

*Original Research*

## **Precipitating Factors that contribute to the Smoking Behavior of the Nursing Students: An Assessment**

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### **ABSTRACT**

Nursing students, facing academic pressure and competition, often resort to relieving stress through activities like smoking. This study explored the factors influencing smoking behavior among nursing students, recognizing the link between stress and unhealthy habits. The research delves into respondent profiles and factors influencing smoking behavior. It also provides insights into the smoking habits of participants, offering guidelines for nursing students in universities and colleges. The study utilized a Descriptive Survey Research Design, obtaining informed consent from 94 respondents through an online survey using Google forms. A purposive design was used to select participants, and descriptive statistical tools, such as frequency and percentage distribution, were applied. Results indicate respondents aged 18-24, with 81.9% females and 18.1% males. Stress tops precipitating factors affecting smoking behavior (highest at 61.7%), while Socialization is least influential (18.1%). About 61.7% are new smokers, 53.2% smoke frequently, 51.1% considered quitting, and 52.1% attempted cessation. Overall, stress is the primary factor (61.7%) impacting smoking behavior, with socialization being the least significant (18.1%). The researchers recommended the adoption of a School-based Tobacco Education Program in every higher educational institution. They have developed a booklet containing guidelines for its implementation. These findings offer valuable insights for nursing education. Recognizing smoking behavior factors among students allows for tailored educational initiatives and curriculum enhancements, fostering a smoke-free environment.

**Keywords:** Precipitating Factors, Smoking Behavior, Stressor, Smoker, Tobacco Education.

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### **INTRODUCTION**

Nursing students, entrusted with the crucial task of caring for individuals and communities, confront a myriad of stressors during their academic journey. The challenges range from academic overload to the emotional toll of clinical training, where exposure to death and disease becomes a stark

reality. Seeking relief from these stressors, some students turn to coping mechanisms that, unfortunately, include the adoption of unhealthy habits, such as smoking. This trend raises concerns not only for the individual well-being of nursing students but also for the broader public perception of the nursing profession. Global research conducted by

Provenzano et al. (2019) exposes a troubling prevalence of smoking among nurses and nursing students. Nurses, as influential figures in healthcare, play a pivotal role in shaping societal health habits. However, the study reveals a significant gap, with only 22.6% of nursing students globally having received formal training in smoking cessation, despite the acknowledged importance of health professionals in helping patients quit smoking. The persistence of smoking habits, as highlighted in a study by Cheng & Estrada in 2022, remains a global concern, with high smoking rates in countries like the Philippines, where one in every five individuals smokes. The complex dynamics of tobacco control, as outlined by the "hardening hypothesis," further complicate efforts to reduce smoking rates. The hypothesis suggests that control measures primarily impact less dependent smokers, leaving behind a group of "hardened" smokers who are resistant to quitting. In the Philippines, where the average smoking age is 18 years and above for both genders, and a significant portion of this demographic comprises nursing students in Private Higher Education Institutions, the challenge is particularly pronounced. Addressing the intertwining issues of stress management, smoking prevalence, and the need for comprehensive education and interventions among nursing students is imperative for fostering a healthier future for both individuals and society at large.

## **METHODOLOGY**

### ***Research Design***

In this study, a Descriptive Survey Research Design was employed, blending quantitative and qualitative data to obtain accurate insights. This approach was chosen for its efficiency and its ability to involve the individuals at the core of the

investigation. The researchers utilized an online survey via Google Forms, a convenient and accessible method for the respondents. The survey encompassed demographic profiles, extrinsic and intrinsic factors, and smoking behavior scores, providing a comprehensive assessment of participants' knowledge and attitudes toward smoking. This research design is particularly suitable for selective or subjective sampling, relying on the researchers' judgment to choose survey participants, making it apt for capturing diverse perspectives among the current nursing students at the university.

### ***Study Site and Subjects***

The study was conducted online at a private higher education institution in Manila, focusing on nursing students. Researchers utilized Facebook Messenger for contacting and interviewing selected participants, choosing the platform for its versatile communication features. Google Forms was employed to secure respondents' informed consent, leveraging the universal and cost-free web application for survey administration. The sample, drawn through purposive sampling, consisted of 94 nursing students out of a total population of 450. Inclusion criteria encompassed nursing students across levels (1st- 4th year) in the primary program for the academic year 2022-2023, regardless of their smoking status, while exclusion criteria applied to those not meeting enrollment specifics or expressing unwillingness to participate. The study's methodological approach highlights the integration of online tools to facilitate communication, consent, and data collection among nursing students in the selected institution.

### ***Data Collection Procedure***

The research employed a purposive quantitative design, focusing on a specific subset of the population with distinct characteristics to delve deeply into relatively small samples.

**Ethical Consideration**

Prior to seeking consent, the study thoroughly elucidated its details to participants, addressing queries and ensuring their understanding. Emphasis was placed on protecting privacy and rights, and the online survey, facilitated through Google Forms, incorporated informed consent and clear instructions. Identity verification through data triangulation enhanced the survey's validity, while post-survey feedback, voluntarily provided by respondents, aimed at addressing any inconsistencies or inaccuracies. Adhering to the Data Privacy Act, personal data would be disposed of at the conclusion of the school year, aligning with ethical standards.

The study's overarching goal was to benefit college students by unraveling precipitating factors contributing to smoking behaviors and alleviating associated stressors to enhance academic performance. Ensuring participants' safety and anonymity, the study adhered to ethical guidelines and secured approval from the Ethical Review Board through a letter of request for review. The research aimed to contribute positively to the well-being of the subjects, emphasizing the harmless and convenient nature of the survey procedure. Additionally, the study committed to informing participants about research details and addressing their concerns regarding the analysis, fostering transparency and trust throughout the research process.

**Data Analysis**

To ensure the validation of the research tool, the study conducted pilot testing involving 20 students from a private higher education institution in Manila. This preliminary test, administered online through Google Forms and email/messenger, aimed to assess the questionnaire's effectiveness. The selected students, not part of the actual data collection, provided insights into potential improvements. In addition to the pilot test, the study employed Cronbach's alpha, a statistical measure, to assess the reliability and validity of the research instruments, emphasizing the need for statistical results to validate the questionnaire and proceed with the study.

Cronbach's Alpha Range	Internal Consistency of Data
>=0.9	Excellent
0.8-0.9	Good
0.7-0.8	Acceptable
0.6-0.7	Questionable
0.5-0.6	Poor
<0.5	Unacceptable

Figure 3. Cronbach's Alpha

Cronbach's Alpha, a reliability coefficient ranging from 0 to 1, assesses the internal consistency of a set of data, ensuring the reliability of a questionnaire or survey. The higher the Cronbach's Alpha value, the greater the consistency. The paper highlights the significance of various Cronbach's Alpha ranges, with values above 1 considered more reliable. The study's Cronbach's Alpha score indicates good internal consistency, affirming the trustworthiness of the data used in the research.

**RESULTS**

*Demographic Profile of the Respondents*

Table 1. Distribution of the respondents in terms of Age Mean Score.

Age	Frequency	Percentage
17	1	1.1%
18	3	3.2%
19	24	25.5%
20	20	21.3%
21	22	23.4%
22	12	12.7%
23	8	8.5%
24	2	2.1%
25	1	1.1%
28	1	1.1%
<b>TOTAL</b>	<b>94</b>	<b>100%</b>

Table 1 presents the distribution of respondents among EAC-M nursing students based on Mean Score. Out of 94 participants, 1.1% fall within the age range of 17, 25, and 28 years old, while 3.2% are 18 years old. A significant portion, 25.5%, belongs to the 19-year-old category, followed by 21.3% at 20 years old, 23.4% at 21 years old, 12.7% at 22 years old, 8.5% at 23 years old, and 2.1% at 24 years old. The distribution aligns with research by Villanti et al. (2019), emphasizing the unique nature of young adulthood (ages 18-29), marked by distinct developmental characteristics and susceptibility to substance use, psychological distress, and environmental shifts during the transition to independent living.

Table 2. Distribution of the respondents in terms of sex.

Sex	Frequency	Percentage
Female	77	81.9%
Male	17	18.1%
<b>TOTAL</b>	<b>94</b>	<b>100%</b>

Table 2 provides a summary of the sex distribution among the respondents, totaling 94 participants. The majority, constituting 81.9%, are females, while 18.1% are males. This aligns with global trends where nursing, traditionally perceived as a "women's profession," sees a dominance of female practitioners, as reported by Elmaco (2022).

Globally, 90% of nurses are women, and in the Philippines, 74.1% of nurses are female, with 25.9% being male (PSA, 2016). The historical association of nursing with nurturing and caregiving, traditionally feminine traits, has contributed to its perception as a predominantly female field. However, recent efforts aim to increase male representation in nursing, responding to factors like rising demand, the push for diversity, and the challenge to gender stereotypes.

Table 3. Distribution of the respondents in terms of Year Level.

Year Level	Frequency	Percentage
BSN 4	16	17%
BSN 3	22	23.4%
BSN 2	23	24.5%
BSN 1	33	35.1%
<b>TOTAL</b>	<b>94</b>	<b>100%</b>

Table 3 details the distribution of respondents across different year levels. Out of the 94 participants, 17% belong to BSN Level 4, 23.4% to BSN Level 3, 24.5% to BSN Level 2, and the majority, 35.1%, are from BSN Level 1. The association between smoking prevalence and years of education, particularly in senior students, is highlighted by Nasser and Zhang (2019). This pattern may be attributed to prolonged exposure to older smokers in the university environment, influencing attitudes. The study suggests targeted smoking cessation training for students in their final two years of study, recognizing the potential impact of the university setting on smoking behaviors.

***What are the precipitating factors that affect the smoking of the respondents in terms of:***

Table 4. Distribution of smokers respondents

Respondents	Frequency	Percentage
Smoker	94	100%
<b>TOTAL</b>	<b>94</b>	<b>100%</b>

Table 4 summarizes the distribution of smoker respondents. The table shows that 100% of the respondents say they are smoking. Tsai et al. (2018) found that secondhand smoke exposure in U.S. nonsmokers dropped from 87.5% to 25.2% between 1988 and 2014 but plateaued in 2013–2014, with one in four nonsmokers still exposed. Despite reduced smoking rates and increased awareness, demographic disparities persist, while smoke-free laws initially aided the decline.

Table 5. Distribution of the respondents on which apparatus they use.

Apparatus	Frequency	Percentage
Vape	45	47.9%
Cigarette	38	40.4%
Both	11	11.7%
<b>TOTAL</b>	<b>94</b>	<b>100%</b>

Table 6. Frequencies of Number 1 factor which causes a person to smoke.

Factors	Frequency	Percentage
Stress	60	63.8%
Curiosity	22	23.4%
Nicotine Dependence	8	8.5%
None	2	2.1%
Influence	1	1.1%
Boredom	1	1.1%
<b>TOTAL</b>	<b>94</b>	<b>100%</b>

Table 6 presents respondents' primary factors believed to cause smoking, with Stress being the most cited at 63.8%, followed by Curiosity (23.4%), and Nicotine Dependence (8.5%). Some respondents noted None as a cause (2.1%), while Influence and Boredom each accounted for 1.1%. These findings align with Berry et al.'s (2019) study, indicating that e-cigarette flavors, perceived safety, and peer approval attract low-risk youths to tobacco use. The study underscores the link between e-cigarette use and an increased likelihood of initiating traditional cigarette use, particularly among

low-risk youth, potentially contributing to higher cigarette smoking rates at the population level.

### Intrinsic Factors

#### Curiosity

Table 7. Frequencies of Curiosity as a reason to start smoking.

Curiosity	Frequency	Percentage
No	44	46.8%
Yes	50	53.2%
<b>TOTAL</b>	<b>94</b>	<b>100%</b>

Table 7 reveals that 46.8% of respondents believe curiosity is not a reason to start smoking, while 53.2% affirm this. Gentzke et al. (2019) found that young people are increasingly smoking hookah. Curiosity and susceptibility may be linked to prior tobacco use. Among youth who had used other tobacco products, 6.9 million who never smoked hookah showed curiosity or susceptibility.

#### Stress

Table 8. Distribution of respondents to smoking when stressed.

Stress	Frequency	Percentage
No	41	43.6%
Yes	53	56.4%
<b>TOTAL</b>	<b>94</b>	<b>100%</b>

Table 8 displays the distribution of responders that smoke when pressured. 33% of respondents said no, meaning they don't smoke while pressured. In comparison, 67% of respondents believe differently. Sachdeva et al. (2020) found that medical and paramedical workers, despite their professional expertise, regularly smoke. Students undergoing professional training are stressed due to internal and external factors, contributing to increased smoking, with stress/examinations being a significant influence.

**Nicotine Dependence**

Table 10. Frequency of smoking after waking.

Smoking	Frequency	Percentage
No	69	73.4%
Yes	25	26.6%
<b>TOTAL</b>	<b>94</b>	<b>100%</b>

Table 10 summarizes the frequency of the respondents using cigarettes after waking. 73.4% of the respondents answered no, saying they do not smoke after waking up, while 26.6% said they smoke after waking. According to Bainter et al. (2020), an early "Time to a first cigarette" is associated with higher depressive symptoms.

Those who smoked within 5 minutes of waking had a depression score 1.6 times higher than those who smoked more than 1 hour later. This association persisted even after adjusting for sociodemographic factors and smoking history.

Table 11. Frequencies of smoking in places where it is forbidden.

Smoking	Frequency	Percentage
No	64	68%
Yes	30	32%
<b>TOTAL</b>	<b>94</b>	<b>100%</b>

Table 11 above summarizes the frequency of the respondents smoking in places where it is forbidden. 68% of the respondents answered no, saying that they do not smoke in areas where it is prohibited, while 32% say that they smoke in places where it is forbidden. According to Pöld, M., & Pärna, K. (2020), most people did not find it difficult to resist smoking in places where it was prohibited, and over 40% stated that giving up their first cigarette in the morning would be the hardest.

Table 12. Frequency of smoking even if sick.

Smoking	Frequency	Percentage
No	80	85.1%
Yes	14	14.9%
<b>TOTAL</b>	<b>94</b>	<b>100%</b>

Table 12 above summarizes the frequency of the respondents smoking even if sick. 85.1% of the respondents answered no, saying they do not smoke even if sick, while 14.9% said they smoke even if sick. Resano et al. (2022) revealed that awareness of smoking risks didn't strongly predict actual smoking behaviors. For nursing students, avoiding smoking while sick is crucial, as it worsens symptoms, hinders healing, and compromises respiratory and immune functions.

**Extrinsic Factors**

Table 13. Distribution of respondents to smoking for socialization.

Socialization	Frequency	Percentage
No	77	81.9%
Yes	17	18.1%
<b>TOTAL</b>	<b>94</b>	<b>100%</b>

Table 13 above shows the distribution of the respondents smoking for socialization. 81.9% of the respondents answered no, saying that they do not smoke for socialization, while 18.1% said they do smoke for socialization. Based on Loan et al.'s (2021) research, peer selection and socialization, interconnected processes influencing teenage substance use like smoking and alcohol consumption, yield diverse outcomes during adolescence. Developing effective prevention strategies demands a nuanced comprehension of the timing and varying significance of these influences in predicting the onset and progression of adolescent smoking.

Table 14. Distribution of respondents on who influenced them to smoke.

Influence	Frequency	Percentage
Friends	64	68.1%
People around me	23	24.5%
Family members who are smokers	7	7.4%
<b>TOTAL</b>	<b>94</b>	<b>100%</b>

Table 14 above shows the distribution of the respondents on who influenced them to smoke. 68.1% of respondents answered that their friends influenced them, 24.5% answered that the people around them influenced them, and smokers had influenced 7.4% in their families. The research findings of Kengganpanich, M., and Mohammadnezhad, M. (2021) back up the assertions of other research that one of the elements influencing smoking initiation is peer pressure, implying that some people start smoking to make friends.

Table 15. Distribution of respondents to the mediums they first learned about cigarettes.

Medium	Frequency	Percentage
Social Media	46	48.9%
Television	23	24.5%
Advertisements	13	13.8%
Print Ads	12	12.8%
<b>TOTAL</b>	<b>94</b>	<b>100%</b>

Table 15 outlines the distribution of respondents based on the mediums through which they first learned about cigarettes. Social Media stands out as the most common source, with 48.9% of respondents, followed by television (24.5%), Advertisements (13.8%), and Print Ads (12.8%). The majority of respondents first encountered information about cigarettes through television. Ibrahim, Y. S., et al. (2022) identify open advertisement as an independent variable influencing cigarette smoking, suggesting that various mediums such as television, radio, social media, newspapers, cinema, and billboards play a role in shaping smoking habits in the studied area.

Table 16. Distribution of respondents to living with smokers: with family.

Living with Smokers	Frequency	Percentage
No	50	58.8%
Yes	35	41.2%
<b>TOTAL</b>	<b>85</b>	<b>100%</b>

Table 16 above shows the distribution of respondents living with smokers who said they live with their family. Eighty-five respondents responded that they are living with their family; 58.8% said they are not living with smokers, while 41.2% said they are living with smokers. Based on the study of Chertok (2020), for the entire sample, never smoking, college education, living alone, not sharing a home with smokers, and the importance of avoiding public places were all strongly linked to the odds of indoor smoking restrictions.

Table 17. Distribution of respondents to living with smokers: not with family.

Living with Smokers	Frequency	Percentage
No	8	88.9%
Yes	1	11.1%
<b>TOTAL</b>	<b>9</b>	<b>100%</b>

Table 17 above shows the distribution of respondents living with smokers who answered that they are not living with their family. Nine respondents responded that they are not living with their family, 88.9% said that they are not living with smokers, and 11.1% said that they are living with smokers. According to the study of Simkovich et al. (2019), worldwide, the burning of biomass fuels exposes over three billion people to household air pollution (HAP). Particularly in low- and middle-income nations, household air pollution has serious negative health, economic, and social effects and is the cause of 2.9 million annual deaths.

**What are the smoking behaviors of the respondents?**

Table 18. Frequencies of how long the respondents have been smoking.

Smoking	Frequency	Percentage
Less than 6 months	58	61.7%
6 months - 1 year	14	14.9%
1-2 years	6	6.4%
More than 2 years	16	17%
<b>TOTAL</b>	<b>94</b>	<b>100%</b>

Table 18 provides a summary of the durations of respondents' smoking habits. The majority, 61.7%, reported smoking for less than six months, followed by 14.9% smoking for six months to a year, 6.4% for 1-2 years, and 17% for over two years. Ding et al.'s (2019) study emphasizes that while smoking is recognized as a significant risk for peripheral artery disease (PAD), public awareness primarily focuses on its impact on coronary heart disease (CHD) and stroke. The research underscores a consistent association between a longer duration after quitting smoking and a reduced risk of PAD, CHD, and stroke.

Table 19. Frequency of the respondent's awareness of the bad effects of smoking.

Awareness	Frequency	Percentage
Yes	94	100%
No	0	0%
<b>TOTAL</b>	<b>94</b>	<b>100%</b>

Table 19 shows that all respondents are aware of the harmful effects of smoking. In the study of Resano et al. (2022), the majority of respondents were aware of the health impacts of direct smoking; however, more than half were unaware of the health effects of secondhand smoking. According to the findings, knowing the detrimental health impacts of smoking was not a significant predictor of cigarette or e-cigarette use.

Table 20. Frequencies of respondents who tried to quit smoking.

Quit Smoking	Frequency	Percentage
No	45	47.9%
Yes	49	52.1%
<b>TOTAL</b>	<b>94</b>	<b>100%</b>

Table 20 summarizes the frequencies of the respondents who tried to quit smoking. 47.9% of the respondents responded that they had not taken any measures to quit smoking, and 52.1% had tried any actions to quit smoking. In a 2021 study by Gill et al., factors influencing smoking cessation were investigated. External motives included concern for children's health, aiming to be positive role models. The study emphasized the serious risk of secondhand smoke to children from parental smoking. Internally, participants felt a strong incentive to quit due to personal health concerns and a desire for improvement, termed as "teachable moments." The study concluded that intrinsic goals had a more significant impact than extrinsic ones.

Table 21. Frequencies of the respondents who thought of quitting smoking.

Quit Smoking	Frequency	Percentage
No	46	48.9%
Yes	48	51.1%
<b>TOTAL</b>	<b>94</b>	<b>100%</b>

Table 21 summarizes the respondents' frequency of quitting smoking. 48.9% of the respondents responded that they had not considered quitting smoking, and 51.1% had thought about quitting. In a research conducted by Gravely et al. (2021), approximately half of the respondents stated that they were considering quitting because of COVID-19. Smokers were more likely to try to quit or cut back on their smoking if they were concerned about the susceptibility and severity of COVID-19 as a result of smoking.

Table 22. Frequencies of how frequently the respondents smoke.

Frequently	Frequency	Percentage
No	44	46.8%
Yes	50	53.2%
<b>TOTAL</b>	<b>94</b>	<b>100%</b>

Table 22 above summarizes the frequencies of how frequently the respondents smoke. 46.8% of the respondents responded that they are frequently smoking, and 53.2% answered that they are frequently smoking. Barrington-Trimis et al. (2018) found that using e-cigarettes is linked to later cigarette initiation, and frequent use is tied to regular smoking. Their recent analysis shows baseline e-cigarette users have a higher chance of current and more frequent smoking. Youth starting with e-cigarettes don't follow transient experimentation; their smoking pattern aligns with those without e-cigarettes.

Table 23. Frequency of the respondents smoking anywhere in public.

Smoking	Frequency	Percentage
No	55	58.5%
Yes	39	41.5%
<b>TOTAL</b>	<b>94</b>	<b>100%</b>

Table 23 summarizes the frequencies of the respondents smoking anywhere in public. 58.5% of the respondents responded that they are not smoking anywhere in public, and 41.5% answered that they are smoking anywhere in public. systems. According to the study of Chaisri & Suparatanagool (2021), in order to prevent stubborn smokers from smoking anywhere in public, cooperation among stakeholders will provide development. The community looks for shared patterns and practices to manage issues with ongoing operations on the Ban Chiang World Heritage tourism areas until they become sustainable non-smoking regions.

Table 24. Frequency of the respondents that feel comfortable smoking with others.

Comfortable	Frequency	Percentage
No	41	43.6%
Yes	53	56.4%
<b>TOTAL</b>	<b>94</b>	<b>100%</b>

Table 24 summarizes the frequency of the respondents that feel comfortable smoking with others. 43.6% of the respondents responded that they were uncomfortable smoking with others, and 56.4% answered that they were comfortable with others. Based on the study of Jester et al. (2019), early onset of smoking was associated with peer smoking, but not higher levels of engagement. Social context, externalizing and internalizing behavior, developmental stages and between different smoking initiation and dependency are independent risk factors that interact with one another.

## DISCUSSION

This study gathers information about the respondents' profiles, including their age, gender, and year level. The tool was subjected to validation by three professional individuals. With a total count of 94 respondents, 19-year-old nursing students got a percentage of 25.5% which is the highest, and the lowest rate is 1.1% which are the 17 years old, 25 years old, and 28 years old respondents. Female respondents got a percentage of 81.9%, and Male respondents got a rate of 18.1%. Lastly, at the year level, most respondents are from BSN Level 1, with a percentage of 35.1%, and the least is from BSN Level 4, with 17%.

Moreover, the study also aimed to know the precipitating factors that contribute to the smoking behavior of nursing students: Intrinsic factors and Extrinsic factors. Of the 94 respondents, 100% are smokers. This 100% use different apparatus to

smoke; most of the respondents are now using modern cigarettes, which are vape, with a percentage of 47.9%, and 11.7% use both, which is the least. The researchers asked the respondents which factors they think cause a person to smoke; the highest percentage is 63.8% which is Stress implying that Stress is the number one factor that causes a person to smoke, while the most negligible factor is Influence and Boredom, which is 1.1%. The researchers asked questions to respondents if these factors caused them to smoke. For the Intrinsic factor, Stress got the highest percentage of 61.7% as a reason to start smoking, according to the smoker respondents (SRs).

In comparison, Nicotine Dependence got the least 24.5% as a reason to start smoking. In Extrinsic factors, Influence got the highest percentage of 33.3% as a reason to start smoking, while 18.1% of the SR responded that they smoke only for socialization which is the least. Lastly, the researchers aimed to know the smoking behavior of the respondents. The respondent was inquired about the duration of their smoking habit. The highest response is Less than six months which is 61.7%, and the most negligible response is 1-2 years which is 6.4%. 52.1% of the respondents answered that they have tried any measure to quit smoking, and 53.2% answered yes to the question, "Do you frequently smoke?" 41.5% of the respondents said that they smoke anywhere in public, and lastly, 56.4% of the respondents said that they are comfortable smoking with others. The respondents were asked about their awareness of the harmful effects of smoking, and 100% responded that they were aware of the harmful effects of smoking.

## CONCLUSIONS

The findings in this study have contributed to the understanding of precipitating factors that contribute to the smoking behavior of nursing students. The implications are as follows:

**Nursing Education Programs:** The study's findings can help nursing education programs, especially the students in a private higher education institution in Manila, recognize the factors contributing to smoking behavior among their students. Utilizing this data can create personalized educational programs and improve the curriculum to tackle these issues and encourage a smoke-free atmosphere.

**Student Support Services:** The study highlights the need for student support services within nursing education institutions to address smoking behavior among students. Counseling services, smoking cessation programs, and resources should be readily available to help students quit smoking or prevent initiation.

**Health Promotion Efforts:** The research study emphasizes the importance of health promotion efforts for nursing students. Institutions should invest in comprehensive health promotion campaigns that educate students about the harmful effects of smoking and address the specific precipitating factors identified in the study.

**Policy Development:** The study can inform the development of educational institutions' policies promoting smoke-free environments. One way to promote a smoke-free environment on campus is by implementing policies prohibiting smoking. A possible solution is to create specific smoking zones situated at a distance from educational facilities.

Incorporating tobacco control measures into institutions' policies is crucial to guarantee a secure and healthy atmosphere for all individuals.

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