/25

The Principal Researcher is required to notify the Chair of the Ethics Committee, via amendment or progress report, of:

- Any significant change to the project and the reason for that change, including an indication of ethical implications (if any)
- Serious adverse effects on participants and the action taken to address those effects
- Any other unforeseen events or unexpected developments that merit notification
- The inability of the Principal Researcher to continue in that role, or any other change in research personnel involved in the project
- A delay of more than 12 months in the commencement of the project
- Termination or closure of the project.

Additionally, the Principal Researcher is required to submit:

A Progress Report on completion of the project

The HREC wishes you every success in your research

Dr Sue Le Masurier

Ethics Committee

Please quote HREC number and project title in all correspondence