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Curriculum and Instructional Strategies to Strengthen a Smoking Cessation Intervention Program

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2024

Abstract

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MSED, Walden University, 2015

BS, Northern Caribbean University, 2002

Project Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

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Abstract

In a British Overseas territory, a smoking cessation program was implemented in 2014 and had not been evaluated since inception. The problem that was addressed in this study was that despite the implementation of the "I Can Quit" program, it was unknown which curriculum and instructional strategy interventions participants thought were useful in supporting smoking cessation. The purpose of this basic qualitative study was to explore the "I Can Quit" participants' perspectives on the curriculum and instructional strategies used to support the smoking cessation intervention. With Knowles's adult learning theory as the conceptual framework, participants' perspectives on the curriculum and instructional strategies used to support the smoking cessation intervention were examined. Semistructured interviews were conducted with 10 participants who met the inclusion criteria of being 18 years or older and having previously received treatment for quitting smoking in the "I Can Quit" program. Content data analysis involved open coding to identify codes, categories, and themes. The three emergent themes were as follows: (a) the strengths of the program climate, program design, and supportive staff; (b) curriculum and instructional strategies contributed to smoking cessation; and (c) additional content and teaching methods were needed to strengthen the program. The resulting project, a white paper with recommendations, was created to inform stakeholders of the study findings and recommendations for consideration. The findings may inform stakeholders about the needs for the smoking cessation program. Positive social change may result by informing stakeholders of program elements to strengthen, thereby potentially promoting smoking cessation and improving health and quality of life.

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Dedication

This project is the outcome of a reflective and reiterative process. The body of work that follows is representative of only a minute fraction of the many hours of work resulting in the finalization of this study. I dedicate this final product to my mother, Glenis Lorner Burrell. She taught me strength and perseverance—she always believed in me, even when I did not believe in myself, and she has prayed for me my entire life.

Thank you, Mum, for being my rock and my strength.

Acknowledgments

Before pursuing my master's degree in education, if I were asked whether I intended to pursue doctoral studies, the answer would have been a resounding NO! Fast forward to my enrollment at Walden University, I met Dr. Sylvia Mason. She planted the idea that teachers should demonstrate a high expectation for their students so that, in turn, students can demonstrate high expectations of themselves. I have found her to be the pitome of those words because she pushed me to levels of intellectual thinking I did not know at the time I possessed. Dr. Sylvia Mason is the driving force behind my master's and doctoral educational accomplishments so far; if it had not been for her demonstration of high expectations of me, I would never have considered further education. Thank you, Dr. Sylvia Mason.

My husband, Owen, has been nothing short of supportive of my educational goals and planted many financial seeds in my tertiary education. Owen, thank you for your patience and support. You facilitated my alone time to complete my assignments and countless hours of reading, and I thank you. I look forward to supporting you as we grow older together.

Danae, my lifeline, is an intrinsic motivation for my accomplishments. Through my achievement, I demonstrate that achieving the unthinkable is possible.

A deep, heartfelt thank you to my chair, Dr. Lynne Orr. You have been the wind beneath my wings, as none of my doctoral degree accomplishments could have been achieved without your unwavering support. Your show of confidence in my ability to complete this degree is unmatched. Dr. Celeste Stansberry, and later Dr. Cathyrn Walker,

my second committee member, and methodologist, I appreciate the expert advice and guidance you provided along this journey.

Dr. Marcia Griffiths, my URR, a massive thank you for the excellent advice and encouragement. Obtaining this degree has taught me the race is not for the swift but for those who can endure to the end.

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Section 1: The Problem

The Local Problem

As part of the British Overseas Territory Health Institution strategic framework for 2014–2018, a primary health educator was commissioned to develop and implement a smoking cessation program as one measure to mitigate the impact of chronic diseases and illnesses in the country and to support the implementation of the Tobacco Law (2008) and the Tobacco Regulations (2010). Given the implementation of the law and the regulations prohibiting tobacco products, it made practical sense that help was offered to those who wished to quit smoking.

A tobacco cessation program, "I Can Quit," whose primary goal was to mitigate the impact of the disease burden of lifestyle disease and to help program participants reduce the risk of premature death, improve health status, and enhance quality of life, was formally initiated in 2014. The program facility included a small urban community in a British Overseas Territory. The program is conducted twice yearly, in February and May, with each running for 7 weeks. During this period, participants enrolled in the intervention program were supported to achieve tobacco independence through support from medical and education professionals through curriculum and instruction, group support meetings, and cessation aids. The problem that was addressed in this study was that despite the implementation of the “I Can Quit” program, it is unknown which curriculum and instructional strategy interventions participants thought were useful in supporting smoking cessation.

The case for a basic qualitative study to explore the country's antismoking program success was strongly supported by the Ministry of Health and Wellness Officials and a key Medical Official for the British Overseas territory. The Medical Official stated that

> Viewing the participant's perceptions concerning the curriculum and instruction to assist with smoking abstinence will be of great value in knowing which intervention-curriculum and instructional strategies participants thought were useful in supporting the smoking cessation intervention and is in line with supporting the Ministry of Health's mission statement.

The Medical Official agreed with the Ministry of Health's mission statement that "Empowering people … to achieve optimal well-being through strategic policies, innovative programs, and proactive services, governed by the highest principles of justice, personal and public programs, and excellence of standards" (Medical Official, personal communication, June 17, 2020).

Problem in the Larger Population

The problem explored in this study was that despite the implementation of the "I Can Quit" program, it was unknown which curriculum and instructional strategy interventions participants thought were useful in supporting smoking cessation. The "I Can Quit" program was implemented in 2014 on a two-time-per-annum basis; therefore, the program had been implemented for 11 sessions during 2014–2019. A gap was evident in that while the program yielded very good success rates, the program lacked documented evidence in relation to the practices that contributed to its success. This gap

was based on comments made during an informal discussion with the Medical Official. Comments included lacking specific information on practices that supported participants in their quit-smoking attempt and success (Medical Official, personal communication, June 17, 2020).

Failure to complete an official exploration and review of the data on current practices in the "I Can Quit" program could result in participants' genuine smoking cessation needs being unmet; for example, if participants are not provided with an outlet to contribute to their learning and discuss how the program can positively affect or impede their success (Medical Official, personal communication, June 17, 2020).

The problem addressed in the study persists beyond the local setting. According to Hanlon et al. (2018) and the U.S. Department of Health and Human Services (2020), while smoking cessation programs have been found to be supportive, more research is needed in participants' perceptions of smoking cessation programs. Increasing knowledge of how participants perceive what accounts for achieving their learning goal will help to strengthen the impact and outcome of smoking intervention programs (Centers for Disease Control and Prevention [CDC], 2023).

The gap in practice identified in this study was the lack of empirical evidence supporting which curriculum and instructional strategy interventions participants thought were useful in supporting smoking cessation. In this basic qualitative study, I addressed this gap in practice by exploring the perceptions of participants who previously participated in the "I Can Quit" program regarding its effectiveness in relation to the curriculum and instructional strategies. When considering the nature of the study, I

determined that a basic qualitative study based on the perceptions of participants through semistructured interviews would provide in-depth insights regarding which curriculum and instructional strategies supported the smoking cessation intervention.

The Medical Official and the Ministry of Health and Wellness mission statement supported the need for a basic qualitative study to discover which intervention curriculum and instruction participants thought were useful in supporting the smoking cessation intervention.

Prosek and Gibson (2021) asserted that qualitative research is flexible and exploratory research in which participants are afforded opportunities to share their experiences and researchers listen without preconceived hypotheses. Given this context, a basic qualitative study was conducted with a sample of 10 adult individuals who had participated in the program and were interviewed to explore "I Can Quit" participants' perspectives on the curriculum and instructional strategies used to support the smoking cessation intervention.

Rationale

The problem of not knowing participants' perspectives on what intervention practices they thought were useful in supporting smoking cessation is not limited to the indicated research site. It is recognized as a problem in varying countries, such as the United States and countries of Europe and Asia, where there is insufficient information on participants' perceptions towards smoking cessation interventions, and it has been examined by researchers (Hanlon et al., 2018; Pipe & Papadakis, 2022; USDHHS, 2020; Villanti et al., 2020). Research shows that, while cessation programs have generally been

successful, failure to address equitability in research outcomes on the perceptions of smoking cessation by participants will result in the genuine needs of the participants in their quit-smoking attempt being unmet (Ahluwalia et al., 2018). This study explored the "I Can Quit" participants' perspectives of the curriculum and instructional strategies used to support the smoking cessation intervention with an end in mind to improve program efficiency by supporting creativity, better program planning, and enhanced packages of care as needed based on participant recommendations and feedback.

The Medical Official (2021) wanted to discover and therefore supported a basic qualitative study of the British Overseas Territory community-based antismoking intervention program to explore the "I Can Quit" participants' perspectives on the curriculum and instructional strategies used to support the smoking cessation intervention. The extent to which the program is being implemented as designed determines whether it is accessible and acceptable to its target population, so stakeholders can decide if the program needs to be improved for continuity and for financial support or perhaps even eliminated. The Medical Official noted,

> Viewing the success and failures of the participant's perceptions concerning the curriculum and instruction to assist with smoking abstinence will be of great value in knowing which intervention-curriculum and instructional strategies participants thought were useful in supporting the smoking cessation intervention and is in line with supporting the Ministry of Health's mission statement. (Medical Official, *personal communication*, June 17, 2020)

An evidence-based smoking cessation intervention program is needed to help ensure quality documentation and practice on what accounts for the interventions that supported participants in their smoking cessation. The purpose of this study was to explore the "I Can Quit" participants' perspectives of the curriculum and instructional strategies used to support the smoking cessation intervention. Understanding the impact that these interventions have on the participant's smoking cessation can improve the pedagogical methodology for delivering smoking cessation to effectively assist persons who wish to quit.

Definition of Terms

The following terms were used in this study.

Curriculum: A curriculum is a course of study or content aided by activities for positive learning outcomes in education, in research. Shao-Wen (2012) described curriculum as an umbrella term because it is referenced on multiple platforms and for teaching-learning, testing, and administrative issues. Spaulding (2014) also supported this definition, noting that a curriculum is a planned activity used for engagement to meet intended learning objectives. The smoking cessation program has a 7-week curriculum to address tobacco dependence, which includes identifying smoking patterns and triggers, learning how to cope, and practicing disassociation coupled with providing cessation aids and relaxation techniques.

Data: Khatiwada et al. (2015) suggested that data are raw and unorganized facts that require meaningful processing. Killion and Hirsh (2008) noted that data are a source of information but are only helpful if planned as part of a systematic program

investigation or a valuable process in identifying needs and areas for improvement. Preliminary data from the smoking cessation program were collected to determine success via a monthly follow-up visit and weekly follow-up calls for up to 3 months. Monthly calls for up to a year confirmed that participants remained quit. The data had yet to be utilized meaningfully to determine what was working and what was not.

Instructional strategies: How teachers purposefully develop plans for implementing and facilitating the teaching and learning process, including developing skills and knowledge gained (IBE, 2022). Kridel (2010) mentioned that instruction is highly associated with the term "curriculum" and the teaching methods and learning activities teachers use to deliver the curriculum in a learning environment.

Optimal well-being: According to the CDC (2022), while there is no consensus on a single definition for optimal well-being, optimal well-being does encompass the physical, mental, and social determinants of health and should include a balance comprising the whole person.

Smoking cessation: Defined as a smoker not having used cigarettes within the past 30 days at their subsequent assessment. Smoking cessation refers to the process of quitting the habit of smoking. Cigarette or tobacco smoking has several harmful effects on the body, primarily due to the nicotine content that makes tobacco highly addictive. The high nicotine values make discontinuing cigarette use quite a challenge that may entail a prolonged and challenging process (USDHHS, 2020).

White paper: A white paper is a research-based report which offers a focused description of a complex topic and presents the point of view of the author or body

represented by the author. The purpose of a white paper is to give readers an understanding of an issue, which in turn helps them solve a problem or decide. Succinctly described, a white paper is a persuasive, authoritative, in-depth report on a specific topic that presents a problem and provides a solution (Cox, 2023).

Significance of the Study

The study is significant to the local community because of stakeholders' desire for individuals to cease smoking to have an improved quality of life and avert the health problems associated with smoking. One of the smoking cessation program's primary goals with direct impact on the participants is to reduce the risk of premature death, improve health status, and enhance quality of life by quitting smoking. Effective intervention related to smoking cessation is focused on addressing the needs of the participants in achieving their goals through effective learning practices (see Hanlon et al., 2018). There have been decades of cross-sectional research on tobacco cessation issues, ranging from its effectiveness (Schwindt et al., 2017) to intervention and impact (Noonan et al., 2018; Parks & Kim, 2018), constituting only a minority of those who have provided a plethora of knowledge on the subject. However, more research was needed to fill the gap in practice related to smoking cessation programs pertaining to effective intervention strategies and curriculum. Researchers proffered that participants' perceptions of the antismoking intervention curriculum and how it positively affected or impeded their success was important to obtain (Hanlon et al., 2018). USDHHS(2020) suggested that access to cessation treatments is increasing and is accounting for a reduction in the number of smokers, but more work can be done. With increased

knowledge of how individuals perceive their experiences, programs can be strengthened for more significant impact and informed ways to improve as needed.

The significance is that increased knowledge of how participants perceive their experiences will inform stakeholders on what accounts for participants' smoking cessation and possibly lead to improved and expanded programming, resulting in more individuals who are supported through the smoking cessation program through availability and accessibility (Pipe & Papadakis, 2022).

Research Question

The purpose of this study was to explore "I Can Quit" participants' perspectives on the curriculum and instructional strategies used to support the smoking cessation intervention that was agreed upon by the Ministry of Health and Wellness and the Medical Official for the British Overseas Territory. The Ministry of Health and Wellness Officials and the Medical Official lacked the data they needed to identify the usefulness of the curriculum and instructional strategies in supporting smoking cessation. This project study's research question (RQ) to address the study problem through lens of the program's participants was the following:

RQ1: What are the "I Can Quit" participants' perspectives of the curriculum and instructional strategies used to support the smoking cessation intervention?

Review of the Literature

The problem that was addressed in this study was that despite the implementation of the "I Can Quit" program, it was unknown which curriculum and instructional strategy interventions participants thought were useful in supporting smoking cessation in a

British Overseas Territory. The peer-reviewed scholarly research articles and books selected for this doctoral project study were based on tobacco control, of which smoking cessation is integral. The cessation program development and implementation were fitting based on partially fulfilling a strategic plan (2014–2018) for a health institute in a British Overseas Territory. In the first portion of the literature review, I present the conceptual framework, which focused on the adult learning theory, andragogy. The adult learning theory highlights the implications for practice that result in adult learning. In the subsequent sections of the literature review, I describe how the search was conducted and detail the research findings on topics including historical perspectives on smoking, tobacco-based illnesses and consequences, the health impact of smoking and the benefits of stopping, addressing the smoker's need and cessation programs, successful interventions for smoking cessation programs, cognitive behavioral therapy, motivational interviewing, and self-help materials. In this section, I describe the search strategies used for the literature review, followed by the study's conceptual framework and salient research concepts related to the antismoking intervention.

Conceptual Framework

In this basic qualitative study, I used theory to support the conceptual framework. Specifically, I used Knowles's (1968) theory of adult learning. When Knowles originally developed the theory of adult learning, the theory was referred to as the andragogy theory. In the next section, I describe this theory and how it relates to the phenomenon that was the focus of this study. I also describe how the theory was used to design the interview protocol used in the data analysis process.

Adult Learning Theory

For this study's conceptual framework, I profiled from Knowles's (1968) theory of adult learning. Understanding adult learning theory may help practitioners in education select appropriate and justifiable educational activities. These activities apply to the learning environment and setting conducive to learning so that these activities have a solid theoretical foundation.

Knowles's (1968) theory of adult learning, which is rooted in andragogy, is the practice of teaching adults and built on the premise that adults' learning is more self-directed and motivated (Knowles, 1980). Knowles presented that adult learning is an approach widely applicable and acceptable in areas such as health education and health promotion, not only because it underpins educational practices, but also because it provides the conceptual frameworks that describe the acquisition of an individual's knowledge, skills, and attitudes used to achieve changes in behavior, performance, or potential (Mukhalalati, 2019).

Andragogy

There is a comprehensive set of six assumptions from adult learning theory, also known as andragogy theory, that constitutes learning activities and assumptions that contribute to master adult learning competencies. This set includes the notions of (a) *self-concept*, where adults apply self-directed, independent autonomous learning, as posited by Loeng (2018), Merriam (2018), Ozuah (2005), and Perera and Sutha (2021); (b) *experience*, where adult learners apply previous experience to their learning activities, as noted in the works of Deveci and Saleem (2022), Loeng (2018), and Merriam (2018);

(c) *problem orientation*, where adults learn best when their skill development is directly relative to solving an immediate, true-to-life problem or achieving a goal and where learning is immediately applicable, as outlined by Loeng (2018) and Merriam (2018); (d) *need to know*, where adult learners need to know why they are being asked to learn and how it is applicable to them, as argued by Knowles (1984), Loeng (2018), and Merriam (2018); (e) *readiness*, which occurs when adult learners' learning matters to them and how they can apply their learning, as noted by Knowles (1984); and (f) *intrinsic motivation*, where learners are motivated by personal factors, as outlined in the works of Abedini et al. (2021), Corely (2011), Leong (2018), and Ozuah (2005).

Based on the assumptions described, Knowles (1984) also recommended implications for practice: a cooperative learning climate; assessment of the adult learners' needs and interests; design of learning objectives based on skill level, interest, and learner needs; involvement of adult learners in the planning and evaluation of their instruction; and frequent evaluation of adult learning experiences. For example, adult students learn by doing, so format plays a huge role in encouraging adults to continually learn on their own. The format of learning should be repetitive, encouraging learners to do more. Therefore, instruction should include learning tasks related to real-life problem solving that the adult learner can do, rather than being focused on recall of content (Housel, 2020).

Knowles's (1968) theory of adult learning was an appropriate selection as a conceptual framework for this study. Knowles's theory of adult learning focuses on how adults learn best in the phenomena that is focused in this study which is how adults best

learn to quit smoking. The attributes of the smoking cessation program in terms of the curriculum and instructional strategies used to help program participants achieve their smoking cessation goals were examined in relationship to Knowles's theory. In addition, Knowles focused on adult learning outcomes, and for the purposes of this study, adult learning outcomes are deeply rooted in the design and implementation of educational programs (see Mukhalalati, 2019).

According to the conceptual framework of andragogy, learning in this context is well suited for persons who are strongly self-motivated or are within a goal-oriented and structured program; for teaching how to solve specific problems, it was strongly aligned with the phenomenon under research. The local study program required that adult learning to quit smoking be based on the same principles and premise as Knowles's (1948) adult learning theory, in that (a) learning is goal-oriented, (b) participants are ready to quit smoking, and (c) participants are highly motivated to achieve their goal and are empowered to do so. The preceding factors are driven by experience to self-direct learning by applying new knowledge gained to achieve goals.

Varying studies that have also applied the conceptual framework of Knowles's (1984) theory of adult learning, focusing on andragogy, have supported the conclusion that adult learning is strongly influenced by motivation, which is a tailored or individualized experience (ACE, 2017) and where there is more time spent on the process through activities as the basis of learning and less in content (Yusuf et al., 2019). Case studies and role-play or class play, simulations, self-learning activities, and self-evaluation are used as activity examples in supporting Knowles's (1984) theory of adult

learning. Ngozwana (2020) suggested that adults are considered highly capable of establishing and setting their learning goals, developing learning strategies based on their experiences, and independently assessing their success in achieving their learning goals. I considered that the adult learning theory focusing on andragogy was well suited to construct meaning in relation to the local study research question and purpose. Using adult learning theory supported the development of the research question and aided in the data analysis process. The research question in this study focused on "I Can Quit" participants' perspectives on the curriculum and instructional strategy interventions concerning their usefulness in supporting smoking cessation.

Review of the Broader Problem

Research criteria were established to obtain articles relevant to the study topic, which included the following keywords: *smoking*, *smoking cessation*, *smoking prevention*, *antismoking intervention*, *tobacco control*, *curriculum design*, *curriculum planning*, *content and strategies*, *intervention*, *program*, *participant perceptions*, *perceptions*, *perspectives*, *qualitative study*, *barriers to smoking cessation*, *smoking cessation success*, *adult learning theory*, *white paper*, *policy paper*, *policy recommendations*, and *position paper*. The information in the following pages justifies the need for a basic qualitative study for the smoking cessation program. As a result, the literature review is organized into the following topics: historical perspective on smoking, tobacco-related illnesses and consequences, health impact of smoking and the benefits of stopping, addressing the smoker's need and cessation programs, successful interventions for smoking cessation programs, behavioral therapy and pharmacology, cognitive

behavioral therapy (CBT), motivational interviewing (MI), self-help materials, the research site's approach to "I Can Quit" using CIAs, curriculum design, instructional approach, assessment of smoking cessation, research-based practices, instructional strategies, and curriculum planning.

The journals selected were peer-reviewed, covering 4 years, from 2018 to 2023. The primary databases that were used for this literature review were the Walden Library, Google Scholar, the World Health Organization (WHO) website, CDC publications, Public Health England (PHE), ProQuest, Cochrane database, CINAHL, and ERIC. Exceptions were accounted for in earlier articles covering the historical perspectives on smoking and other relevant information connected to the study problem and purpose.

Historical Perspective on Smoking

To have appreciable knowledge and understanding of smoking cessation, insights into past program participants' perceptions of the "I Can Quit" program and how the program supported them or not in quitting, and sound background knowledge on the phenomenon of smoking, are essential. With the extraordinary growth of tobacco in the Americas and Europe from as early as the 15th century, smoking became more widespread with other geographical and economic factors such as monetary standards. In the 1700s, the tobacco industry developed, and cigarettes were invented in the latter part of the 1800s (Hall, 2007).

Hall (2007) also suggested that cigarette design fueled a dramatic rise in tobacco consumption, and cigarette smoking quickly became prevalent and outpaced the usage of any other form of tobacco product. Additionally, the Bonsack machine used for cigarette

manufacturing provided the opportunity for cheap mass production, promoted cigarette advertising, and allowed cigarette companies to expand markets into selling cigarettes. Notwithstanding, some factors account for the continued tradition of smoking today (Giovino, 2002). One of the first pieces of evidence linking smoking to ill health, specifically related to lung cancer, was documented in the 1920s by U.S. doctor Benjamin Rush.

The first Surgeon General Report on Smoking and Health was published in 1964. More than 50 years ago, when the report linked the evidence of smoking to several cancers and other lifestyle diseases, smoking remained a threat to populations worldwide. The WHO (2020) commented that “Smoking tobacco kills up to half its users. Tobacco kills more than eight million people each year. More than 8 million deaths result from direct tobacco use, while around 1.2 million results from nonsmokers exposed to second-hand smoke” (para. 1).

The early 20th century saw growth in tobacco use due to tobacco promotion, the tobacco industry’s power to influence political parties, and World Wars I and II, in which free cigarettes were provided as a measure “of morale-boosting" (Smith & Malone, 2009). The tobacco industry marketed cigarettes with new fruity flavors, expanding new variants of light, mild, and low-tar cigarettes as an illusion of safety and original attractive packaging (WHO, 2006). Hall (2007) related that smoking trends declined due to increased awareness of first- and secondhand smoking and understanding of the tobacco industry’s attempts to manipulate knowledge about tobacco’s ill effects.

One of the first recorded successful lawsuits against the tobacco industry concerning smoking-related illnesses came in the late 20th century; however, today's tobacco epidemic continues. The WHO (2019) encouraged countries and governments to implement stricter policies to remove the disguise and unveil the truth behind traditional, new, and future tobacco products. Greater efficiency of tobacco-control measures will help minimize the tobacco epidemic, including federal legislative action to transform the current legal structure of tobacco control and to deploy innovative new regulatory approaches. When combined, the blueprint outlines strong measures required to reduce the prevalence of cigarette smoking. To this end, how quickly this can be done depends on how quickly the plan is implemented.

Under WHO leadership, a Framework Convention on Tobacco Control (FCTC), an international public health treaty, was developed and adopted by countries in response to the tobacco epidemic's globalization. The FCTC cites a determination "to give priority to their right to protect public health" and the "concern of the international community about the devastating worldwide health, social, economic and environmental consequences of tobacco consumption and exposure to tobacco smoke" (WHO FCTC, 2019, p. 6). As of May 2020, 182 countries were party to the treaty.

As part of the tobacco control strategies, one of the primary intents is to advance tobacco prevention and control by applying proven methodologies such as antismoking interventions that reduce the burden of tobacco use and dependence for users (, USDHHS 2022). To that end, several advances have been made to understand better the immediate and long-term benefits of smoking cessation and effective interventions. The 20th-

anniversary Surgeon General's report in U.S. Department of Health and Human Services (USDHHS, 2014) documented further scientific evidence for the effectiveness of interventions of this type. Additionally, the Surgeon General's report (USDHHS, 2014) outlined compelling evidence related to these measures' successes in cessation. The background was the premise from which this study was built.

Tobacco-Related Illnesses and Consequences

Mullen et al. (2017) and WHO (2020) stated that tobacco smoking remains the leading cause of premature death and preventable disease worldwide, primarily related to cardiovascular and respiratory diseases and cancer (USDHHS, 2014). Despite readily available interventions, Mullen et al, argued that smoking remains a widespread condition, a mixture of lethality and neglect. Smoking a few cigarettes per day is significantly associated with cardiovascular risk. Smoking one cigarette daily has also been associated with a higher stroke risk (USDHHS, 2020). This evidence points out that there are no safe cigarette smoking levels, so the goal should be smoking cessation (USDHHS, 2020). In addition to health issues such as cardiovascular and stroke risk reports, individuals who continue to smoke after a cardiovascular event or revascularization have poorer outcomes. There is also impaired lung functionality, a rise in blood pressure, and hypertension, leading to hypertensive heart disease. Kalkhoran et al. (2018) and West (2017) documented that smokers are at twice greater risk for aneurysm growth compared to nonsmokers. Additionally, the lungs' functioning decreases and can promote pulmonary disease (Kalkhoran et al., 2018).

Health Impact of Smoking and the Benefits of Stopping

Tobacco smoking increases the risk of contracting many diseases, many fatal. For some conditions, the risk can be reversed, while for others, the risk is approximately frozen when smoking stops. Quitting smoking at any age is beneficial compared to continuing to smoke. Table 1 highlights the leading causes of death due to tobacco smoking and the benefits of smoking cessation (West, 2017).

Table 1

Leading Causes of Death From Tobacco Smoking and Benefits of Stopping

Cause of death from smoking	The benefits of stopping smoking
Coronary heart disease and stroke	Preventable if cessation occurs in early adulthood; at least partially reversible
Cancers of the lung and upper airways	Preventable if cessation occurs in early adulthood; further increase in risk prevention
Chronic obstructive pulmonary disease	Preventable if cessation occurs in early adulthood; further decline in lung function slowed
Miscarriage and underdevelopment of fetus	Preventable if cessation occurs early in pregnancy; the risk is mitigated by stopping at any time in pregnancy.

Adapted, West (2017).

Note. Reprinted from Tobacco smoking: Health impact, prevalence, correlates, and Interventions. *Psychology & Health, 32(8),* 1018–1036. Copyright 201. Reprinted with permission.

Addressing the Smoker's Need and Cessation Programs

As Table 1 shows, even though quitting smoking earlier rather than later is most beneficial, stopping is still a great benefit. The Surgeon General Report (USDHHS, 2020) confirmed that quitting never happens too late and that quitters can realize significant health and financial benefits. The USDHHS (2020) mentioned in the newest report on smoking cessation that there is sufficient evidence to support that one of the most effective ways for a person to quit smoking is through local antismoking intervention programs combined with cessation aids. Several best practices for smoking cessation are also highlighted, including Food and Drug Administration (FDA)-approved practices.

Successful Interventions for Smoking Cessation Programs

Behavioral Therapy and Pharmacology. A large body of scientific literature suggests using behavioral therapy counseling and pharmacology, both long-acting and short-acting cessation aids with different pharmacological profiles, such as the nicotine gum, short-acting, and the patch, long-acting, demonstrate superior efficacy in helping people quit smoking (Kalkhoran, 2018; Lancaster & Stead, 2017; Lindson et al., 2019; USDHHS, 2020). Healthcare providers such as nurse practitioners, medical doctor's education specialists, psychologists, psychiatrists, or counselors can deliver behavioral treatment and pharmacology to a group of persons or individuals. Evidence supports the brief cessation interventions and more extended, intensive programs and their effectiveness (Kalkhoran, 2018; Lancaster & Stead, 2017). These studies concluded that minimal or brief interventions lasting less than 20 minutes and more intensive sessions

lasting more than 20 minutes plus follow-up visits have proven effective in increasing quit attempts and remaining a nonsmoker for at least 6 months.

Behavioral interventions cover various topics and advice on quitting, including assessing previous quit attempts and motivation to quit and identifying triggers and ways to manage and avoid them through self-efficacy using medications virtually (Fiore et al., 2008). As a successful intervention, USDHHS (2020) and Kotsen et al. (2017) documented that some behavioral therapy approaches for antismoking intervention include delivering a program lasting 60-90 minutes for over several weeks and includes physiological, psychological, social, and environmental aspects of smoking and nicotine dependence. This approach prepares smokers with practical strategies to avoid and cope with triggers and manage cravings.

Cognitive Behavioral Therapy (CBT)

Cognitive Behavioral Therapy (CBT) is among the most researched psychotherapeutic approaches with a plethora of researchers addressing a wide variety of behavioral and cognitive disorders in many settings and formats with over 2000 published studies demonstrating its effectiveness. Though initially developed by Beck's theory (1967) to treat depression cognitive behavioral therapy, theoretical assumptions remain consistent.

When applied to smoking cessation, cognitive behavioral therapy includes problem solving skills and coping mechanisms which are deeply rooted in relapse prevention (Vinci, 2020). Furthermore, on the premise that smoking is an overlearned behavior, cognitive behavioral therapy helps smokers learn new behavior to replace

addictive behaviors (Rutgers New Brunswick Tobacco Dependence Program [RNBTDP], 2014). CBT empowers participants to change thoughts, feelings, and behavior to act responsively and effectively in challenging situations. In smoking cessation, the goal is to focus on smokers switching their reactions to the urgency to smoke. Hooper et al. (2017) supported the idea that learning an alternative behavior requires the respondent to examine unhelpful thought patterns, identify the function that smoking serves, and replace it with other actions that do the same. Coupled with pharmacology, Denison et al. (2017) stated that the rate of success in cessation rates was increased.

Motivational Interviewing

The Motivational Interviewing approach uses a distinctive counseling and motivational interviewing process, often including the five stages of change with persons not yet ready to quit (TDPRNB, 2019). USDHHS (2020) noted that the evidence-based approach has shown that, when delivered by practitioners carefully and effectively, it helps persons who are not motivated by exploring and resolving any ambivalence about making a behavior change by quitting smoking. The strategy increases readiness to quit and helps people quit smoking than brief advice or usual care, such as self-help materials (USDHHS, 2020).

Self-Help Materials

Self-help materials not specifically tailored for smokers who wish to quit are less effective when not combined with technology and face-to-face intervention. Referencing a Cochran review, USDHHS (2020) asserted that tailored self-help materials based on specific characteristics or concerns of smokers were adequate where smoking cessation is

tailor-made, the reach and effectiveness are much more significant and require more intensive cessation intervention to have even greater success. Lancaster and Stead (2017) concluded that individual counseling was more effective than minimal contact, brief advice, usual care, or self-help materials when pharmacotherapy was not systematically offered to participants.

The Research Site's Approach to "I Can Quit" Using Curriculum Instruction and Assessment

As many people may know, quitting smoking is one of the most powerful changes a person can make for their health. Still, it is not easy, as tobacco dependence is a cluster of behavioral, cognitive, and psychological phenomena. Few tobacco users can successfully quit the habit in their first attempt; the evidence is strong, however, that it can be done; there are numerous effective ways to quit- from guidelines and quit lines to counseling to prescription medicines (USDHHS, 2020). An increased understanding of health risks associated with tobacco smoking can contribute to a decrease in smoking while increasing smoking antismoking intervention attempts can lead to successful cessation (Ahluwalia et al., 2018).

While a program of this nature is not new, a British Overseas Territory currently offers an ongoing structured program to all adults who have expressed a desire to quit twice yearly in February and May to commemorate "World No Tobacco Day." "World No Tobacco Day" is an annual celebration that informs the public about the dangers of tobacco smoke, the business practice of the tobacco industry, what the WHO is doing to

fight the tobacco epidemic, and what people across the globe can do to claim their right to health and healthy living and to protect future generations (WHO, 2023).

One of the primary purposes for establishing the "I Can Quit" smoking cessation program was to expand opportunities available to smokers to empower them to quit smoking addiction in collaboration with regular and ongoing support from their key healthcare providers. Each program runs for seven weeks, with a 1-month group follow-up and individual follow-up initially for three months and up to one year for participants who completed the 7-week program.

The smoking cessation program was developed to provide smokers with the skills and information to enable them to quit smoking. It is specifically designed for smokers who want to quit and therefore assumes that the participants have already decided to seek help. The program curriculum outlines seven weekly sessions built on the skills and information needed to develop a comprehensive, individualized quit plan (NBTDP, 2014). Each session was designed to take about 90 minutes and included baseline biometric testing (height, weight, blood pressure, and carbon monoxide levels using a Smokalyzer). Table 2 provides an overview of the program structure and curriculum topics for the 7 weeks that are also referred to in the program as the 7-Steps.

Table 2

Cessation Program Seven-Step Curriculum Outline

Week	Session and topics
1	Guidance, orientation, and program curriculum overview
2	Your Motivation to Quit

3	Understanding why you smoke (triggers)/ Understanding your smoke patterns (level of nicotine dependence)
4	Getting Ready to Quit (strategies for quitting)/Preparing your Plan to Quit (individualized quit plans).
5	I Can Quit! Quit Day
6	Handling addiction and the habit /skill development (coping mechanisms)
7	Relapse prevention (slip and relapse) A practical approach to remaining a nonsmoker

Curriculum Design

A truly systematic approach to quitting was offered with the intent that each participant develops a personalized quit plan with the skills taught and practiced while learning to gain permanent control over their tobacco addiction. Various techniques based on physical, psychological, and chronic addiction principles were introduced at each session. An instructional facilitator conducts a weekly welcome and recap session. The participants share salient points raised in previous course discussions and interact with each other while exercising tolerance and support to group members.

Group settings provide a supportive and encouraging environment; they can help relieve anxiety issues and garner support for quitting smoking, with fewer feelings of isolation and new behavioral techniques learned. USDHHS (2020) asserted that some clients are unsuitable for group therapy and further noted that clients who do not do well in social settings are clinically diagnosed as having a mental illness. Based on this premise, every precaution is taken to identify those deemed that group therapy will not benefit from the program undertaking. The ability to assess participants' compatibility with group support is measured based on assessment tools provided to each participant on

week–1 - day 1 of the program. The tools referenced are the initial patient information form and the Fagerstrom Test. Individual counseling therapy is referred to the psychiatrist and psychologist as needed (NBTDP, 2014).

The program's highly structured systematic approach to quitting promotes progression from awareness of the smoking habit to actual behavioral change. While the health hazards and dangers of smoking are discussed, a greater emphasis is placed on accentuating the benefits of quitting. An additional opportunity is also provided for learning and sharing information and skills for participants to learn about tobacco use and nicotine addiction to gain insight into their smoking patterns and develop quitting strategies. Finally, a closing activity allows participants to synthesize knowledge and skills and helps them make plans or set goals until the next session. In some instances, a smoking reduction plan of action for the week is reviewed and encouraged (NBTDP, 2014).

Instructional Approach

"I Can Quit" provides smokers with the skills and information to support participants in quitting smoking. It is specifically designed for smokers who want to quit and assume that the participants have already decided to seek help. A premise on which the program is based notes that psychosocial interventions can improve a smoker's chance of successfully quitting (USDHHS, 2020). Psychosocial interventions provide support in a reciprocal manner that helps smokers learn behavior techniques such as modeling, reinforcement, and skill-building to modify behavior (TDTSTM, 2014). Skills building includes self-efficacy, relaxation techniques, and relapse prevention. Group

counseling/therapy sessions are planned for week four so participants can actively plan a quit attempt. As part of the program curriculum, Week 5 was the program-designated quit day. Still, participants were allowed the flexibility to choose their designated quit day. The sessions are not didactic, fixed in nature, but rather in a group setting where clients who mutually seek support from each other are employed. Text messaging and telephone calls help the client stay engaged in quitting. Support and cessation aids are offered for up to one year as needed. Combined with the psychosocial approach, the program incorporates behavioral therapy with pharmacology, referenced in Interventions to Facilitate Smoking Cessations (Kolawole et al., 2013).

Assessment of Smoking Cessation

The program was evaluated using a post-evaluation design at the end of the last session to assess their smoking status and evaluate the course. To put the evaluation into perspective, key constructs to measure success were undertaken, including measuring the effectiveness of the delivery of content and the instructional material used throughout the program and their appropriateness in helping empower participants to quit smoking. These constructs have been described in detail prior. Program participation in the survey completion was voluntary; therefore, not all perspectives on the course were achieved (TDTSTM, 2014).

Research-Based Practices

Literature supports that quitting smoking remains a daunting challenge (Forshee, 2017). Multiple interventions delivered in various formats are likely needed to achieve long-term cessation, as participants perceive. Tobacco cessation can include numerous

behaviors, from quitting to complete tobacco cessation (Prochaska et al., 2008). Subsequently, the full spectrum of cessation behaviors (i.e., initial, intermediate, and sustained behavioral steps toward cessation) was essential to consider (Parks & Kim, 2018). Researchers like Ahluwalia et al. (2018), Forshee (2017), and Gentry et al. (2017) studied participant perceptions concerning smoking cessation interventions, have agreed that tailoring smoking cessation services to the needs of the population using a combination of activities, different types of response and, input from participants themselves can benefit greatly quit attempts.

Bhuiyan et al. (2017) stated that participants also reported that allowing "smoking breaks" between group sessions encouraged continued smoking, thus impeding progress. On the other hand, participants said that the mere fact inspired them that quit smoking programs promote healthy lifestyles (Bhuiyan et al., 2017). In the same study, Bhuiyan et al. (2017) participants expressed a lack of willpower, confidence, and the need for skills building and coping skills, suggesting programs can include anger management tools, stress relief, and relaxation techniques. If at all, the frequency within which cessation programs are offered also concerns participants and a lack of smoking (Bhuiyan et al., 2017). While there were concerns about the availability of antismoking intervention programs, the problem is that the approach is modeled inefficiently if it does not meet the users' needs.

Soyster et al. (2019) mentioned that a focus on smoking cessation interventions, while they were accessible and have proven effective in clinical trials, still had much to be desired. Soyster and Fisher (2019) proposed that improving smoking cessation

intervention was to have direct conversations with diverse stakeholders – they argued that these conversations could potentially lead to valuable insights not available to a literature review alone. One potential area for improving tobacco treatment outcomes is personalization, modifying the content and presentation of interventions to make them more relevant for a given person or population. Bhuiyan et al. (2017) and Soyster and Fisher (2019) differed concerning the accessibility to smoking cessation, they agree on the fundamental principles of meeting participants' needs, that is, through personalization and inclusion, making content and delivery relevant to the users' unique needs.

Counties have opportunities to increase tobacco cessation and prevent smoking initiation through strategies that warn about tobacco dangers while promoting quitting. Ahluwalia et al. (2018) argued that education regarding the risks of tobacco smoking is essential for developing evidence-based interventions to reduce tobacco use. Increased understanding of health risks associated with tobacco smoking can reduce smoking while increasing smoking antismoking intervention attempts can lead to successful cessation (Ahluwalia et al., 2018).

Instructional Strategies

O'Sullivan et al. (2018) conducted an exploratory study investigating client perceptions of inter-professional practice delivery in smoking cessation, collaboratively designed by participants and multiple facilitators. Key characteristics between practitioner and participant teams that focus on participant-centered tobacco cessation treatment delivery, active listening, and shared participant narratives of their experience from the participants' perspective were examined. The study found that the dynamic team

approach and inclusive practice of having more than one facilitator benefited their smoking cessation experience (O'Sullivan et al., 2018). There were also reports of feeling valued based on the inclusion and a team approach which aided their behavior change. Participants' perceptions should be recognized as their views of inclusion are vital elements of participants' optimal experience. These elements include shared decision-making and inclusion practices (O'Sullivan et al., 2018).

Curriculum Planning

Lautner (2018) suggested that engaging participants from the beginning stages of quit interventions can be increased by ensuring that the curriculum is culturally appropriate, effectively targeted, and relevant to the targeted audience. To provide cultural appropriateness in smoking cessation, Lautner (2018) asserted that curricula presented in various formats could increase the interventions' potential reach and content by involving participants of the sample populations in curriculum development. In this way, the program becomes responsive to participants' unique needs.

To further corroborate the importance of planning a smoking cessation curriculum in partnership with stakeholders, the same study by Lautner (2018) found that developing a curriculum without including the participants themselves can create a gap in how the curriculum is delivered. The program would only compile information from a clinical/educational perspective that may not be culturally relevant. A team of resources that includes participants and facilitators can aid in repackaging smoking cessation information to disseminate using various mediums such as images, videos, and other interactive activities relatable to the participants.

Kwan et al. (2017) explored curriculum development for culturally appropriate smoking cessation. The study found that a culturally tailored cessation curriculum can increase retention in smoking cessation programs and increase intentions to quit smoking through peer modeling, positive reinforcement, and skills development. Kwan et al. (2017) highlighted that the partnership between scholars and community members (participants) in curriculum planning and growth presents a unique opportunity in the platform it provides to share ideas and knowledge between academics and community members. For example, participants could share some hindrances as they perceive smoking cessation successes and highlight information that could help; facilitators could get insights and delivery approaches for a cessation program (Kwan et al., 2017). Tsourtos et al. (2019) focused on using assets based rather than deficits approach to smoking cessation resilience intervention; participants were asked to reflect on interventions allowing people from target populations to voice their opinions on what the components should be and how best to implement the program thus influencing meaningful program design. The results of what has been found in these studies are generalizable since cultural relevance is not limited to one sub-set of people.

Implications

With increased knowledge of how individuals perceive their experience with smoking cessation programs, stakeholders might strengthen programs for more significant impact and for informed ways to improve. Combining these tools may prove a gateway to helping more individuals quit smoking. Hanlon et al., 2018 argued that if smoking interventions were more engaging, keeping smokers occupied and doing things

with their hands, it might be a helpful approach. Participating in hands-on activities, such as coloring or drawing, proved valuable for distraction and provided learning to improve the smoking cessation intervention. This study may contribute to the knowledge required to address the problem by exploring how educators and clinicians can seek out and implement innovative ways to help smokers quit based on participant perceptions. The overall implication is that the white paper document may inform decisions on further developing the smoking cessation intervention.

There is a possibility that the research study may reveal the program curriculum and instructional strategies are deficient in some areas. This discovery could influence the smoking cessation program better meeting its intended goals. To address any gap in practice, the resulting project, a white paper, also referred to a position paper was developed to inform stakeholders of the study findings and support the strengthening of the program curriculum, strategies, and expansion in the study country to support smoking cessation of adults.

Summary

The problem that was addressed in this study is that despite the implementation of the "I Can Quit" program, it is unknown which curriculum and instructional strategy interventions participants thought were useful in supporting smoking cessation. The purpose of this study was to explore "I Can Quit" participants' perspectives of the curriculum and instructional strategies used to support the smoking cessation intervention. In this section, I discussed the problem, rationale and evidence, research question, significance, conceptual framework and reviewed the current research literature

related to the problem. The conceptual framework was based on adult learning theory and was used to focus on the implications of adult learning practice where adults learn best when the learning environment is cooperative, is presented as a safe space and is reflective of their goals and interests.

The literature review first established the problematic nature of tobacco by providing an overview of tobacco inception, the rise of the tobacco industry, the various ill effects of smoking, and the health benefits of quitting. Acknowledging the staggering results and describing the severity of the tobacco use burden. Bartlett et al. (2016), Mena et al. (2017), and Song et al. (2017) asserted the need for treatment innovations in antismoking interventions. The authors also suggested additional research on treatment strategies tailored to smokers' individual needs and circumstances. The literature contends that facilitators' failure to address research outcomes on the perceptions of smoking cessation programs will result in the participants' genuine needs being unmet. Bhuiyan et al. (2017) suggested that understanding cessation treatment participants' lived experiences and perceptions is an essential first step toward enhancing cessation efficacy (Chun, 2017). Schwindt et al. (2017) and Song et al. (2018) suggested that with an increase in emerging tobacco products and continued debilitating tobacco effects on the smoker's body, a one size fits all approach will require transformation into a multipronged strategy. The literature also suggested that while highlighting the challenges that smoking presents, it outpoints a ray of hope through innovative antismoking interventions (Ahluwalia et al., 2018; Lancaster & Stead, 2017). In the context of quitting smoking, the engagement of participants with facilitators and other

participants using an assortment of learning tools and activities to acquire information in which learning occurs could be considered.

A complete summary of findings produced from this undertaking will be discussed through a white paper document with salient details containing the study problem definition, program overview, methodology including data analysis, and recommendations. Unearthed suggestions intended to foster the improvement of the program will be communicated to all relevant stakeholders, including the participants, the Ministry of Health Officials, and the Medical Official.

In the next section, Methodology, I discuss my rationale for selecting the qualitative research design. I also describe the participants, inclusion criteria, sampling method, study site, data collection, and instrument development. I discuss the data analysis process, identify codes, categories, themes, and findings. I also answer the research question and describe the project genre selected for this basic qualitative study, a white paper.

Section 2: The Methodology

Qualitative Research Design and Approach

As outlined in Section 1, this basic qualitative study's problem was that despite the implementation of the "I Can Quit" program, it was unknown which curriculum and instructional strategy interventions participants thought were useful in supporting smoking cessation. Zarestky (2023) asserted that a basic qualitative study design is clustered with experience and theory formulation research traditions, the importance of participants' perspectives in the inquiry is highlighted, and researchers can get insights into the reasons behind the problem, not just whether the problem exists (Burkholder et al., 2019).

The study explored the "I Can Quit" participants' perspectives on the curriculum and instructional strategies used to support the smoking cessation intervention. I utilized the perspectives of former participants of the program "I Can Quit"; 10 participants were included. Each interview was recorded, transcribed, and coded. The persons studied in this research were between 23 and 65 years of age, given the age range of participants who previously participated in the program. The method used for choosing the participants was purposive sampling (Kalu, 2019), as discussed in the following pages.

In this section, I describe the research methodology, rationale, and design for the study. Trustworthiness issues are explored and documented, and ethical procedures are described that were rigorously pursued to maintain the participants' dignity, rights, and welfare. The discussion includes a description of the data collection methodology, semistructured interviews, data transcription, and interpretation.

Justification for Research Design

The research design selected was a basic qualitative study design aimed to help understand meaning constructed by perceptions and beliefs based on the respondents' world, experiences, and perceptions (Peterson, 2019). Semistructured interviews focused on the participants' perceptions and the meanings they made from their experiences. Semistructured interviews also provide a platform for qualitative research where participants' perspectives are used to form reconstructed interpretations of a phenomenon (Roulston & Choi, 2018). One-on-one, in-depth phenomenological semistructured interviews were conducted with only the people who directly experienced the same phenomenon (Flood, 2010; Giorgi & Giorgi, 2003; Groenewald, 2004). DeJonckheere and Vaughn (2019) also asserted that unfolding the meaning of one's experiences and perspectives through semistructured interviews is a gateway to establishing scientific explanations. Rovai et al. (2014) supported that a qualitative study approach "values individuality, culture, and social justice" (p. 4) and provides content and context that are rich in breadth and depth of information, which, although subjective, are at the same time current.

With the considerations put forward by these researchers and an application of what I sought to learn by the nature of my research question design to capture the essence of the phenomenon of interest, a qualitative research design with a phenomenological approach was more suited. I executed this qualitative study using a phenomenological approach to capture, as closely as possible, the way a phenomenon was lived by people who participated in it (Creswell & Poth, 2018; Giorgi & Giorgi, 2003). I collected thick,

rich descriptions of the participants' perceptions of the program curriculum and instructional strategies in identifying the strength of the interventions to support smoking cessation intervention.

Other qualitative study designs, such as an ethnographic study, were considered. Ethnographic research is the product of a multiplicity of practices, including but not limited to seeing and looking; hearing and listening; handling of objects; describing; interviewing; recording; working with a wide variety of social settings such as fieldwork sites, seminars, and conferences; looking at how societies and individuals function (Ploder et al., 2021); and looking at the shared experiences, behaviors, and beliefs of a group (Creswell & Poth, 2018). However, as this basic qualitative study was mainly concerned with looking at one practice, as in interviewing to answer the research question, the ethnographic approach was not applied.

Notably, two other research methods, apart from qualitative, were available to attempt to answer the research questions but were not selected. These designs were quantitative research and mixed methods research. Quantitative research is characterized by measurements, variables, and strategies for sampling, linking the research question to the numerical and measurable data collected. Therefore, the principal intended outcome was to analyze data numerically, developing a statistical picture focusing on the *what* and *how* of behavior correlation or a phenomenon (Creswell, 2009; ORAU, 2021; Patton, 2014). Because my aim in this basic qualitative study was to explore the perceptions of participants who completed the "I Can Quit" program regarding the curriculum,

instructional strategies, and recommendations to meet the intended program goals, and because my approach was primarily narrative, quantitative research was not selected.

The mixed methods research design combines both the qualitative and quantitative approaches. I considered using the mixed methods approach because of the ability to enhance the understanding of the research questions. Yet, the disadvantage included the complexity of using both quanitiative and qualitative methods and the additional time required to collect and analyze the data. Because of these reasons the mixed methods research approach was rejected for this study. Burkholder et al. (2019) mentioned that mixed methods research should stem from research questions that cannot be answered alone by qualitative or quantitative methods. The mixed methods approach was not appropriate for this study. The basic qualitative study pursued could be answered independently using a qualitative method, and therefore a quantitative study was not selected.

Participants

Selection of Participants

The participants for this basic qualitative study were selected from the local community and were comprised of 10 adults who had previously participated in and completed the “I Can Quit” antismoking intervention program. As the researcher, I sought to ensure that the feedback from participants covered sufficient experience with the curriculum and instruction and was in a unique position to provide information that would yield rich, thick data. I studied participants in their natural setting and confirmed

that participants had participated in the targeted program. I used specific inclusion criteria for participant selection.

Setting

I conducted the study in the central district of a British Overseas territory. All participants were past participants of the smoking cessation intervention study site who were 18 years and older and had previously received treatment for quitting smoking in the "I Can Quit" program that I conducted in face-to face and one-on-one semistructured interviews in a common location agreed upon by the participants. The 10 participants included four males and six who self-selected into the study who met the participant inclusion criteria.

Criteria for Participant Selection

The criteria for selecting participants included the following: Individuals needed to be previous participants in the antismoking intervention "I Can Quit," needed to be 18 years or older, and needed to have previously received treatment for quitting smoking in the "I Can Quit" program. A total of 126 past participants of the "I Can Quit" program were identified as eligible to participate based on established criteria approved by Institutional Review Board (IRB; approval number 03-23-23-09291517). Seventeen emails were returned as undeliverable due to participants no longer using the email address. Five people responded by indicating that they were no longer on the islands and could not participate. Therefore, 104 participants remained for further consideration, provided that they met the criteria. From the 104 participants contacted, 17 declined, reducing eligible participants to 87.

Each initial eligible participant was invited by email using the researcher work email system copied to the Walden University email. Both the invitation letter and consent form were combined. The participants were requested to read and respond within 5 working days with their consent if they agreed by responding in the email's subject line "I Consent." Within 48 hours of sending the email, I followed up with a call, which is customarily expected to confirm receipt. A total of 15 people responded with consent to my request for participation. Ten participants were selected. Table 3 reflects the criteria I used to select participants for this study.

The inclusion criteria for the study included those who had previously participated in the “I Can Quit” program and participants who had quit during the program and as of 2023. Table 3 reflects the participants who self-selected into the program, program participation data, and smoking cessation date.

Table 3

Participant Criteria and Cessation Record

Participant	Program date	Quit during program	2023 quit
P1	Group 8 February 2018	Yes	Yes
P2	Group 2 February 2015	Yes	Yes
P3	Groups 6/9 June 2018	No	No
P4	Group 9 June 2018	Yes	Yes
P5	Group 9 June 2018	No	No
P6	Group 9 June 2018	Yes	Yes
P7	Group 1 June 2014	Yes	Yes

P8	Group 10 February 2019	Yes	No
P9	Group 11 June 2019	Yes	Yes
P10	Group 7 June 2017	Yes	No

Sample Size

I used the advice of Boddy (2016) and Hays and Singh (2012), Hennink (2022), and Lakens (2022), who suggested a sample size of six to 12 participants to be consistent with the minimum number of participants who are required for adequate representation of the phenomenon while also supporting the researcher in achieving redundancy and saturation. The fewer the participants, the deeper the inquiry per individual. Through semistructured interviews, I gained an in-depth understanding of their perceptions about challenges or barriers, necessary resources, and best practices in the delivery of the antismoking intervention based on the program curriculum and instructional strategies intervention.

Saunders et al. (2018), noted that semistructured interviews are appropriate for gathering qualitative data, and Aldiabat and Le Navenec (2018) and Weller et al. (2018) further posited that using open-ended questions may cause thematic saturation with as few as 10 participant interviews Therefore, focusing on the depth of understanding that can be gained through interviews is of far greater importance rather than a large sample size (Braun & Clarke, 2021). Saturation of the data was reached when the information collected through the semistructured interviews became repetitive and no new information was obtained. The data research was saturated when data became repetitive (Ertefaieet al., 2018; Saunders et al. 2018).

Sampling Procedure

The participants were recruited using purposive sampling. Kalu (2019) commented that in this sampling technique, the researcher selects targeted individuals who satisfy the study requirements. Selecting participants with varying backgrounds and characteristics served its purpose in further validating the results of the study given the multiple perspectives shared. Campbell et al. (2020) and Kalu (2019) noted that purposive sampling (Kalu, 2019) was advantageous in qualitative studies in gaining a deeper understanding of a situation and ensuring a maximum variation of participants who can add depth and insight. Using this technique, I targeted and selected participants with relevant knowledge and experiences about the curriculum and instructional strategies used in the antismoking intervention "I Can Quit." considering these individuals as the target population for this study.

Procedures for Gaining Access to Participants

The study occurred in a workplace healthcare facility setting where I have worked for the past 19 years, during which time I have worked on several behavioral health strategies and interventions, all of which have focused on behavior modification to mitigate the impact of disease burden. This has enabled me to build trust and gain respect, generally, which Celik et al. (2020) mentioned is an important factor in conducting qualitative research. Given the uniqueness to the study approach as a researcher facilitator—discussed in the following heading—I presented my position through an application process where I requested permission to research through the approval from the Walden University's IRB. Additionally, I sought permission from the

workplace to be used as a data collection site and for the use of archival data. After both approvals were obtained, participants were invited by a recruitment email sent with the attachment invitation and consent document to all potential participants who previously participated in the “I Can Quit” program. The email addresses were obtained from an archival database at the data collection site, which included the name, contact information and email, when the participant participated in the program, and if the participant had stopped smoking. The recruitment letter contained the following information: (a) purpose of the study, (b) method of data collection, (c) time of interview, and (d) methods to protect participants’ confidentiality at the study site. The participants were requested to read the email and respond within 5 working days with their consent if agreed by responding in the email's subject line "I consent.” The study description was outlined with a clearly stated purpose along with information on participants' rights, noting their right to participate or not as well as withdraw after consent. The email was followed up with a call to confirm receipt of the email. Participants were advised to review the requirements for their participation. The participants were given 5 working days to respond by indicating “I consent” in the subject line of the recruitment email or declining their willingness to participate by email. Informed consent was obtained from all participants.

Researcher-Participant Working Relationship

Prospective participants were informed by the invitation and consent document of a new study about perceptions and experiences in the “I Can Quit” program and extended an invitation to participate. The invitation and consent clearly distinguished my role as a

researcher and my professional role in the delivery of the antismoking intervention program. The researcher, program facilitator status was granted by Walden University's IRB. As a researcher–participant, I was an instrument of the research as the primary collector and analyzer of the data from the interviews and archived documents (Allan, 2020; Johnson et al., 2020). Upon the Walden University IRB granting participant status, the recruitment email with the consent forms were distributed.

As the researcher and facilitator, both parties had already established an amicable and trusting working relationship that was maintained. Due to the relationship dynamics between researcher and the participants, I sought to obtain and maintain accurate participant narratives (Allan, 2020) and actively journaled through reflexivity to document my biases, personal insights, assumptions, emotions, and methodology (Kalu, 2019; Olmos-Vega et al., 2023). Being aware of my biases, beliefs, feelings, and relationships with the participants required me to analyze the data more objectively.

Protecting Participant Rights

The safety and confidentiality of the participants remained a priority throughout this basic qualitative study, and all efforts before, during, and for 5 years postcompletion of the study were made to protect the identity of the participants. Using the advice of Allan (2020), all participants were assigned pseudonyms to protect their identity (P1–10 for each program participant). All data collected from interviews, archival data, cessation records, and observations were coded, kept confidential, and secured on my password-protected personal computer and locked in my safe at home. The consent forms remain in a separate file to ensure that no participant can be identified. Per Walden University

protocol, all stored electronic and written data will be destroyed at the end of 5 years. The consent form provided assurance that each participant understood the nature of their participation in the study or not, whether to stop participating, and their responsibilities as a participant in this research study (Allan, 2020).

Participants had the risks of participating in the study explained to them through a written document, the invitation and consent document detailing (a) the purpose of the study, (b) voluntary nature of the study, (c) risks benefits in participating in the study, (d) potential benefits of the study, (e) promise of confidentiality, (f) contact person for questions, (g) contact person for questions related to participants rights, and (h) obtaining consent for the interview. Participants were also through the consent form that they could decline answering any question at any point during the interview without recourse against them. Participants demonstrated their understanding through "I consent" to the participant invitation letter that concealing their identities is a top priority and will be kept private. The measures to protect participants' rights include confidentiality, informed consent, and protection from harm. To protect participants' confidentiality, alphanumeric codes were used instead of their legal names. In keeping their identities confidential, no physical harm will come to the participants, and they were protected from other unintended harm (Kang et al., 2021).

Data Collection

The following subsection provides information on the qualitative data collection instrument used in this research which was semistructured interviews. Additionally, this subsection provides a justification for the data collection, an explanation of the

sufficiency of data, followed by a description of the researcher's role including potential areas of bias, data collection methods and the data analysis results.

Justification for Data Collection

Interviews

Semistructured interviews were used with 10 questions which were asked of each participant. The semistructured interview questions added the flexibility of asking additional questions and was further supported using probing questions and follow-up questions to elicit additional insight into each participant's perceptions (Merriam, 2019). The interview questions were open-ended which provided an opportunity for a wealth of information related to each of the participant's perspectives (Patton, 2015) about the curriculum and instructional strategies intervention that supported their smoking cessation.

Instrumentation

An interview guide was used to guide the researcher in asking the semistructured research questions. The interview protocol was developed using the guidelines from (Hollin et al., 2020) which recommended building rapport and specific questioning techniques such as open-ended and probing questions, which were used with the participants and was based on the single research question. The research question was addressed regarding which curriculum strategies supported their smoking cessation. Additionally, the research question was addressed regarding instructional strategies that supported their smoking cessation. Each interview question was developed to ensure that they would address the problem and the purpose of the study as well as the framework. I

practiced the interview questions with colleagues to refine any questions that appeared confusing or that required rewording for better understanding. My committee reviewed the questions and the supporting probes to enhance the outcome. It was important that the questions asked were precise and clear to reduce the risk of misunderstanding and misinterpretation (Langley & Meziani, 2020).

Sufficiency of Data Collection Instrument

Qualitative data collected from the participants provided insights into their perspectives about which curriculum and instructional strategies supported their smoking cessation by articulating their individual lived experiences on the perceptions, thoughts, and feelings, yielding a profound understanding of the gap in practice, the local problem, and the RQ (Braun & Clarke 2021). These questions were used until the research question was answered yielding multilayered data to the extent the participant could have or where there was redundancy in the information shared by the participant. Table 4 includes the one research question along with the interview questions.

Table 4

Correlation of Research and Interview Questions

Research question	Interview questions
RQ1: What are "I Can Quit" participants' perspectives of the curriculum and instructional strategies used to support the smoking cessation intervention?	1. What are your perceptions of the antismoking intervention program's topics? Probing: What are your perceptions of the information shared during the program? Probing: What strengths have you encountered with the course topics and content in the "I Can Quit" program? Probing: Is there any additional information you would like to share concerning the "I Can Quit" program's content? 2. What suggestions do you have for changes in the "I Can Quit" program curriculum? Probing: What challenges have you encountered with the course topics and content in the "I Can Quit" program? 3. What suggestions do you have to improve the quality of services offered by the "I Can Quit" Program? 4. What strengths have you encountered with the program activities and presentation style in the "I Can Quit" program? Probing: Is there any additional information you would like to share concerning the "I Can Quit" program activities and presentation style? 5. What suggestions do you have for changes in the "I Can Quit" program activities and presentation style? 6. What challenges have you encountered with the program activities and presentation style in the "I Can Quit" program? 7. What additional activities and presentation style could improve the program? 8. What other information do you think would be helpful for us to know regarding the "I Can Quit" program's interventions? Probing: What are your perceptions of any success stories of the overall "I Can Quit" program? Probing: What success stories if any would you like to share about the overall program? 9. Is there any additional information you would like to share concerning the success of the overall program? 10. What suggestions do you have for facilitators to ensure of the program's success? Probing: What challenges if any, have you encountered with the overall "I Can Quit" program? Probing: Is there any additional information you would like to share concerning the challenges of the overall "I Can Quit" program? Probing: What suggestions do you have to improve the overall "I Can Quit" Program?

Systems for Keeping Track of the Data

Each interview was conducted with a sample group of 10 participants and was recorded with permission from the interviewees and through the IRB process. The recordings ensured the complete accuracy of the participants' spoken words. The transcripts were reviewed several times with the committee chair, as well as listening to the recordings. I worked closely with the committee chair to ensure accuracy of transcript to proper interpretation. Following that, the audio was transcribed using the REV software. Once I completed the transcription process, I checked the transcript with the original recording for accuracy.

In a separate email for each, participants were asked to review the details of their interview to check whether they contained the intent of their responses and the accuracy of data. Succinctly described, Burkholder et al. (2019) noted that this process is member checking and further validates the data collected (Creswell, 2012). Participants received the transcripts through email, giving an allowance of up to 3 days to respond, confirming the accuracy of the transcript, or with notes of amendments as needed. The process was done for verification purposes. The approved recordings were stored in Google Cloud with a protected password and will be kept for 5 years, after which they will be deleted by emptying the trash bucket contents and deleted from the computer. Once participants agreed that the information was captured accurately and represented in their discussion, the transcripts were read multiple times to become familiar with the data (Adruce et al., 2021; Baker et al., 2021; Massaro, 2019).

Role of the Researcher

I have worked as a health educator and health promotions officer for 19 years and have been involved in the development, organization implementation, and evaluation of various noncommunicable disease lifestyle programs. In my professional capacity, I have developed and maintained cordial and professional working relationships and have earned the trust of the community members. In 2014, I was commissioned to lead the development and delivery of an antismoking intervention to support the implementation of a Tobacco Law (2008) and Tobacco Regulations (2010) for the British Overseas Territory and the recommendation from the Surgeon General Report of 2014.

I understand my role as the researcher being professionally aligned with a program while reviewing the same. With approval from IRB, I employed mechanisms to ensure that my beliefs and biases were not imposed upon others (Nassaji, 2020). I identified learner-centered instruction, differentiated curriculum design, and my background as a classroom teacher and counselor as potential professional biases that may influence this study. Mindful of the biases and knowledge, it was essential to be clear, transparent, and open during the data collection process to understand the participants' perspectives without my thoughts influencing what was stated. I am therefore fully cognizant of my biases toward the curriculum and instructional strategies used with the smoking cessation program "I Can Quit." Patton (2015) suggested the need to identify one's biases not to affect the research study's validity.

To ensure these biases do not infringe on the research product, I used bracketing to identify my biases, wealth of knowledge on the subject matter, and assumptions and

temporarily set them aside so as not to influence my research study (Stahl, 2020). Through bracketing, I demonstrated a conscious awareness of possible bias based on prior professional knowledge and experience. Bracketing involves knowingly compartmentalizing biases, sources of information, and assumptions that were likely to influence the credibility of my research and decrease the study's trustworthiness (Burkholder, 2019; Stenfors, 2020).

To further prevent misinterpretation of what may be stated in the interviews, I asked for clarification when unsure of what the participant conveyed. I carried out member checking by providing each participant with a copy of the transcripts and my data findings for review. The study participants had granted written permission for the data to be used in the final study. During the interviews, I was careful not to demonstrate the unintended bias of agreement or disagreement through the participant's body language or verbal responses during the interview process (Johnson et al, 2020). I could have risked the entire research's validity without being forthcoming with my feelings and beliefs.

Data Analysis Methods

I reviewed the transcripts, removed filler words, repeated the process, and highlighted important text. The text was copied to a spreadsheet designed for collecting codes, categories, and themes. The total number of relevant contents copied over to the spreadsheet included 268 important phrases or sentences. I looked for codes, categories, and themes related to adult learning theory relevant to the research question. I coded these data sets by hand into round one codes, round two codes, categories, and themes,

resulting in initial coding combinations in Microsoft Excel. The coding combinations enabled me to label relevant words and sentences to organize the data for synthesizing (Saldana, 2016). I used open descriptive coding, an inductive coding process, for round one and two coding, which resulted in finding 10 category codes related to the research question. The inductive coding process involved the identification of text segments that conveyed similar meanings and ideas (Saldana, 2016).

Following, I used the pivot table, Excel spreadsheet, and tables. I reviewed the codes to ensure all concepts were captured, checked for the frequency within which each dominant category and theme occurred and reflected on their meanings to determine the codes that best represented participants' experiences (Johnson & Christensen, 2020). Numerous coding schemes were applied to the same data, which enabled me to explore further, different ways of understanding the same data. In so doing, my analysis was not limited by how often I could work with the transcripts (Deterding & Walters, 2021).

I commenced the coding process by actively listening to the recorded and transcribed interviews. Each transcript was reviewed for accuracy against the audio recording of each participant interview. The length of the interviews ranged from 19 minutes to 50 minutes. The average interview length was 29 minutes. Participants spoke at a general pace and covered significant information in a minimal period.

Data Analysis Results

Coding Strategy

Saldana (2021) posited that data analysis involves making meaning of the information collected to formulate reasonable conclusions connected to a study. To

conclude data, a deep analysis involving assembling data, organization and categorization, interpretation, formulation of categories, and looking at patterns for the development of codes is required. Yin's five-step process provides a detailed, easy-to-follow process in achieving the conclusion of data for my study. I therefore utilized Yin's (2018) approach five-step process, which included (a) compiling, (b) disassembling, (c) reassembling, (d) interpreting, and (e) concluding. I combined Yin's five-step analysis process with a content analysis approach condensing the raw data into categories to quantify and analyze the meanings and relationships of the data (Bengtsson, 2016). Each stage of Yin's five-step process must be performed several times to maintain the quality and trustworthiness of the analysis. The coding process is therefore performed repeatedly, commencing on different pages of the transcripts each round to increase stability and reliability.

Compiling Data

Once all interviews were completed, I played back the recordings and listened to each recording entirely to familiarize myself with the contents. The first step in Yin's (2018) five-step process was compiling the data. After each interview was transcribed using REV, I imported each interview into a Word document. Once transcribed, I edited the transcriptions to differentiate between the researcher and the participants, labeling each section as researcher and speaker. As part of the validity and credibility process, I engaged in member checking by having each participant review their data sets and respond affirmatively, accepting the details of the transcription or providing comments. Castleberry and Nolen (2018) noted that transcription services have an essential purpose

in that they help the researcher save time, but even more important is for the researcher to know the data intimately. Mindful, I read the transcript repeatedly and became familiar with the interview document, overall experiences, and descriptions of the participant's responses (Bengtsson, 2016).

As reviewed, I employed a structural coding approach where I coded data according to the research question and topic in the transcription by intentionally emphasizing, highlighting, marking, and assigning descriptive labeling to various excerpts, including words, phrases, and paragraphs of the transcription so that they may be further examined (Ravitch & Carl, 2016). Saldana (2021) also noted that the analysis process involves making meaning of the data by coding, categorizing, and theming the data.

Disassembling

Bengtsson (2016) described the iterative process of shaping data to the problem statement and research questions, starting during the interview process and throughout the entire data analysis process. The next step in Yin's (2018) five-step analysis process was disassembling the context placed into the spreadsheet while adding the first coding round. Guided by the content analysis process, I refined decisions about aspects of the interviews I wanted to focus on which related to the research question and focused on areas of the participant responses that related to the problem statement, which questioned which curriculum and instructional strategy interventions participants thought were useful in supporting smoking cessation. Bengtsson (2016) noted that qualitative content analysis is an organic inductive and deductive coding process. Through the content

qualitative analysis process, I decontextualized the data by identifying codes, categories, and emerging themes (Bengtsson, 2016).

As I coded the text, the research question and the purpose of the study remained at the forefront of my mind. I highlighted words and phrases related to each research question, after which I entered raw data highlighted in the interview transcriptions into an Excel spreadsheet. Two rounds of coding were employed. Open coding, a form of inductive coding was utilized as part of the first round of coding, yielding 24 descriptive codes for round 1 that reflected the description of the experiences reported by participants related to the research question. Tables 5 and 6 shows Round 1 and Round 2 coding, which reflects descriptive codes identified that matched the participants' descriptions of their experiences.

Table 5 lists the Round 1 open codes with the number of raw data text excerpts. There were 2 negative open codes, one related to repetitive content and the other one was relying on technology. The remaining codes were positive and related to content, positive feedback related to instructional strategy and positive feedback related to the program. The Round 1 codes varied according to learning from others to commenting on the instructional strategies being organized, the positive feedback also included the staff being nonjudgmental and testing and tracking of CO, and the instructional strategies being well delivered. The remainder of Round 1 codes included the positive feedback of the program. Some of the codes related to the group support, quality of the sessions and success in quitting. Success in quitting contained seven text excerpts commenting on the positive feedback program in quitting.

Table 5

Round 1 Codes and Number of Text Excerpts

Round 1 codes	No. raw data text excerpt
Negative feedback content - repetitive	1
Negative feedback instruction strategy - relying on technology	1
Positive feedback content - organized	1
Positive feedback instruction strategy - interview	1
Positive feedback instruction strategy - testing	1
Positive feedback instruction strategy - activities	2
Positive feedback instruction strategy - ball exercise	1
Positive feedback instruction strategy - blood pressure and count	1
Positive feedback instruction strategy - class play	1
Positive feedback instruction strategy - discussions	3
Positive feedback instruction strategy - group share	1
Positive feedback instruction strategy - handouts and ask questions	1
Positive feedback instruction strategy - homework	1
Positive feedback instruction strategy - individualized options	1
Positive feedback instruction strategy - learn from others	2
Positive feedback instruction strategy - meditating	1
Positive feedback instruction strategy - organized	1
Positive feedback instruction strategy - other perspective	1
Positive feedback instruction strategy - photo before and after	2
Positive feedback instruction strategy - pivot without technology	1
Positive feedback instruction strategy - presentations	1
Positive feedback instruction strategy - shared stories	1
Positive feedback instruction strategy - smokalizer	2
Positive feedback instruction strategy - staff nonjudgement	1
Positive feedback instruction strategy - testing	5
Positive feedback instruction strategy - tracking CO	1
Positive feedback instruction strategy - well delivered	1
Positive feedback program - group support	2
Positive feedback program - supported each other	1
Positive feedback program - encourage each other	2
Positive feedback program - group support	3
Positive feedback program - hope	1
Positive feedback program - interested again	1
Positive feedback program - medical oversight	1
Positive feedback program - prescription	1
Positive feedback program - quality sessions	1

Round 1 codes	No. raw data text excerpt
Positive feedback program - quit for 3 weeks	1
Positive feedback program - quit smoking	4
Positive feedback program - staff support	5
Positive feedback program - success in quitting	7
Positive feedback program - wonderful	1

Table 6 included the Round 2 codes and Round 1 codes with the number of raw data text excerpts. Round 2 codes are reflected in bold and gives additional organizational structure to Round 1 codes. The number of text excerpts are also written in bold and underneath the bold Round 2 text is the Round 1codes. The Round 1 codes are listed with the text excerpts. Table 6 shows five Round 2 codes including improvements for program and marketing program with varying excerpts related to marketing, program follow up and additional support. The highlights include 21 excerpts related to improvements in program and marketing, 46 excerpts related to positive feedback on the curriculum, and 47 related to positive feedback for instructional strategies. The other round two codes included 15 excerpts on improvements for instruction and content.

Table 6

Round 2 Codes to Round 1 Codes and Count of Text Excerpts

Round 2 to Round 1 codes	Count of data text excerpt
Round 2 Improvements for program and marketing	**21**
Recommend program frequency	1
Recommend program participation	1
Recommend program marketing	5
Recommend program requires readiness	1
Recommend program marketing	1
Recommend program follow-up	4
Recommend added length	1
Recommend program improvement	1
Recommend program additional support	3
Positive feedback program marketing	1
Recommend program access	1
Recommend program - broader outreach	1
Round 2 Positive feedback curriculum	**46**
Positive feedback program content	1
Positive feedback content strategies for stopping	2
Positive feedback content informational	1
Positive feedback curriculum nutrition	1
Positive feedback curriculum financial	1
Positive feedback curriculum	40
Round 2 Improvements for program and marketing discrepant	**1**
Recommend program presenters discrepant	1
Round 2 Positive feedback instructional strategies	**47**
Positive feedback program group participants	1
Positive feedback staff support	1
Positive feedback instructional strategies	45
Round 2 Improvements for instruction and content	**15**
Recommend content	3
Recommend instruction	3
Recommend instruction improvement	4
Recommend content nutrition	1
Recommend program documents	3
Recommend instruction documents	1

Table 7 reflects a sampling of the Round 2 descriptive codes and text reflecting the designated code by participant. The table sampling includes one theme and one category which represents the text excerpt while also including the Round 2 code. Nine text excerpts were included to reveal sampling of the one category within the one theme. Table 7 included the participants number, recommended additional content, teaching methods, and services to strengthen the curriculum and instructional strategies used to support the smoking cessation intervention. The category represented in Table 7, was improvements for program and marketing.

Table 7

Sampling of Round 2 Codes and Text Excerpts From Participants

Participant #	Text excerpt	Round 2 code
1	I do think it would've been helpful for me to have sort of more of a recap at the end with like everybody was there. I think I'm not articulating this property properly. even though I knew that I had, there was follow up and I thought that was helpful and even though I knew	Recommendation content – more follow-up each session
1	But for somebody who, doesn't have a vehicle or is traveling by a bus and it's later in the evening, that's not as easy for them. Yes. And that's a lot of the people that I see smoking these days are younger people that don't have access, access to a car or the finances. it seems to be those are the people that are smoking the ones that really can not properly afford it.	Recommend program access
2	I think it would've been helpful at the end of all this to have maybe because it goes to the week seven to have at maybe week 12 people come back in and say, how have you coped during that time? almost like a reunion Not too far down the road, but far enough that you've been left on your own for say a month.	Recommend program follow-up
2	encourage, tell anybody. Encourage anybody to go to the program.	Recommend program marketing
4	I've told about quite a people about it, you know.	Positive feedback program marketing
4	people might just come back and continue on; you go through it again. Right. Absorbs some new stuff next time. Right.	Recommend program participation
5	running it more frequently	Recommend program participation
5	I think it was a great program really. I've got nothing but great words for about it and for I appreciate that. any of the critiques I may have had in there were, were mild at best, I think. for me it just, it, it really helped. I would like to see it perpetuated or advertised again or perpetuate, you know, broader community reach to it. marketing scheme in that sense I think would be, be a tremendous help to the program and to the community at	

I conducted a second round of open coding where an examination of the Round 1 codes was used to identify standard codes between the first and second rounds of open descriptive coding, I collapsed the Round 1 codes that were similar and identified 9 codes for Round 2 of open descriptive coding. Round 2 coding was determined by examining Round 1 open descriptive coding for similarities and patterns in the codes assigned to the text from the transcripts.

Table 8 includes Round 2 open descriptive codes along with the count of text excerpts by code. There were five Round 2 open descriptive codes which provided further definition to emerging themes. These included positive feedback on climate, staff support, climate/program design, staff adaptability and recommended content.

Table 8

Round 2 Open Descriptive Codes and Count of Text Excerpts by Code

Round 2 open codes	No. of raw text excerpts
Positive feedback/climate	**4**
Positive feedback instruction strategy/climate - shared stories	1
Positive feedback instruction strategy/climate - support	1
Positive feedback instruction strategy/climate - adapted to class	1
Positive feedback instruction strategy/climate - positive climate	1
Positive feedback/staff support	**1**
Positive feedback program - staff	1
Positive feedback climate/program design	**1**
Positive feedback program/descriptor - great	1
Positive feedback/staff adaptability	**1**
Positive feedback instruction strategy - pivot without technology	1
Recommend content	**2**
Negative feedback content/topic - replacing behavior	1
Negative feedback content/topic - relapse	1

Reassembling

I reassembled the data in the following data analysis phase (Castleberry & Nolen, 2018). This process included using the numerous related codes from the pivot table in the Excel spreadsheet to show the bigger picture of what was portrayed by looking closely at patterns that existed in rounds one and two open coding (see Table 6). The Round 2 coding was also examined to focus on the similarities and patterns to ascertain the categories (see Johnson & Christensen, 2020). Using the spreadsheet filters and pivot tables, I extracted text from its original context and observed the patterns in the codes to begin interpreting the assigned codes. Making meaning of the codes enabled me to assign possible categories for the codes to take the analysis on to the next phase, the interpretation.

Interpreting

Bengtsson (2016) suggested that in making meaning of the codes, the codes were to be combined and reduced to ensure the integrity of perceptions shared by participants. The fourth step in Yin's (2018) process was interpreting. In applying this methodology in the analysis, I detected emerging categories related to program climate, program design, supportive staff, success, curriculum, and instructional strategies and recommendations. I formulated these opinions by discerning, comparing, and interpreting the data based upon an examination of the examined the transcripts, spreadsheet with text excerpts, and pivot tables. While the final interpretations were derived based on linear sequence to Yin's 5-step method of analysis, analysis was applied across the first three steps: compiling, disassembling, and reassembling (Castleberry & Nolen, 2018). This helped to view the

final interpretations in concert with each other and show the interconnectedness between the codes and categories and how they were derived.

Table 9 below reflects themes to categories and count of text excerpt established from interview excerpts. There were 10 categories organized into three themes, which included a total number of 266 excerpts. The categories which were organized into the first theme included 5 categories with excerpts related to improvements for program and marketing, improvements for instruction and content. The remaining included improvement for instruction and content discrepant, recommend program, and program and marketing discrepant. The categories which were organized into the second theme included 2 categories with excerpts related to positive feedback on curriculum and instructional strategies. Three categories were organized into the third theme and included excerpts related to positive feedback on program, climate, and staff.

Table 9

Themes to Categories and Count of Text Excerpts

Themes to categories	No. text excerpts
Participants recommended additional content, teaching methods, and services to strengthen the curriculum and instructional strategies used to support the smoking cessation intervention	**44**
Improvements for program and marketing	21
Improvements for program and marketing discrepant	1
Improvements for instruction and content	15
Improvements for instruction and content discrepant	4
Recommend program	3
Participants' perspectives were that relevant curriculum and effective instructional strategies facilitated connection to others/community program participants that contributed to their smoking cessation	**93**
Positive feedback curriculum	46
Positive feedback instructional strategies	47
Participants' perspectives were that the program climate, design, and supportive staff, contributed to their smoking cessation	**129**
Positive feedback program	57
Positive feedback climate	23
Positive feedback staff	49
Grand Total	**266**

Table 10 represents the three themes determined by the interpreting stage. These three themes revealed the text excerpts total for each theme. Theme 1 had a total of 44 text excerpts. Theme 2 had 93 excerpts, while the third theme had 129 excerpts. The table shows a total of 266 text excerpts compiled from the transcripts. The three themes that emerged from the categories resulting as themes, follow.

Table 10

Themes With the Number of Data Excerpts

Themes to categories	No. text excerpts
Participants recommended additional content, teaching methods, and services to strengthen the curriculum and instructional strategies used to support the smoking cessation intervention.	**44**
Participants' perspectives were that relevant curriculum and effective instructional strategies facilitated connection to others/community program participants that contributed to their smoking cessation.	**93**
Participants' perspectives were that the program climate, design, and supportive staff, contributed to their smoking cessation.	**129**
Grand total	**266**

Concluding

The final step in Yin's (2018) analysis process was concluding. The pivot tables were important in identifying principal categories and patterns emergent from the analysis process. Using the pivot tables and filters, I could observe the commonality of codes, the frequency with which they appeared, and the categories. I also examined the association between the open coding in both rounds one and two.

Results

A British overseas territory began offering a community smoking intervention program in 2014, with the primary intent to give persons wishing to quit smoking an opportunity to do so. The purpose of the study is to explore "I Can Quit" participants' perspectives of the curriculum and instructional strategies used to support the smoking cessation intervention. Ten participants shared their perceptions of the following research question using semistructured, face-to-face interviews. RQ1: Inquired what were the "I

Can Quit" participants' perspectives of the curriculum and instructional strategies used to support the smoking cessation intervention.

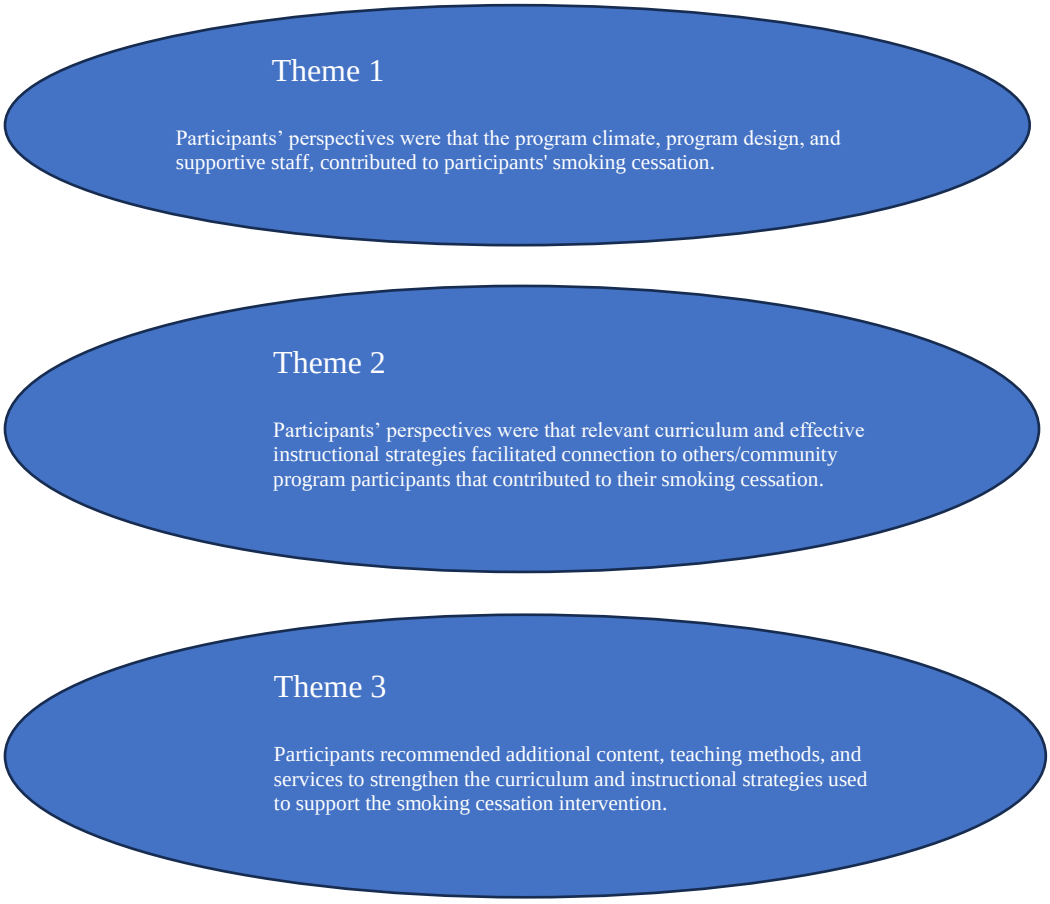
The purpose of this basic qualitative study was to explore "I Can Quit" participants' perspectives of the curriculum and instructional strategies used to support the smoking cessation intervention. To analyze the data I reviewed the transcripts, removed filler words, repeated the process, and highlighted important text. I looked for codes, categories, and themes related to adult learning theory relevant to the research question. I coded these data sets by hand into Round 1 codes, Round 2 codes, categories, and then used the Microsoft Excel spreadsheet to identify the emerging themes, resulting from initial coding combinations. I used open descriptive coding, an inductive coding process, for Round 1 and 2 codes, reviewed the codes to ensure all concepts were captured, checked for the frequency of each dominant code, category and theme that occurred, and reflected on their meanings to determine the codes that best represented participants' experiences (see Johnson & Christensen, 2020).

To analyze data, a deep analysis involving assembling data, organization and categorization, interpretation, formulation of categories, and looking at patterns for the development of codes is required. Core themes identified were taken from the commonality in language expressed by most of the participants during the interviews from the previous participants of the antismoking intervention. Theme 1 was the outcome of participants' perspectives in relation to the program climate and design and supportive staff that supported their smoking cessation. Theme 2 was the outcome of participants' perspectives in relation to the curriculum and instructional strategies that supported their

smoking cessation. Theme 3 was the outcome of participants' perspectives concerning recommendations for additional content, teaching methods, and services to strengthen the curriculum and instructional strategies used to support the smoking cessation intervention. In this section, I describe the themes that emerged for the research question.

Figure 1

The Three Themes



Theme 1: Participants' Perspectives Were That the Program Climate, Program Design, and Supportive Staff Contributed to Participants' Smoking Cessation

The themes that addressed RQ1 were Theme 1: Participants' perspectives were that the program climate, program design, and supportive staff, contributed to

participants' smoking cessation. Participants commented on the mood and the atmosphere of the course setting where they felt safe, motivated, and encouraged to do well, which was summarized as the program climate aspect of the theme. The participants also gave an account of how they perceived the program noting it was a wonderful experience, which was summarized and labeled as the program design. The participants commented on the positive attitudes of the facilitators who nurtured positive relationships with the participants in a positive learning environment where they were able to quit smoking, as the third portion of the theme labeled as supportive staff.

Program Climate. The first component in the first theme discussed is the program climate. The environment where learning takes place is important. A positive environment promotes participants feeling comfortable while sharing their thoughts, offers a safe space, comfortable in taking risks, asking questions, and confronting challenges in their learning (NSWDE, 2023). Eight out of 10 of the participants commented that a safe place contributed to their smoking cessation. P4 explained that there was a safe feeling in the sessions where participants were encouraged and supported towards achieving their goals. P4 articulated that,

> Even if you sort of fell off the wagon… you get the encouragement and then you keep going again. I do just remember sort of my general feeling was that think it was a good, safe place to go, you know? That I was really impressed with, the quality of the, the sessions, the support that we were given we were all on the same team working towards the same goal. We're here to help you. You didn't

> feel like you were being judged? And not feeling like you were being shamed for anything (P4).

P8 commented on how participants would share their stories, and this helped to promote a safe space noting that "listening to other people talk about the difficulty that they were having …made it a little bit easier for me". Participants 1, P5, P7, and P10 all agreed that the supportive environment contributed to their smoking cessation. They commented on the solutions and options provided for quitting smoking. The resources were presented as different packages of care to ensure they were tailored for each participant even amidst a large class noting, "[the facilitators] helped you find the one that works for you" and "they could tell me what they thought was best for me". Also, P1 and P10 mentioned the medication options provided was beneficial in supporting smoking cessation, they noted, "this is a good program, the fact that we got free, medications to help you quit. I would've to say it was the best part for me" and "things they thought would help, a gum or the patch, and having it work for you, your lifestyle, and your medical condition. I thought that was really helpful". P5 added that the structure of the class and the support offered was a key aspect, "I think was such a big benefit". A positive learning climate also related to providing relevant information, P9 commented that "a vast range of information and learning on addiction" was provided and each participant was spoken to in a way they felt included and worthwhile.

Program Design. The next component of Theme 1 was the program design. The program design was perceived to have supported participants' smoking cessation. Interview responses indicated how participants perceived program strategies and

supported their smoking cessation were labeled as program design. Program design strategies included planning for the learning environment to facilitate optimal learning outcomes and experiences through the careful selection of learning activities that prioritize learner development, keeping learners engaged, and helping improve retention and goal achievement. Data indicated that eight out of ten participants shared their experiences on aspects of the program design including general perspectives such as the program structure, learning experiences and activities, and smoking cessation aids offered. P9 stated that the program was informative and relevant, providing a vast amount of information, that could be easily processed and delivered in promoting their learning. P9 affirmed, “I think the content and the delivery was really spot on, I don't think that there was anything that was irrelevant… and it was delivered in digestible pieces”. P9 further explained,

> You all did an exceptional job. I am, living testimony to the fact that I have never smoked a cigarette since, there was enough things that worked that I now have not smoked a cigarette since the quit day (P9).

P5 affirmed the positive learning experience gained from the program structure. P5 noted, “The tools I’ve learned in the program …they stuck with me and I remember almost every bit of it”. P1 and P10 also echoed similar sentiments concerning how the program benefited them. P1 noted “I tried quitting and smoking over the years and that was the first thing that ever worked for me,” while P10 added “…very informative…I felt like it was a good program.”

P4 and P6 discussed the benefits of group support as part of the program design. They also noted that the group structure provided support in knowing that they were not in isolation going through the process of quitting smoking. P4 mentioned “it was the support of everybody else there and getting to encourage each other to make it through.” P6 added, “as a group… we hung together …I think it was a great program, really”.

Staff Support. The next component of Theme 1 was staff support. The connection between supportive facilitators and all learners is invaluable because it enables gains within the learning environment. Caring supportive facilitators involve holding learners accountable while providing the support they need to succeed. Supportive facilitation involves combining deep content knowledge, high-quality practices, creativity, and empathy to improve learning in the present and for long-term readiness to learn (Cserti, 2023). Learners function more effectively when feeling respected and valued (North, 2023). The participants mentioned how staff support played a significant role in helping participants in their smoking cessation. All study participants, ten out of ten reported on the dedicated and knowledgeable staff which contributed to their smoking cessation. P9 commented on the dedicated and knowledgeable staff who not only spoke with authority but who were very empathetic and nonjudgmental towards participants. In sharing their perspective on the dedicated and knowledgeable staff, P9 expressed,

> The main driving force, I think was the constant, engagement with healthcare professionals and all the time effort, and knowledge that they imparted … I think taken as a whole yes, is what I would call the greatest strength of the program.

> Everybody did their absolute best to show that they cared about having persons succeed at this program. At no time did I get that sense[of] judgmental attitude (P9).

P1, P3, and P4 also reported on the supportive staff. P1 noted how "the efforts of the facilitators" were found to be most supportive and played a role in their demonstration of being accountable as well as not wanting to disappoint the staff who worked diligently to help participants meet their needs. P3 corroborated the affirmations expressed by other participants related to the favorable staff support. P3 stated that "developing these relationships are quite important" noting the lasting impact even after completing the program and the sense of gratitude and appreciation felt. P4 affirmed that "I was really impressed with, the quality of the sessions, the support that we were given".

Participant 6 discussed how they were able to develop a relationship with the counselors. They also noted how comfortable they felt with the entire staff. They mentioned, "the whole staff helped". Commenting on the availability of the staff, P8 stated that they felt the staff were accessible, "that personal kind of contact was good… [facilitators] were very available".

Participant 5 shared a unique perspective on how the different practitioners explored the topics from their medical discipline which supported smoking cessation. He noted that having the topics presented by different facilitators resonated well rather than having one facilitator present on all the topics. P5 further explained,

> The program's various topics, one of the major strengths is, that they were supported by, someone who might have been sort of closer in that field as an

> example. The general physician would talk about health stuff in the sense the pharmacist would talk about the medications and other biological sort of chemical reaction type stuff, which is sort of their field in that sense…the nurse, spoke a lot about…personal responsibility. The other strength was the team of people who participate[d] in the coursework. It's not just one person proctoring a class and reading from a book. This is a team of individuals who showed genuine concern (P5).

P7 echoed, "Having all those doctors and nurses right there was beneficial for me."

Overall, participants focused on sharing their experiences regarding the three components of theme 1, program climate, program design, and supportive staff. They agreed on the characteristics of a safe learning environment where it was easy to share their perspectives on smoking cessation. Participants also commented favorably on the structure of the program and the caring staff with whom they formed relationships. The data from this theme confirmed that participants were supported in their smoking cessation by the three components of the theme. All participants mentioned benefiting from appropriately affectionate and respectful relationships with their facilitators.

Theme 2: Participants' Perspectives Were That Relevant Curriculum and Effective Instructional Strategies Facilitated Connection to Others/Community Program Participants That Contributed to Their Smoking Cessation

Participants acknowledged a relevant curriculum and effective delivery, a multidisciplinary approach, and the employment of a systematic approach as the most effective implementation strategies and how these elements were perceived to have

impacted their quit-smoking success. A description is provided following, on the relevant curriculum and effective strategies which participants highlighted as their experiences in this regard.

Relevant Curriculum. The first component of the theme discussed was the relevant curriculum. The program was perceived to have contributed to participants' smoking cessation. Relevant curriculum and instructional strategies are fundamental to the outcomes of positive learning experiences. One guiding principle is that curriculum is cognitively demanding and challenging to learners as they apply the essential concepts and skills to real-world, complex, and open-ended situations. The content should not only be interesting to learners but should be intellectually challenging and valued for learners' experiences and perspectives. Valued learning is accomplished through methods, strategies, and materials that are not only diverse but also accessible. Identifying these important fundamentals of learning when designing a curriculum shapes the learning experiences and impacts learning outcomes.

The salient patterns in the data related to how the participant perceived the curriculum supported their smoking cessation. Nine out of ten participants shared their perceptions of the program curriculum, specifically referencing the topics and content. Participants 1 and 2 particularly commented on the topic “developing skills and new habits” noting descriptions of value related to their smoking cessation. For example, P1 noted “… developing skills and new habits, that was very helpful, it's things that I utilized to this day. P1 added,

> I got my car detailed ...that was where I did a lot of my smoking on my way to work, stuck in traffic, and on my way home stuck in traffic. Yes. I got my car detailed and I drove with my windows open. Yes. didn't smoke and just felt the fresh air. So that definitely helped (P1).

P2 also commented on the topic, of developing skills and new habits, “I use to make a lot of smoothies instead of chips or chocolate bar or ice cream…wonderful feeling.” On the topic and content of triggers [for smoking] and the dangers of smoking versus the benefits of quitting. P10 noted “I think they all had strength. There was enough information provided for all the topics that were discussed that week.” While P4 commented that the topic on strategies for quitting smoking increased their knowledge base as they were previously unknown, they mentioned “there was options that I didn't really know existed.” P6 commented on the topics of nutrition and developing skills for dealing with anxiety and boredom noting “all the [information], were all on point and outlined how we were going to progress.”

Additionally, participants 5 and 9 expressed value added in the methods offered to aid in smoking cessation and commented on the cessation aids usefulness in helping with smoking cessation. P5 said, “the strength of it for me… was, aids provided like in the patches and the anti-anxiety medication [Bupropion].” P9 added, “I went through all the smoking cessation aids, finally when I was prescribed the Chantix…I would attribute my ability to have stopped smoking. permanently”. The data indicated that the program curriculum significantly impacted the participant's smoking cessation.

Effective Instructional Strategies. The next aspect of the theme discussed is effective instructional strategies. Instructional strategies are methods that instructors use to deliver course material in ways that keep learners engaged and practicing different skill sets. An instructor may select different teaching strategies depending on the topic learning ability and available resources. Participants thought that the consistent engagement with the activities was one of the unique strengths of the instructional strategies. Participants believed that the systematic approaches generated the ease within which they could follow and apply their learning, resulting in their smoking cessation.

Data analyzed from the study indicated that participants were generally satisfied with the strategies used to support their learning. Nine out of ten participants shared their perceptions of instructional strategies that were useful in their smoking cessation. Participants 3, P4, P5, P7, and P8 expressed confidence in the systematic strategy of delivering weekly biometric testing to monitor and evaluate participants' progress in their smoking cessation. They referenced the Smokalyzer used in testing the carbon monoxide levels in the lungs and the blood as an effective measuring tool and source of motivation. P3 noted “the testing to see the carbon monoxide in our systems, that's powerful because you can see it, feel it touch it.” While P4 mentioned, it was exciting to see …when those[numbers] got better”. P5 further explained the Smokalyzer as a motivating factor,

> It's a very effective meter. You get to see, it's a very visual thing…[accompanied by] the chart…you can sort of see where you're ranking…I didn't always follow … where I was [on the chart] as adjusted to last week or as compared to last week, but I found that the instant understanding of where I lived inside that

> particular chart was motivational, good and bad. You know, if I was too high on the chart, it was motivational to make me want to go down…and it was good motivation when I was already at a low point. Right. And so that just reinforced how you're doing the right thing (P5).

P7 succinctly added, "that, test every [week] with the Smokalyzer. Yes. It showed me, I kept cutting down, I can see it's getting better." P8 confirmed, “doing the CO test were for me, motivating.” Based on my understanding of the perceptions of the participants, concerning relevant curriculum and effective instructional strategies, both components combined had the further benefit of strongly supporting their smoking cessation.

Participants 3 and P7 commented on the favorability and usefulness of the relaxation techniques offered as a teaching strategy alternative to smoking, they mentioned, “the breathing techniques worked awesome, the relaxation helped and I liked the relaxation techniques”. Participant 7 also commented on the important role of modeling and demonstration to reinforce the ill effects of smoking “class play was about the other effects [of smoking] besides cancer because that's, the main thing they were running from is this cancer. I mean it was, it really was a good” The data indicated that the program instructional strategies significantly impacted the participant's smoking cessation.

Participants 1, P5, and P6 commented on the resource materials provided as an instructional strategy that was useful in supporting their smoking cessation. P1 mentioned, “I thought that the way that the program was designed and discussed with the

handouts…was really helpful." P5 agreed, "noting I think there were lots of handouts that sort of give you the right information… for review at any given time. I think that was helpful.". P6 further corroborated by adding "I still have my little folder at home... on my desk, the activities were useful in helping to make you or keep you accountable." According to these responses, the resources provided as part of the instructional strategies were meaningful in optimizing participants learning.

Overall, participants focused on sharing their experiences regarding the two components of theme 2, relevant curriculum and effective instructional strategies. Most participants collectively agreed on the relevant content and engaging instructional activities that supported their smoking cessation noting an effective course sequence and flow and highlighting the relevance of the topics discussed and the content. Participants also acknowledged a careful and thoughtful content design and delivery, and how these elements were perceived to have impacted their quit-smoking success.

Theme 3: Participants Recommended Additional Content, Teaching Methods, and Services to Strengthen the Curriculum and Instructional Strategies Used to Support the Smoking Cessation Intervention

The next theme that addressed RQ1 was Theme 3: Participants recommended additional content, teaching methods, and services to strengthen the curriculum and instructional strategies used to support the smoking cessation intervention. Suggested courses of action were proposed by the participants to improve the outcomes of the program. Ideas such as additional content on nutrition, additional teaching methods such as the increased use of presentation visuals, individual snapshots with details covering

participant biometric progress, and additional landmark face-to-face check-ins, for example, 3 to six months post-completion of the program were recommended for adaptation. Participants also recommended services to strengthen the curriculum and instructional strategies such as increased frequency within which the program is offered through advertising to perpetuate a broader community reach.

Content and Teaching Methods. The first aspect of the theme discussed is additional content and teaching methods. Six out of ten participants commented on suggested recommendations for content and teaching methods combined. Generally, participants perceived there was sufficient content provided to facilitate their learning and support their smoking cessation. However, five participants, P1, P4 P5, P7, and P8 offered recommendations to support content and teaching methods in the program. P1 and 5 comments were similar. P1 noted, "… I think it would've been helpful for me to have sort of more of a recap at the end with like everybody was there". Participant 5 also recommended a quick evaluation at the end of each session to obtain ongoing and continuous historical data on the program. P5 commented, "Like…feedback of this class that you've gone through it?... what's our strengths, our weaknesses? How can we improve? What did you find most beneficial?" P5 also commented on the weakness in not having the availability of technology systems and the strength of having same. P5 further explained,

> That's a strength and a weakness. I think the weakness would be, well, we need to make this presentation with this [technology and then the pivot was, well, we can't do that today, so we're just gonna do something else (P5).

P4 shared their perspective that additional content for the nutrition component of the program could be more beneficial. P4 stated “We discussed nutrition. That probably could have been something that I could have benefited from us getting deeper into”. Participants 7 and P8 noted that additional visuals could be used to support smoking cessation. They cited as an example, “if I was to be shown a bunch of pictures of you know… the black [pictures of the] lungs…I would sort of maybe be a little more turned off.” They also suggested increased visuals to complement their understanding, "to have visuals on hand would help… videos telling what this is, what it would've done, what it did for me or…what to look for, I think would help.” Participants perceived consideration of these elements of the curriculum could further increase their smoking cessation.

Services to Strengthen the Curriculum and Instructional Strategies. The next aspect of the theme discussed was services to strengthen the curriculum and instructional strategies. Eight out of ten participants commented on these services. Participants perceived the program curriculum and instructional strategies supported their smoking cessation however, suggested ways in which they considered the program could be improved in relation to marketing and advertising including accessibility of the program. To give an example, P1 and P8 were both in favor of the program extending beyond seven weeks commenting that the program could have “gone on longer”. They were also in favor of follow-up face-to-face meetings, two months and three months post the program, to offer continued support.

Participants 4 and P10 suggested that the program be offered more frequently. The current program schedule is offered twice yearly, in February and June. Participants wanting to join the program currently have a six-month waiting period, which can prove frustrating. Similarly, participant 4 suggested that by increasing the frequency of the program participants noted will also provide an opportunity for those who could be more successful in rejoining as part of continuity. One participant, P1 recommended that the program be run in multiple locations across the islands to increase accessibility to people who do not have transportation to journey across districts without transportation means after the public transportation system schedule is closed, especially the younger population who smoke. Participants 5, P6 and P7 jointly agreed that increased marketing through advertising and availability of communication assets across the local stores could help to perpetuate the program. They noted that "I would like to see it advertised again for broader community reach to a marketing scheme." and "Even having the pamphlets available in some of the stores next to the cigarettes."

The data analysis results show that participants favored considerably, the content and instructional activities offered during the program that supported their smoking cessation They however felt that additional consideration could be employed to strengthen content and delivery as well as services to improve the availability and accessibility of the program as well as extending the curriculum to more than seven weeks. All the suggestions are noted and will be discussed further when presenting the study deliverable in the form of a white paper document to the stakeholders on a decision on the way forward.

Discrepant Data

The only discrepant data discovered was opinion based. One of the participants stated that the antismoking intervention program did not cater to his quit attempt. The participant noted that the program allowed him to fail by needing to be more assertive and demanding in that he quit or be excluded from the program. Although the sentiments expressed regarding the program not including provisions for an ultimatum for participants to quit or be removed from the program is true; this is not characteristic of the program and was only commented on by one participant. The same participant also commented that it was not a lack of design on the program part that supported an unsuccessful in quitting attempt but more so an unwillingness and lack of readiness to give up smoking. One of the main characteristics of the antismoking intervention program was to provide knowledge and enhance skills building that helps to empower persons who wish to quit an opportunity to do so. Participant 3 reported that, I wasn't successful. Uh, okay. As a result, however, that is not representative of the quality of the program itself.

The same participant also commented that the program did not address his expectations, given that he did not see himself ready to quit smoking. He confirmed this with the following statement "I didn't have the confidence in myself, okay. Not the program to quit… there was no indication that the information provided at this point...it would lend itself to supporting this challenge [quit smoking]" (P3).

While the participant was not in agreement with the research-based interventions for supporting their personal smoking cessation it was evident that the self-reflective

nature of the participant in this study connected with intervention with respect to the highly functional working design of the program noting personal infringements while still validating the credibility of the program

Limitations

Limitations refer to weaknesses of the study that a researcher cannot control (Yin, 2017). In the case of this qualitative study, one of the limitations was that the study was conducted at only one location covering one case study, which might only be representative of some antismoking intervention programs in a British Overseas Territory. Additionally, a small sample representing the basic qualitative study can be considered a limitation given the location's unique characteristics (Banditvilai, 2016). Additionally, there are possible human error issues and participant interpretation of questions. A limitation of this is also that study can only be transferred to similar antismoking intervention programs as used in this study.

Summary of Results

A basic qualitative study for an existing antismoking intervention program was initiated at the request of the Medical Official, personal communication, December 10, 2021. The antismoking intervention program has been in operation since 2014 with no prior formal review. Qualitative research was best suited for the review given this research method is a flexible and exploratory research where participants can share their experiences and researchers listen without preconceived hypotheses, especially for studies from a phenomenological perspective where perspectives are being sought from a group where the focus is on understanding the essence of the groups lived experiences

(Creswell & Poth, 2018). This research undertaking sought to accomplish the same by providing previous participants from the smoking cessation a platform to share their experiences in an unbiased space where they were understood and where their perspectives were accepted based on their perceived interpretation. Prosek (2021) supported this position noting that utilizing the basic qualitative research methodology gives an opportunity for individual expressions to be honored. The author further posited that not only are individual expressions honored but meaning and theory are derived from those who have lived the experience (Prosek 2021).

To determine the program's viability an exploration on the "I Can Quit" participants' perspectives of the curriculum and instructional strategies used to support the smoking cessation intervention was undertaken. The Medical Official wanted to gain insights that would allow them to understand and confirm the worth of the program and for any recommendations of how the intervention strategies could be improved for sustainability and continued financial support.

Based on the discussions with the Medical Official and after having established the problem, one research question, semistructured, qualitative in nature and phenomenologically rooted, was developed to solicit feedback concerning perceptions and experiences from the past participants of the "I Can Quit" program concerning their perspectives of the curriculum and instructional strategies used to support the smoking cessation intervention. The research question was administered in the spring of 2023 using the upper scale sample of 10 past participants; comprising 6 females and four males

who 18 years or older and had previously received treatment for quitting smoking in the antismoking intervention program.

The research question inquired what were the “I Can Quit” participants’ perspectives of the curriculum and instructional strategies used to support the smoking cessation intervention.

Salient data gathered from the interviews indicated that the program’s past participants were highly satisfied with the course's sequence and flow, the relevance of the topics discussed and the content. Participants also acknowledged a careful and thoughtful content design and delivery, and how these elements were perceived to have impacted their quit-smoking success. Also highlighted were the continuous engagement between the participants and facilitators, the informative presentations, and relevant activities to support the same, as well as handouts available as a resource reference. They further discussed the encouragement and support from facilitators and other participants, and they noted the appreciation for the weekly biometric testing, which helped them monitor their progress. All of which the participants perceived supported their smoking cessation. Participants also highlighted areas that they perceived could further support the curriculum and instructional strategies. Among the areas noted were additional content in nutrition, increased visuals, and available technology as well as advertising and marketing of the program for a broader reach.

To analyze the data, I used the principles of Yin’s five-step process which provides a detailed, easy-to-follow process in achieving the conclusion of data for my study. I therefore utilized Yin’s (2018) approach five-step process, which included (a)

compiling, (b) disassembling, (c) reassembling, (d) interpreting, and (e) concluding. I combined Yin's five-step analysis process with a content analysis approach condensing the raw data into categories to quantify and analyze the meanings and relationships of the data (Bengtsson, 2016). Each stage of Yin's five-step process was performed several times to maintain the quality and trustworthiness of the analysis. The coding process was therefore performed repeatedly, commencing on different pages of the transcripts each round to increase stability and reliability.

Conclusion

The purpose of this study was to explore the "I Can Quit" participants' perspectives of the curriculum and instructional strategies used to support the smoking cessation intervention. The preceding Section 2, I explained the methodology undertaken, using the single research question and how the project was completed. I conducted ten semistructured interviews and analyzed the interview data. Three major themes were identified. Theme 1: Participants' perspectives were that the program climate, program design, and supportive staff, contributed to participants' smoking cessation. Theme 2: Participants' perspectives were that relevant curriculum and effective instructional strategies facilitated connection to others/community program participants that contributed to their smoking cessation. Theme 3: Participants recommended additional content, teaching methods, and services to strengthen the curriculum and instructional strategies used to support the smoking cessation intervention. Data analysis found the themes related to research question 1. The data showed the connection between Knowles (1984) recommended implications for practice and the relationship to adult learning. The

key elements: (a) a cooperative learning climate,(b) assessment of the adult learners' needs and interests, (c) learning objectives should be designed based on skill level, interest, and learner needs, (d) adults need to be involved in the planning and evaluation of their instruction, and (d) frequent evaluation of the adult learning experiences. Although one of the ten participants did not identify with research-based interventions, it was evident that the self-reflective nature of the participant in this study connected with intervention with respect to the highly functional working design of the program noting personal infringements on their part which resulted in their not meeting their personal cessation goals. In Section 3, I described the purpose of the project deliverable and its goals and connecting the literature to the study analysis results.

Deliverable to the Primary Intended Users

The stakeholders are known to the researcher and there is a strong sense of awareness of the cultural expectations concerning ways of acceptable communication including formal and informal settings. Given an already established relationship with the study participants, I expect the method of delivery of the presentation findings to this group of stakeholders to be semi-formal. The findings of the research will be presented to the key stakeholders- the Medical Official, and health officials at the Ministry of Health and Wellness, along with previous participants of the antismoking intervention. The project deliverable included a white paper document for review that will be distributed by email followed by a post-review discussion on the outcome and findings. In Section 3, I described the rationale for the white paper and information in greater detail on the white paper as the project deliverable. In Section 3, I also described the literature review that

relates to the genre of a white paper. I discussed how the findings emerged in the development of a white paper, and recommendations for stakeholders' consideration. I also included an evaluation plan for the white paper and described implications for social change.

Section 3: The Project

The problem that was addressed in this study was that despite the implementation of the "I Can Quit" program, it was unknown which curriculum and instructional strategy interventions participants thought were useful in supporting smoking cessation. The problem represents a gap in practice, as little was known about the curriculum and strategies used in the cessation program that participants found useful in smoking cessation. Thus, this qualitative study explored "I Can Quit" participants' perspectives on the curriculum and instructional strategies used to support the smoking cessation intervention. I purposefully sampled participants for this basic qualitative study from the local community who comprised 10 adults who had previously participated in and completed the "I Can Quit" antismoking intervention program.

The use of Knowles's (1968) theory of adult learning as the conceptual framework facilitated understanding and analysis of the data because adult learning outcomes are deeply rooted in the design and implementation of educational programs (Mukhalalati, 2019). Furthermore, using Knowles's theory of adult learning supported the understanding of the research question in this study, which focused on "I Can Quit" participants' perspectives on which curriculum and instructional strategy interventions they thought were useful in supporting smoking cessation.

The findings from this study show that participants acknowledged a careful and thoughtful program and design, a conducive learning climate, supportive staff, the relevance of the topics discussed, and effective instructional strategies as the most effective implementation strategies and how these elements were perceived to have

impacted their quit-smoking success. Participants agreed that a safe space and effective learning activities supported their smoking cessation. Participants commented favorably on the relevant curriculum and effective instructional strategies, noting that the facilitators' skills and diverse knowledge helped them view smoking from multidisciplinary perspectives, increased their understanding, and empowered them to quit smoking. An essential characteristic referenced for the presentation and style of the instructional strategies was that none of the presentations were delivered as lectures.

Participants also commented most favorably on the supportive staff, explaining that they did not feel alone in their quit attempt, given the care and concern demonstrated by staff towards them. Sharing their individual stories within the groups confirmed that their struggles were not unique. Participants also expressed thought that the consistent engagement between the participants and the facilitators, compounded with the time and effort, and knowledge imparted, were some of the program's greatest strengths. Participants believed that the systematic approaches generated the ease within which they could follow and apply their learning, resulting in their successful quit attempt. The feedback was well supported by Knowles's (1984) adult learning theory and the implications for practice where a cooperative learning climate, interest, and learner needs are an important factor for adult learning.

Participants, however, suggested additional content, teaching methods, and services to strengthen the curriculum and instructional strategies used to support the smoking cessation intervention—for example, a recap and evaluation at the end of each session also supported by the study conceptual framework on adult learning where

evaluation of their instruction, and frequent evaluation of the adult learning experiences are addressed. In response to the study findings, a white paper, also known as a *position paper* (Appendix A), was developed to convey the recommendations provided. The white paper report's goal was to give administrators information about the program's effectiveness and recommendations for fidelity to the program goals and objectives to help stakeholders determine its continuality and funding.

The study findings and literature review provided the basis for the recommendations that address the research-based practice related to the curriculum and instructional strategies used to support the smoking cessation intervention. Therefore, this section presents an overview of the project, including a description and goals, rationale for the program deliverable, and a literature review related to themes that arose in the research, along with project recommendations.

The project deliverable will be presented to the Medical Official, who has decision-making authority over the discharge of all public health programs, and the Ministry of Health and Wellness, which manages overall national strategic policies, innovative programs, and proactive services, as well as the past participants of the "I Can Quit" program as key stakeholders. The smoking cessation program "I Can Quit" was institutionalized in 2014 and had no formal program assessment or review on its effectiveness until completion of this research study. The Medical Official supported the need for a study to discover what program interventions, curriculum and instructional strategies participants thought were useful in supporting the smoking cessation intervention. This study was a result of a request from the Medical Official stating,

> Viewing the participant's perceptions concerning the curriculum and instruction to assist with smoking abstinence will be of great value in knowing which intervention-curriculum and instructional strategies participants thought were useful in supporting the smoking cessation intervention. (Medical Official, personal communication, December 10, 2021)

Description and Goals

The project deliverable for this study was a white paper that is leveled to the Ministry of Health and Wellness Officials and the Medical Officers of Health for their understanding of the study problem, the outcomes, and recommendations brought forward to improve outcomes, which will, in turn, help them decide on program continuation and funding. Succinctly described, a white paper is a persuasive, authoritative, in-depth report on a specific topic that presents a problem, outlines the point of view of the author or body represented by the author, and provides a solution (Cox, 2023). The purpose of the white paper is to inform the stakeholders regarding the strengths and needs of the smoking cessation program and to make recommendations to the Medical Official and other stakeholders regarding the curriculum and intervention strategies used in the smoking cessation program "I Can Quit." The overarching goal of the white paper is to inform the stakeholders regarding the strengths and needs of the smoking cessation program. The specific goals of the white paper are as follows:

Goal 1: To increase knowledge and understanding about the perspectives on the curriculum and instructional strategy interventions participants thought were useful in supporting smoking cessation.

Goal 2: To offer recommendations supporting the intervention for program continuity and funding.

The white paper begins with a discussion of the conceptualization of the need to conduct a basic qualitative study by identifying the study's purpose. I describe the problem, which is that despite the implementation of the “I Can Quit” program, it is unknown which curriculum and instructional strategy interventions participants thought were useful in supporting smoking cessation. I include a description of the “I Can Quit” program and a summary of the study, including the methodology, data analysis, results, and recommendations. Three category recommendations are offered with reference to the curriculum and instructional strategies used to support the smoking cessation intervention and connected to the evidence. Two were based on the curriculum and instructional strategies, and one was based on the services to strengthen the curriculum and instructional strategies used to support the smoking cessation intervention. An example of each recommendation is provided, along with a conclusion outlining the benefits and further program implications if these recommendations are adopted. In the next section, I will discuss the rationale and project genre for the development of a white paper.

Rationale

For this research project, a white paper was developed. Referenced by many names, such as *position paper*, *policy recommendation document*, or *action paper*, a white paper is a report that outlines a complex issue and explores possible solutions to a problem (Ordway, 2018). A white paper has a fundamental agenda to introduce change

and is published to inform its stakeholders of planned strategies to support reform for educational practices, especially in the areas of teaching, curriculum, and the assessment of learning (Lumby, 2014).

I selected the project genre of a white paper for this project to expand on the research findings and deliver on a fundamental purpose of a white paper, which is to offer recommendations to stakeholders for change or continuation (Dodge, n.d.). The problem of my study was that despite the implementation of the "I Can Quit" program, it was unknown which curriculum and instructional strategy interventions participants thought were useful in supporting smoking cessation. The literature review explains the genre of a white paper and the uses of a white paper and relates the study findings to the white paper project genre. From the findings that arose from this study, I offer recommendations to stakeholders for changes to the program deliverable of the "I Can Quit" smoking cessation program.

The findings and the white paper from this study confirm, supported by the literature and research, that relevant curriculum and effective instructional strategies present strong possibilities for quitting-smoking success. The white paper focuses on a specific topic that presents a problem, highlights the encouraging and opposing aspects of the antismoking program, and provides recommendations for improvement based on participant perceptions. Therefore, the white paper is well positioned as the preferred deliverable to present recommendations for addressing the outcomes of the study problem.

Review of the Literature

The literature review consists of a scholarly review of white papers and topics related to the findings that emerged from my study. In this literature, I describe the use of white papers and how this project genre is best suited to convey the study findings themes related to the current research and discussion surrounding successful smoking cessation programs and curriculum. The themes that emerged related to the findings included (a) program climate and design, (b) supportive staff, (c) relevant curriculum, and (d) effective instructional strategies.

Literature Search Strategy

First, to fully understand the value of white papers and subsequent recommendations, I researched numerous studies and peer-reviewed articles that used white papers in education research to resolve varying education issues, such as teaching and learning outcomes for curriculum and instructional strategies. The literature review also included scholarly research on the outcomes of this project study, which focused on the confirmability of curriculum and instructional strategies used to support smoking cessation intervention and arising as the main themes reported in the data analysis. The following databases were used for the literature review, ensuring that the documents reviewed were published between 2018 and 2023, which ensured the most recent findings. The databases utilized included Google Scholar, peer-reviewed journal articles from Education Source, ERIC, EBSCO, MEDLINE, SAGE journals, and the Cochrane database. I used the following key terms in the search engines: *white paper*, *white paper in education*, *white paper defined*, the *purpose of white papers*, *benefits of a white paper*,

qualitative research, and *white paper*, *curriculum in education and white paper*, *teacher effectiveness, smoking cessation or smoking cessation intervention*, *antismoking intervention, group support, supportive staff, content and strategy*, *curriculum design in smoking cessation, smoking cessation success, curriculum, and education*, *tobacco cessation* OR *smoking cessation* OR *quitting smoking* OR *stopping smoking* OR *smoking abstinence*. The following section in the literature review constitutes evidence to support the outcome of the study analysis. Each of the following topics referenced is relevant to the problem of the study, the value and use of the white paper genre, program climate and design, supportive staff, relevant curriculum, and effective instructional strategies. All themes pertain to the problem addressed in this study.

White Papers

The first aspect of this literature review comprises evidenced perspectives on white papers. White papers emerged in the 1900s, with one of the first written by Churchill concerning Palestine conflicts. In the field of education, white papers first occurred in 1943, with a work penned in England titled *Educational Reconstruction* (Ku, 2018). This white paper served as a precursor to the 1944 Education Act, which later influenced grammar in schools in the United Kingdom. Since then, white papers have been used to influence stakeholders using content to effect change and where problems were converted into opportunities (Ku, 2018). The white paper's evolution has moved from addressing education implications, promoting government policy, marketing for businesses, and addressing organizational outputs (Malone & Wright, 2018).

White papers are used to inform and persuade stakeholders to consider taking specified actions on a given problem or area of concern. Campbell and Naidoo (2016) affirmed that a white paper functions as the structure for an organization's position papers wherein research-based recommendations are made for making improvements within an organization—for example, performance outcomes. Pershing (2015) supported the white paper as a valuable tool for improving performance against the backdrop that white papers are an information source intended to help readers understand how solutions are applied to problems. Graham (2019) and Sakamuro et al. (2015) posited that white papers are used as advocacy for the best solution to a specific problem and are an effective strategy to share findings, conclusions, and recommendations established from the results of a study. Given the context of what Graham and Sakamuro et al. have put forward on white papers and how they are used, Hayes (2019) asserted that the purpose of a white paper then becomes to develop a document used to describe a problem and offer an outline proposing how to solve the specific problem. I conducted a study related to the curriculum and strategies used in the "I Can Quit Program" and identified strengths of the program as well as recommendations for further refinement and consideration of the stakeholders.

The format and content of white papers are varied. While there are no standards on the format and content required to meet the definition of a white paper, Malone and Wright (2018) asserted that certain features should be included, tone and perspective should be authoritative, and the document should be medium in length. The white paper should include a clear purpose and problem, visual elements or numbered lists and

headings for easy navigation, recommendations, and a summary. Reviewing scholarly articles on white papers and their origin, definition, framework, purpose, and structure helped my understanding of how the qualitative research findings from this study could be best conveyed. In addition, as white papers serve a purpose to inform and persuade an audience, recommendations aligned with research findings are also contained in a white paper to inspire the stakeholders to consider acting on specific considerations related to the recommendations.

Program Climate and Design

This literature review, compounded with the results of the study analysis, confirms that smoking cessation is supported when the program is modeled efficiently and is focused on several best practices, principal among them being design and climate, supportive staff, and relevant content, including practices on behavioral intervention delivered using a variety of instructional strategies. The first theme that will be covered is the program's climate and design.

The climate of a program that includes changing adult behaviors is an important consideration for the adult learner. Deemer et al. (2018) and Acosta et al. (2019) argued that learning is influenced by internal factors such as learner readiness and motivation and external factors such as class climate, facilities, and infrastructure. The authors suggested that establishing a conducive class climate depends on one vital component, positive relationships between the learner and the facilitator. The building of these relationships, they asserted, contributes to the shaping of the classroom environment,

which directly affects a positive classroom climate (Acosta et al., 2019; Deemer et al., 2018).

Adult learners who perceive classroom climate as positive are more likely to engage with program or classroom curriculum and content. To determine the effects of learning readiness and classroom climate on student activeness, learning outcomes, a study was conducted with the University of Indaprastasta 194 first-semester students. Data were collected using an online questionnaire in Google form with a Likert scale to acquire information on the three study components: readiness to learn class climate and learning outcomes previously performed with validity and reliability testing (Arikunto, 2019). Data analysis comprised descriptive analysis, classic assumption tests, hypothesis testing, and SPSS 24.0. The findings were that there was a significant correlation between student learning outcomes and classroom climate, indicating that classroom climate positively influenced adult engagement in classroom activities. The research study findings confirmed the increased learning probability in a supportive, comfortable atmosphere (Anggresta et al., 2020). In the following paragraph, I provide additional support from the literature confirming a supportive classroom climate which enhances learning.

Researchers (Birch & Ladd, 1997; Deemer, 2018; Reeve et al., 2004; Qui, 2022) have examined adult motivation and satisfaction with classroom climate to understand how these variables may affect adult learning. Furthermore, in research covering three studies, Deemer (2018) examined quantifiable aspects of a test to indicate its statistical strength or weakness and the level of satisfaction of college classroom climate in

predicting goal-oriented outcomes for learning achievement. Factors that comprise the motivational climate in the college classroom were examined over the three studies. These dimensions included facilitator-learner, learner-learner engagement, and the organizational design of the classroom curriculum. Study 1 examined the statistical strengths and weakness of motivational climate; Study 2 used a new sample of students to confirm and refine the results of Study 1, focusing on the measurement of motivational climate and to account for any difference depending on gender. Study 3 measured the approach achievement goals in Study 1 and 2. All data were collected using an online survey, and quantitative methodologies including but not limited to Mplus, maximum likelihood, Comparative fit index, and Chi-square to examine the relationships between the motivational climate in college classrooms and on extrinsic factors such as facilitator-to-learner and learner-to-learner relationships.

The findings from Birch and Ladd (1997) Morin (2022), Derakhshan, et al. (2022), and Reeve et al. (2004), suggested that perceptions of a positive social atmosphere in the classroom are also associated with the learning process. It is more significant when the environment is supportive in both ways, where the facilitator-learner and learner-learner relationship is aligned with a caring and positive atmosphere for student learning. Birch and Ladd (1997), Khalfaoui (2021), Derakhshan, et al. (2022) and Reeve et al. (2004) confirmed that classroom environments constitute an essential source of motivation for college learners. Previous research also supported the idea that a caring and supportive learning environment is associated with excellent student motivation and

engagement (Birch & Ladd, 1997; Derakhshan, et al., 2022; Nagy 2022; Reeve et al., 2004; Skinner & Belmont, 1993; Wentzel, 1997).

Adult learners benefit from clearly organized content that is pertinent to their needs. Bardach et al. (2019) and Senko (2019) asserted that an essential element in achieving classroom motivational climates that are focused on learning is achievable when the teacher presents a precise organization of the curriculum that allows the student to identify the course structure and learning objectives, following expected learning outcomes. Curriculum that is designed so that it is relatable to the adult learner should be a central objective when designing learning environments for adults. In so doing, classroom goal structures and motivational climate ideals complement each other and influence adult learner achievement in educational environments (Acosta et al., 2019).

The outcome of the merging of the concepts is that students feel a sense of connectedness with their teachers; they feel respected and understood because the environment is presented to them as a safe space where they see a reflection of themselves in their learning and as a result, they are more open to learning (Knoff, 2021; Paananen et al., 2023). In fostering these relationships, teachers frequently demonstrate empathy, fairness, and respect, setting a positive tone for the classroom environment, that in turn fosters greater student motivation, academic effectiveness, and emotional health (Acosta et al., 2019). In the next theme, I described how supportive staff play a role in the adult learning environment.

Supportive Staff

Supportive staff was identified by participants in this research study as important to their success in the "I Can Quit Program." Healthcare providers or educators who work in healthcare settings play a crucial role in providing the support and resources needed to quit smoking effectively (DiSilvio, 2021). The author asserted that support offered in a group setting to treat smoking cessation is highly successful when meetings are held regularly and delivered by personnel trained in smoking abstinence. DiSilvio (2021) argued that the merit of this approach was that patients increase their supportive social network, model behavior discussed by other group members, and gain peer feedback and encouragement on their personal experiences. In addition, they noted that communicating with the patient in a caring and concerning manner encourages participants to express themselves about their quitting smoking attempt without feeling judged. Goyal (2020) noted that group settings allow participants to experience a supportive and encouraging environment where they mutually seek support from each other and learn from each other.

Social support or support from a community of learners focusing on a common goal is important to adult learners in smoking cessation. Creamer et al. (2018) described cessation programs as consistently effective when the facilitators encourage social support among participants. Kulkarni and Kulkarni (2019) also commented on the benefit of social support the group offers in addition to other sources such as family and friends. Social support is considered a critical factor in smoking cessation, noting that person-to-person contact encourages and motivates participants to verbalize their quit-smoking

journey- challenges and areas of progress with each other in a platform where they feel supported have been shown to increase the rates of smoking cessation in the general population (Kulkarni & Kulkarni, 2019). Furthermore, Lei et al. (2018) suggested that teachers' support enhances the relationship with their students by showing their care and concern. The show of emotion is often reciprocated with learners being open to learning. The results of the local study combined with the research findings acknowledge that supportive staff is associated with the effectiveness of successful antismoking interventions (Lei et al., 2018). In the next theme I described relevant curriculum and effective instructional strategies in smoking cessation programs.

Relevant Curriculum and Effective Instructional Strategies

Smoking kills more than half its users worldwide (WHO, 2023). The Tobacco smoking epidemic remains a grave concern; even though tobacco smoking has steadily declined in the past decade, "the number of smokers is still high" (Perez-Warnisher, 2018). Griffiths et al, (2018) and Wang et al. (2019) conducted systematic review and meta-analysis. Given the high ratio of smokers worldwide, smoking is still the leading cause of preventable deaths worldwide and continues to pose serious public health concerns (WHO, 2023). Smoking cessation services, however, offer a gateway to lowering the burden of premature deaths and improving quality of life (CDC, 2023). The Surgeon General report of 2020 confirmed these findings, emphasizing the need to quit to enhance health and quality of life outcomes regardless of age or length of smoking (USPHS 2022). Lautner (2018) and Kulkarni and Kulkarni (2019) discussed that the benefits of cessation programs are best suited for success when they include a curriculum

design that includes providing behavioral intervention, that is, providing basic information about smoking and successful quitting, setting a quit date and providing self-help materials, providing education on the increased risk of smoking and relapse and practice coping of problem-solving skills, as well as medications (Lautner, 2018; Mitchie et al., 2020). The study findings from my study acknowledged that several of these factors are associated with the effectiveness of the antismoking intervention.

Appropriate curriculum and effective instructional strategies are useful in helping people to quit smoking. Black et al., 2020 determined the strength of association between the use of curriculum-based guiding participants to identify and acknowledge their reason (motivation) for wanting to quit smoking, planning for behavior changes to achieve this goal, and providing only segments of brief and opportunistic behavioral therapy both being delivered by trained personnel refers (Black et al., 2020). The outcome of this study confirmed that comprehensive advice was associated with higher cessation outcomes remaining a significant predictor (Black et al., 2020). In the local study, a similar approach was described by Black et al. (2020) and McCrabb et al. (2018), where a comprehensive delivery of smoking cessation education by trained practitioners to deliver a range of smoking cessation topics and content to empower participants to quit smoking was taken with repeated high rates of smoking cessation.

Al-Qashoti (2022) conducted an evaluation of community-based smoking intervention programs. The study comprised 30 studies with 45,764 participants in the Middle East to determine the effectiveness of topics covered on smoking cessation programs. The study also included the exploration of behavior change practices to help

participants learn new behaviors that promoted smoking cessation. The results confirmed that employing behavior change practices, meaning curriculum content, along with pharmacology gained significantly greater success than with those using only one of these interventions (Al-Qashoti, 2022).

The effectiveness of behavior interventions and relevant content related to smoking cessation have been explored in smoking cessation programs. USPSTF (2022) concluded with high certainty that smoking cessation programs, including those with behavioral therapy covering topics and instructional activities related to smoking cessation, supported their clients in successful smoking cessation. The study was commissioned as an evaluation and review to update the 2015 recommendations on the benefits and harms of smoking cessation interventions in primary healthcare settings (USPSTF, 2022). The topics covered in the study included smoking cessation and behavioral intervention for persons who wished to quit smoking, and included both men, women, and pregnant women (USPSTF 2022).

The literature review provided information that supported the rationale for selecting a white paper as the project genre for this study. The project study data analysis revealed that although participants highly agreed that the curriculum and instructional strategies supported their smoking cessation, participants expressed those areas of the “I Can Quit” program needed strengthening pertaining to the curriculum and instructional strategies. The white paper includes the recommendations perceived by participants as program areas that needed further to support smoking cessation more effectively for other clients.

Project Description

The white paper begins with a discussion of the conceptualization of the need to conduct a basic qualitative study by identifying the study's purpose. The study problem is focused and a description of the “I Can Quit” program, and a summary of the study including the methodology, data analysis, and results including the recommendations is addressed. Two categories of recommendations are offered with reference to the (a) content and teaching methods, where nutrition, visual aid and technology and real time evaluation is discussed and explored. (b) Curriculum and instructional strategies where accessibility, marketing and advertising and follow-up and an extended program is described and explored.

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Table 11

Recommendations for Stakeholders

1.	Include additional visuals to enhance visual learning
2.	Additional content information recommended on nutrition
3.	Conduct real time evaluations after each individual session and on the program
4.	Improve accessibility for the program being offered in various geographical locations
5.	Increase marketing and advertising for the program offerings
6.	Increase the follow-up contact and extend program length to 10-12 weeks

Needed Resources and Existing Support

The Medical Official requested a study on the existing community-based antismoking program in December 2021Additionally, the Medical Official has agreed that a white paper will help determine the extent to which the program is being implemented to meet the intended program goals and whether it is accessible and acceptable to its target population and the need for continuation and financial support. A white paper is an in-depth report describing a specific topic and any related issues (Freire et al. ;2021). This white paper aims to inform the stakeholders on the study findings and provide recommendations to address the strengthening the smoking cessation program, “I Can Quit.”

The intended audiences for the delivery of the white paper as the project deliverable are the key stakeholders, the Ministry of Health and Wellness, the Medical Official, and the past participants of the I Can Quit" smoking cessation program. The success of implementing my project deliverable is dependent upon having the necessary resources and support. I will require the following resources to share the findings with the various groups of stakeholders: a cover letter outlining the study purpose, outcomes, and recommendations, internet access, access to a computer, email accounts of all the stakeholders, an electronic copy of the white paper document, hard copies of the white paper document, laptop and projector, smart board, and dedicated time to action the deliverable. Additionally, I will require a meeting room for the post-review of the white paper. It is assumed that the laptop and projector, folder with packages containing the presentation, and a pen for writing personal notes for the meeting discussion and question and answer session are in place.

The white paper document will be initially disseminated by email to all key stakeholders, and 2 weeks following, a post-review meeting will be held with all the stakeholders. Stakeholders will be asked to review the contents and document feedback for discussion in the post-review meeting. As the key facilitator for this project, I serve as the resource responsible for working together with the various stakeholders to coordinate their feedback for discussion in the post-review meeting. I will support training of staff, marketing, and advertising in relation to policy adaptations from the white paper recommendations.

Potential Barriers and Solutions

Potential barriers have been identified in reviewing the white paper document and its recommendations articulated by the study participants. For example, there is a recommendation for smoking cessation intervention to be conducted more frequently, and research confirms that smoking cessation programs should be ongoing and accessible (USPHSOSG, 2020; CDC, 2023). However, more resources are needed to materialize this recommendation, given that facilitators who are involved in the program participate as an adjunct to their regular job portfolios. One possible solution currently being addressed to accommodate the gap in practice is for smokers wishing to quit to visit and engage in an initial assessment with the program facilitator to determine readiness to quit. Once accepted as ready, referral along with recommendations for cessation aids and ongoing advice on quitting smoking with their assigned primary care practitioner or general practitioner is pursued. One other possible solution is, there is an opportunity for local partnership with another organization that began providing smoking cessation services in 2023 to ensure that smoking cessation is available year-round and in different districts across the islands. Recommendations for participation can be jointly marketed and advertised.

Project Implementation and Timetable

The project will be delivered in two parts: (a) an email will be sent to the stakeholders accompanied by the white paper document and a cover letter with a request for review of the project and outcomes. (b) A post-review meeting invite will also be proposed to discuss the findings from the white paper document. The purpose of the

meeting will be reflected in the invitation email and on the proposed meeting agenda (Le Blanc, 2019). Stakeholders will be given a period of 2 weeks to review the white paper, and meeting options will be provided for flexibility and greater participation. Meeting invitees can either attend the post-white paper review meeting in person or by teams. The meeting is estimated to last 90 min and will include a brief audio-visual presentation with an overview of the elements included in the white paper document- research problem highlight, the research results, and the recommendations and solutions.

One of the fundamental plans of action will be to ensure that the environment and equipment used for the meeting are suitable. For example, an uncomfortable environment and equipment that is malfunctioning can be distracting to the meeting flow. A brief introduction of each stakeholder and I, as the presenter, will begin the presentation session. This strategy will allow the invitees to get comfortable speaking with each other (LeBlanc, 2019). An implementation committee will be confirmed and lead by me as the lead facilitator to implement the revised smoking cessation intervention.

Table 12

Timetable for Implementation of Project

Recommendation	Time Frame
Deliver white paper to the key stakeholders via email for pre meeting review	2 weeks
Prepare presentations for the meeting with stakeholders (white paper with recommendations) • Reserve meeting room • Set a meeting time limit. • Research your attendees. • Define your role in the meeting. • Prepare your slides, and practice • Set up other technology required for meeting • Create a feedback survey(formative assessment). • Prepare for follow-up actions.	4 weeks
Logistics for the post review meeting • Reconfirm meeting room • Procure refreshments • Procure writing instruments • Reconfirm use of technology (Laptop) • Send email invites and reminders via email	3 weeks
Present white paper recommendations to the stakeholders in the post review meeting	2 weeks
Appoint planning committee members for review of the recommendations agreed for implementation. • include participants, administrators, program facilitators	3 weeks
Committee will collaborate with facilitators to support the revised model smoking intervention program	6 weeks
Implement revised model smoking intervention program	Ongoing once developed
Committee will review revised implementation of the smoking intervention program	6 months
Committee evaluate revised program implementation and overall white paper project	Ongoing—Annually

Table 13

Roles and Responsibilities

Participant	Role and Responsibility
Researcher	• Present white paper recommendations to stakeholders • Develop Power Point for white paper project presentations • Conduct presentations of white paper recommendations to stakeholders and incorporate modifications
Administrator (MOH)	• Appoint planning committee members for project implementation
Project Planning Committee	• Review recommendations for the updated curriculum and instructional strategies for program facilitators • Incorporate agreed upon feedback recommendations • Incorporate project goals into smoking cessation intervention Improvement Plan • Develop and review and evaluation process(ongoing) • Implement revised model smoking intervention program • Evaluate revised program implementation and overall white paper project

Project Evaluation Plan

A white paper was selected as the project deliverable to primarily describe the findings from the study and recommendations based on the analysis results and to share the white paper and its contents with the stakeholders. I will conduct a formative evaluation by way of disseminating an evaluation form, which will be given to all the stakeholders at the end of the post-review meeting to discuss the project deliverable: The formative evaluation will be provided to the key Medical Official, and ministry of health officials.

The evaluation form will include eight statements on the presentation quality and strength of the content of the white paper findings and recommendation. Using a Likert scale, the participants will be asked to respond based on their level of agreement ranging

from 1-5, with 1 representing the lowest level of agreement and 5 representing the highest level of agreement (Bhandari, 2020). This formative assessment method will be used to gather attendees' perceptions on whether the white paper presentation has met the goals by collecting feedback and reflections from stakeholders (Kowalski et al., 2018). The responses from the policy-making stakeholders will provide feedback about the white paper to assess the level of agreement the stakeholders have with the findings and recommendations offered. Ultimately, a summative assessment will be used to examine if the stakeholders agree and perceive that they are more informed by the findings presented in the white papers, and to what degree, in terms of agreement, that they would consider implementing the recommendations in the white paper (Elwy et al., 2020), Upon receipt of the formative and summative feedback, the white paper will be revised and returned to the stakeholders for additional feedback and final consideration.

Key Stakeholders

The intended audience of key stakeholders for this white paper is the (a) Ministry of Health and Wellness Officials. The Ministry of Health and Wellness aims to empower people in the British Overseas Territory to achieve optimal well-being through strategic policies, innovative programs, and proactive services, governed by the highest principles of justice, personal and public integrity, and excellence of standards. (b)The Medical Official who has decision-making authority over the discharge of all public health responsibilities. (c) Study participants who were purposely selected to participate in the study because they had previously participated in the program, received treatment in

quitting smoking and was advantageous in yielding depth of information required to conduct the study.

Project Implications

Social Change

The report from this evaluation of a community-based antismoking program's curriculum and instructional strategies was essential to local stakeholders and was two-fold. Past participants are interested to know the collective thoughts of how other participants viewed the program and how their participation will have influenced or impacted change, and the Medical Official and Ministry of Health and Wellness Officials is interested to know whether the program is working to meet the goals as intended by its users and is accessible and acceptable to its target population.

Importance of the Project in the Larger Context

The white paper outlines a set of concrete evidence scripted by the perceptions of the past participants to enable continued success and further far-reaching success. The implication for social change is extensive as there is potential to increase accessibility should the adaptation for improvement of expanding the program to multiple districts across the islands and with greater frequency be implemented. In that case, more persons will have access to participate and advance smoking cessation potential, thus giving rise to strengthening planning and implementation of the “I Can Quit” program. As a result, people who quit smoking see improved health for themselves and a decrease in the destructive environmental impact caused by smoking. This project study is transferable and can be applied to similar settings within the same context.

Conclusion

The development of a white paper project was the result of this study's findings in addressing the study problem. Despite the implementation of the "I Can Quit" program, it is unknown which curriculum and instructional strategy interventions participants thought were useful in supporting smoking cessation. The white paper is a detailed account of how the curriculum and instructional strategies, and program services can be improved to facilitate participants smoking cessation. based on the findings of the study. In section 3 details of the following components are explained: the project rationale, supporting literature, description of the needed resources and support, proposal for the action plan and an evaluation plan, responsibilities of the stakeholders, potential barriers and solutions, and an evaluation and implementation plan. The section concludes with detailing the project implications and of social change for the deliverable. In Section 4, the strengths and limitations of the project are documented and my reflections and personal growth through the development of the project is explored.

Section 4: Reflections and Conclusions

Project Strengths and Limitations

Information shared in white paper results with the primary intended users is of great value, provided the method of dissemination is suitable to the audience (see Moulton, 2017). While a white paper can be deemed overwhelming with information, the presenter must find engaging ways of dissemination that will appeal to and engage the audience. Pham (2021) asserted that an audio-visual presentation is one medium that allows for concise, engaging, easy-to-follow information delivery in a format that conveys large amounts of data. The data established from the white paper basic qualitative study will be shared with the primary intended users using this presentation type.

Another strength was the focus on exploring the perceptions of past participation in the antismoking cessation program. The literature reviewed cited the need for additional studies to address the outcomes of participant perceptions of antismoking intervention curriculum and how it can positively influence or hinder participants' success (Hanlon et al., 2018).

This study had some limitations. Recalling information that occurred at one time in the past can prove challenging. Recall and memory for data collection using the semistructured interviews were heavily relied on. Providing a reference source for the participants before the interview would have helped with recall. Another limitation of the study was that it focused on an exclusive site that offered a systematic and ongoing smoking cessation program; however, this was the only site offering smoking cessation

that existed at the time of developing this study. If an alternate site had been available for data collection, additional information could have been obtained about the implementation, which could have provided other insights and other viewpoints that could have determined whether the other program was working, what accounted for its success, and if improvements were needed to meet the intended program goals and to assist with decision making on program enhancement as needed. This study's findings may not apply to larger geographic areas given the qualitative study's small sample group and focus on one research site, which cannot be generalized adequately to apply to a larger population (Merriam & Tisdell, 2015).

Recommendations for Alternative Approaches

The following recommendations for alternate approaches included suggested improvements to advance the current research outcomes. An alternate approach to the study design would be to utilize a mixed methods approach. Almalki (2016) asserted that using a mixed-methods approach can provide greater breadth and depth of information, understanding, and corroboration not able to be achieved by using one methodology alone. Additionally, other data collection tools such as focus groups and surveys can be used. Focus groups can be utilized as an alternate approach, which allows for the dynamic inclusion of all participants with a shared identity in one single setting utilizing the participant's feelings, perceptions, and opinions collectively through open discussion. The information gathered here can help to confirm or disprove theories surrounding themes while strengthening the perceptions of individual participant perspectives (Liamputtong, 2011). Also, information gathered from focus groups could be used to

develop open-ended survey questions, which are valuable for measuring perception and behavioral change, thus providing an opportunity for greater objectivity in qualitative research findings and a basis for further research (Taylor & Francis, 2023).

Finally, an alternative approach could be to provide the study participants with copies of the course outline before the interviews to remind them of the specific details discussed during the intervention. Without the provision of the same, participants would have to rely solely on memory and recall, which would prove difficult for those who completed the course many years ago. During the study's data collection process, I only provided participants with a copy of the course outline immediately before the interview.

Scholarship, Project Development Leadership and Change

While at Walden University, the concept of iteration was introduced as an alternative to revision. Though I initially thought I understood the concept, I soon realized there was much more to learn by preparing and writing this body of work to satisfy the requirements for Walden's doctoral study. I have learned that continuous learning and growth are validated and achievable through iteration. Despite the challenges posed by the COVID-19 pandemic, my faith and commitment to this process motivated me to complete the task I began in 2019. Balancing home, work, and school life was a formidable task, but my unwavering passion for learning kept me grounded and helped me stay true to my purpose.

Project Development

I am deeply passionate about learning and helping others, and this motivation has driven me to create a program that assists individuals in quitting and achieving success.

My research gained valuable insights that reinforced my dedication to learning and helping others. The research process was an immersive experience as I explored research design intricacies, sought out the best tools for my purposes, and researched relevant literature. It took a tremendous amount of time, dedication, and effort to search for the most recent peer-reviewed academic articles, journals, and books that discussed and examined, supported, and/or refuted the topic of my study. Learning and discovery were continuous, leading me to conduct my first independent study, which involved analyzing the data I collected. As a qualified certified clinical psychology counselor, I found that conducting semistructured interviews was effortless. I used open-ended questions and probing techniques to gather additional information from participants without influencing their responses or conveying support through body language or other cues. One of the most challenging aspects of the research process was recognizing my biases and using reflexivity and journaling to maintain neutrality throughout the study. As a researcher and facilitator, I needed to remain impartial and avoid allowing my beliefs or values to influence the study. Ultimately, completing this research has empowered me, as I can positively impact people's lives.

Leadership and Change

With my background in education and extensive experience working alongside my chair and methodologist, I am confident in my ability to contribute to society's ongoing efforts towards social change. My focus is on making my community a safer and healthier place for all its residents. As part of this effort, by the time you shall have read the outcomes of this product, I will have conducted professional development sessions

aimed at facilitating smoking cessation interventions for clinical pharmacists and other health service teams and providers in various Caribbean territories. By sharing my knowledge and experience, I hope to make a meaningful impact on the lives of those affected by smoking-related health issues, both now and in the future.

Reflection on Importance of the Work

The development and implementation process of this project was a challenging one. While I have always believed in myself as a learner and honed skills, particularly in the area of research, having highly participated in research for the development of the Tobacco Law and Regulations for a British Overseas Territory, once I embarked on conducting research of my own, it proved just how substantially different both were and how much more there was to learn to write for this body of work successfully. The valuable insights, directives, and explanations offered by my committee during this time are treasured. I now possess the project development skills required for doctoral and legislative research and am confident about future opportunities for research in these two areas to share and showcase my new learning. Reflecting on my learning achievements has empowered me to make informed decisions in offering my service to ongoing research in health education and tobacco control needs.

On a separate point, the stories of the impact of the antismoking intervention program on the lives of those persons whom the program curriculum and instructions delivery has helped to quit are refreshing and encouraging. Regularly conducting curriculum and instructional evaluations will allow stakeholders to schedule annual

reviews on the program deliverable to ensure that fidelity is maintained and that the current curriculum meets the intended program goals.

Implications, Applications, and Directions for Future Research

Social Change

This project study can positively affect social change. At the local level, new program participants to the "I Can Quit" intervention will benefit from new proposed adaptations to the existing program curriculum. They will continue to see cessation abstinence in significant numbers. The Ministry of Health and Medical Official will be encouraged to continue to seek the outcomes of regular evaluation of curriculum from the perspectives of former participants, with each evaluation unearthing what elements of the program are working and how along with any recommendations for improvement improved as needed challenges can be addressed. Participants can also be allowed to participate in the evaluation process and for their contributions to program improvement and even as guest facilitators. This opportunity can provide a sense of responsibility and empowerment to use the cessation platform that helped them help others.

Application

An application of this study is that it can be used as a model example for best practices in smoking cessation across other similar sites. The platform for developing other antismoking interventions has already been established, and each site will have its unique characteristics and, therefore, should be considered when developing new programs for quitting smoking.

Directions for Future Research

Recommendations for future research are based on the alternatives to the study approach and limitations of this study. The literature review has suggested that more research is needed from the participants' viewpoints. Future research to include a mixed methods approach for the evaluation of the curriculum and instructional strategies of a community-based antismoking program is recommended to provide greater depth and breadth to the research outcomes, with each new study having the potential for greater transferability and generalizability, each time increasing the sample size, including feasible approaches for improvement as needed and building upon the strengths of the intervention. Each time the study is completed using a modified curriculum, its area for improvement in the curriculum and delivery of instructional strategies can be identified. Additionally, in future similar research, focus groups can be included for comparison and consistency of results with the semistructured interviews only.

Conclusion

This study aimed to explore the perceptions the perceptions of participants who completed the “I Can Quit” program regarding the curriculum, instructional strategies, and recommendations to meet the intended program goals. The outcomes of this basic qualitative study provided insights into the lived experiences and perceptions of past participation in a community-based antismoking intervention, illustrated the primary purpose, and effectively promoted and supported quit smoking attempts among smokers if they were ready to quit smoking, because of this enhancing considerably success rates in cessation efforts. The “I Can Quit” smoking cessation program is efficient in endorsing

smoking cessation, and given its perceived effectiveness, the government can advocate for and consider establishing a smoking cessation service system on offer daily in a systematic setting and as part of daily community health services output.

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Appendix A: The Project

There have been decades of cross-section research on Tobacco Cessation issues, ranging from its effectiveness (Sporns et al., 2017) to intervention and impact (Noonan et al., 2018; Parks & Kim, 2018), cost-effectiveness (Cadham et al., 2021), program guidelines (de Bruin et al., 2021), mobile applications (Rajani, 2019), and adherence rates (Falcaro et al., 2021); the aforementioned constituting only a minority of those who have provided a plethora of knowledge on the subject. However, more research must be conducted to address the outcomes of participant perceptions of the antismoking intervention curriculum and how it can positively affect or impede their success (Hanlon et al., 2018). UDSHHS (2020) suggested that access to cessation treatments is increasing and is accounting for a reduction in the number of smokers, but more work can be done.

With increased knowledge of how individuals perceive their experiences, programs can be strengthened for more significant impact and informed ways to improve as needed. Ahluwalia et al. (2018) suggested that while cessation programs have been successful, failure to address equitability in research outcomes on the perceptions of smoking cessation by participants will result in the genuine needs of the participants in their quit smoking attempt being unmet. The USDHHS (2020) has called for renewed accessibility to cessation opportunities to mitigate the impact of the shattering effects of smoking.

As part of a British Overseas Territory Health Institution strategic framework 2014 - 2018, a primary health educator was commissioned to develop and implement a smoking cessation program as one measure to mitigate the impact of chronic diseases and

illnesses in the country and to support the implementation of the Tobacco Law (2008) and the Tobacco Regulations (2010). Given the implementation of the Law and the Regulations prohibiting tobacco products, it made practical sense that help was offered to those who wished to quit smoking.

This white paper includes results from a basic qualitative study conducted with ten previous participants of the “I Can Quit” to explore participants’ perspectives of the curriculum and instructional strategies used to support their smoking cessation intervention. The end goal in mind was to improve the outcome of program goals if needed through increased program efficiency, supporting creativity, better program planning, and enhanced packages of care based on participant recommendations and feedback. In this paper, I outline the current problem, describe the smoking cessation program on which the study is based, and provide six recommendations that stakeholders can implement to fill the local gap in practice between what improvements research asserts the smoking intervention can include to meet its program goals.

Problem Definition

A problem existed in that despite implementing the “I Can Quit” program, it is unknown which curriculum and instructional strategy interventions participants thought were useful in supporting smoking cessation. The study explored the “I Can Quit” participants’ perspectives of the curriculum and instructional strategies used to support the smoking cessation intervention I utilized the perspectives of former participants of the program "I Can Quit"; 10 participants were included. The findings from the study include six areas that the participants suggested could improve practice concerning the

curriculum and instructional strategies. Content and teaching methods –(a) nutrition, (b) visuals and technology, and (c) real-time evaluation. Services to strengthen the curriculum and instructional strategies – (d) accessibility, (e) marketing and advertising, and (f) follow-up and extended program. This approach will allow the Ministry of Health and Wellness officials and the Medical Official to review these recommendations as valid and endorse them for inclusion as part of strengthening the program delivery practices and for continuation and financial sustenance.

I Can Quit Program

The "I Can Quit" program by design utilized a multidisciplinary approach to guide persons who are strongly motivated to quit. A multidisciplinary approach where several academic medical and educational professional specializations contribute to an approach, a topic or problem. The approach involves curriculum and instruction, group support meetings, and cessation aids. Facilitators encourage participants to quit by focusing on evidence-based physiological, psychological, and behavioral methods for successful abstinence. A methodical approach to quitting is employed whereby participants develop individualized plans and gain permanent control over their tobacco addiction. The benefits of quitting are strongly emphasized rather than smoking and health implications. The program is highly systematically structured in that it promotes progression from awareness of the habit-forming addiction to smoking to the desired behavioral change to quitting smoking. Throughout the program, participants are given assignments to help them independently assess their motivation for quitting smoking,

learn cessation techniques, and build competencies in behavioral changes that subsequently lead to smoking cessation and prevention of relapse.

The group sessions run consecutively for 7 weeks, with each week focusing on increasing knowledge and building skills, increasing cognizance of their smoking addiction, and learning cessation techniques that lead to smoking and prevention of relapse. There is a 1-month follow-up post-completion of the program to assess participants' needs and provide additional guidance as needed. Participants are also contacted by phone weekly for the first 3 months post-completion of the course and periodically for up to 1 year to offer continued guidance and support as needed. Participants are self-referred to the program based on advertising through traditional media or through their primary care physician. Biometric testing is performed at the beginning of each session which includes measurements of weight, blood pressure reading, and Smokalyzer testing. A Smokalyzer is a monitoring device that shows the amount of Carbon monoxide, part per million, contained in the blood and the lungs and is a noninvasive procedure. The purpose of its use is to establish smoking status and for the smokers themselves, it is a motivational visual tool to encourage them to quit and measure their progress as they quit smoking progress. During week one participants and facilitators engage in an introductory session where participants assess their motivation to quit and self-awareness, and facilitators reaffirm their commitment to guiding the process. The program format is introduced and the goals and objectives for the program are outlined. Any past quit attempts are highlighted and is encouraged to be used as a prior practice rather than a previous failure. Participants are also required to complete an

initial client assessment form which details information about their smoking addiction, levels of motivation to quit, any previous attempt to quit smoking, and current medications they are on and to establish their willingness to use smoking cessation aids. Additional individual psychological support is provided as deemed necessary to support participants in achieving their smoking cessation goals. The Fagerstrom form is also dually completed to provide a measure of smoking dependence.

During weeks two, and three an overview of smoking cessation aids is discussed, and self-help activities are distributed as homework to help participants reinforce the identification of triggers. Participants are also engaged in a discussion and PowerPoint presentation on smoking and triggers. In week 4, participants engage in discussions on strategies for quitting smoking and plan their problem-solving actions toward quitting smoking, and an overview of smoking and self-esteem is discussed. In Week 5, participants engage in discussion on developing skills and new habits- dealing with anxiety and boredom is addressed and participants learn relaxation techniques as an alternative to smoking. Week five is the designated quit date though participants are afforded the flexibility to determine their own quit date depending on their level of readiness. Week six addresses coping with withdrawal and focusing on maintaining a healthy weight while quitting smoking. Additional individual support is provided for participants regarding nutrition as needed. In week seven the focus is on reassessing the motivation to quit, relapse prevention, and providing sufficient medication for continuation and maintenance of quitting smoking.

Summary of the Study

Methodology

The purpose of this study was to explore the “I Can Quit” participants’ perspectives of the curriculum and instructional strategies used to support the smoking cessation intervention Despite the implementation of the “I Can Quit” program, it is unknown which curriculum and instructional strategy interventions participants thought were useful in supporting smoking cessation. A basic qualitative study approach was used to collect and analyze the data for this study. A basic qualitative research design helps the researcher understand meaning constructed by perceptions and beliefs based on the respondent's world, experiences, and perceptions (Peterson, 2019) and provides a gateway for researcher insights into the reasons behind the problem, not just whether the problem exists (Burkholder et al., 2019). The researcher considers the previously mentioned reasons justify the study methodology’s basic qualitative design as an appropriate way to better understand the study problem at the local site.

The participants were recruited using purposive sampling. Kalu (2019) commented that in this sampling technique, the researcher selects targeted individuals, who satisfied the study requirements. Selecting participants with varying backgrounds and characteristics served its purpose in further validating the results of the study given the multiple perspectives shared. Campbell et al. (2020) and Kalu (2019) noted that purposive sampling was advantageous in basic qualitative studies in gaining a deeper understanding of a situation and ensuring a maximum variation of participants who can add depth and insight.

Ten participants shared their perceptions of the following research question using semistructured, face-to-face interviews. RQ1: What were the “I Can Quit” participants’ perspectives of the curriculum and instructional strategies used to support the smoking cessation intervention? To analyze the data I reviewed the transcripts, removed filler words, repeated the process, and highlighted important text. I looked for codes, categories, and themes related to adult learning theory relevant to the research question. I coded these data sets by hand into round one codes, round two codes, categories, and themes, resulting in initial coding combinations in Microsoft Excel. I used open descriptive coding, an inductive coding process, for round one and two coding, reviewed the codes to ensure all concepts were captured, checked for the frequency of each dominant category and theme that occurred and reflected on their meanings to determine the codes that best represented participants' experiences (see Johnson & Chauvin, 2020).

To finalize interpreting the data, a deep analysis involving assembling data, organization and categorization, interpretation, formulation of categories, and looking at patterns for the development of codes is required. Core themes identified were developed from the common phrases expressed by most of the participants during the interviews from the previous participants of the antismoking intervention. Theme 1 was the outcome of participants' perspectives in relation to the program climate and design and supportive staff that supported their smoking cessation. Theme 2 was the outcome of participants' perspectives in relation to the curriculum and instructional strategies that supported their smoking cessation. Theme 3 was the outcome of participants' perspectives concerning recommendations for additional content, teaching methods, and services to strengthen the

curriculum and instructional strategies used to support the smoking cessation intervention.

A white paper was generated to address the results of the local problem derived from the perspectives of participants. The goals for this project were to increase knowledge about the perspectives on which curriculum and instructional strategy interventions participants thought were useful in supporting smoking cessation and to offer recommendations supporting the intervention for program continuity and funding. The white paper outlines a set of concrete evidence scripted by the perceptions of the past participants to enable continued success and further far-reaching success.

Data Analysis Results

Based on the analyzed interview data, three themes emerged. The first theme was that participants' perspectives were that the program climate, program design, and supportive staff, contributed to participants' smoking cessation. Participants commented that the positive learning environment promoted their feeling comfortable while sharing their thoughts, highlighting that the learning environment offered a safe space, and made them feel comfortable in pursuing their learning goals. Participants particularly noted the selection of learning activities that supported their learner development, which kept them engaged and helped them in their goal achievement. The affirmation of positive experiences expressed by the participants demonstrated the impact the program design had on their on their learning. Also highlighted was the continuous engagement between the participants and facilitators- all participants commented they benefited from appropriately affectionate and respectful relationships with their facilitators. Participants

also further discussed the encouragement and support from facilitators and other participants.

The second theme was that participants' perspectives were that relevant curriculum and effective instructional strategies facilitated connection to others or community program participants that contributed to their smoking cessation. Participants commented on the high level of satisfaction with the course's sequence and flow, the relevance of the topics discussed, and the content. Participants also acknowledged a careful and thoughtful content design and delivery, and how these elements were perceived to have impacted their quit-smoking success. The informative presentations, and relevant activities to support the participants' learning, coupled with handouts that were made available as a resource reference were highly commended.

The third theme was that participants recommended additional content, teaching methods, and services to strengthen the curriculum and instructional strategies used to support the smoking cessation intervention. The participants highlighted areas that they perceived could further support the curriculum and instructional strategies. One of the curriculum or instructional strategies that were recommended included content and teaching methods. These suggestions included, adding more visuals, having a backup plan for technology, reviewing additional nutrition information, and offering real-time evaluations after each session. The next curriculum or instructional strategy recommended was to offer services to strengthen the curriculum and instructional strategies. These services included additional accessibility to the geographic location. Next, was suggesting additional marketing and advertisement for the program. The last

recommendation was to provide more contact opportunities and to extend the length of the program to 10-12 weeks.

Recommendations

The data analysis results showed that participants favored considerably the curriculum and instructional activities offered during the program that supported their smoking cessation. Following are the program practices that have been proven to be effective from the participant's perspectives and are recommended to ~~should~~ be maintained.

(1) Continue with the dynamic team approach and inclusive practice of having more than one facilitator through a multidisciplinary approach

(2) Continue with the relevant curriculum, effective instructional strategies, and facilitators' demonstrated skills and diverse knowledge

(3) The continuation of promoting an environment that promotes a safe feeling where participants are perceived to have been encouraged and supported in achieving their goals

(4) Increase the frequency of the program and make availability in additional locations

(5) Expand marketing and advertising of the program

(6) Extend beyond the seven weeks of the program to 10-12 weeks

Table 14 reflects the recommendations I offered based upon the study’s results.

Table 1

Recommendations

1. Include additional Nutrition content
2. Increase visuals to support content and technology available if needed
3. Conduct evaluations at the end of each session - Real time evaluation
4. Increase frequency of program and make availability in more than one location
5. Expand marketing and advertising methods
6. Extend the curriculum beyond seven weeks; Check in with participants at 8 weeks post program.

Content and Teaching Methods

Nutrition

The first recommendation for content and teaching methods was to include additional nutritional content to support smoking cessation. Patriota (2021) suggested that effective dietary support to control weight should be provided to quitters on a regular basis as quitting smoking is frequently associated with an increase in weight gain. Equally as important is following correct nutritional advice and other health-promoting practices that influence healthy lifestyles in a decisive way. Santos (2022) asserted that concerning leading healthy lifestyles, nutrition is one of the most important key factors in lifestyle habits and practices influencing every chronic NCD disease.

The program provided varying avenues to provide participants with support for eating healthy as nonsmokers. For example, in addition to content and resource materials provided in the learning environment concerning nutrition, participants can access individual support of up to three sessions with the community dietician as needed at no cost to the participant. Policymakers and the program implementation team can ensure that this information is regularly communicated to participants. Additionally, to support

nutritional content, the program implementation team can provide additional resources via electronic media where participants can access additional content on nutrition for reference and continued practice.

Visuals and Technology, Real-time Evaluation

The second recommendation for content and teaching methods is for increased visuals to support content, technology accessibility, and post-session evaluation as part of the session concluding activity. It is recommended that Visual Learning Style (VLS) a way of learning in which information is associated with images is increased. According to Keshavarz (2019), this visual learning style requires that learners see what they are required to know, that is they process the pictorial evidence presented to them prior to reading the accompanying text to support their learning. While visuals are utilized as a part of the smoking cessation program, policymakers and program implementers should consider increasing the use of various forms of visualizations for the visual learner by providing visual material in a variety of formats and making full use of a variety of technology such as the computer, photography, video camera, charts, pictograms, graphics, and images and ensuring that the visual presentations are well organized (Dantas et al. 2020).

In addition to increased visuals, it is also recommended to ensure that technology is available to support learning as needed. For example, having technology as an available resource for teaching and learning. Haleem et al. (2022) asserted that digital technologies are a powerful tool that facilitates learning in that technology provides new methods to facilitate learning and collaboration. With digital technology in education,

there is the potential for the educational landscape to be altered for improvement. While technology is used as part of the smoking cessation program design for presentations, policymakers and the program implementation team should consider further integrating technology in learning such as technology gadgets smartphones, and web-based online resources to ensure learning materials. Dudar (2021) commented that with today's technological growth, instructors must learn to harness the availability of various gadgets, such as smartphones, digital cameras, phones, and tablet computers, help to ensure instructional resources are engaging and up to date.

A recommendation for real-time evaluation was also proposed. For example, at the end of each session, to conduct a recap in the format of an evaluation to obtain ongoing and continuous historical data on the program. Salas-Pilco (2022) supported using evaluations that are continuous and systematic. While an evaluation of learning is conducted as part of the smoking cessation program, it is not continuous and systematic. Policymakers and the program implementation team should consider obtaining data from adult learners at the end of each session, which helps to identify synchronization between the curriculum, conditions of practice, and their learning for continuous improvement. By incorporating an evaluation at the end of each session, participants are provided with an opportunity to raise and clarify any concerns that help to identify the aspects and procedures for enhancing desired goals (Salas-Pilco et al., 2022). Additionally, Knowles (1984) implication for practice also supports regular evaluation to confirm their learning noting that adults need to be involved in the planning and evaluation of their instruction, and frequent evaluation of the adult learning experiences.

Services to Strengthen the Curriculum and Instruction Strategies

Accessibility

The first recommendation for services to strengthen the curriculum and instructional strategies is accessibility. Currently, the cessation program is offered in only one location across the British Overseas Territory. This practice can present with challenges for persons who reside a distance away from the current course location and who do not own or have access to transportation. For increased convenience policymakers and the program implementation team should consider offering the program in multiple locations so that persons who are seeking help in quitting smoking will have a greater chance of so doing based on increased access. Additionally, there is a recommendation to increase the frequency with which the program is delivered. Currently, the cessation program is offered two times per year in February and June. Persons who seek help in quitting smoking have a waiting period of greater than six months before having access to the next available course if the course offered in June is missed. Policymakers and the program implementation team should consider increasing accessibility in this regard.

Marketing and Advertising

The second recommendation for services to strengthen the curriculum and instructional strategies is marketing and advertising. While traditional advertising practices are a part of the smoking cessation services, policymakers and the program implementation team should consider further expanding on the means of advertising and marketing. These practices could help policymakers and the program implementation

team effectively identify, plan for, and predict meeting customer needs and how best to serve the community. Marketing and advertising could open the gateway for attracting new clients and promoting smoking cessation services through a variety of mediums including traditional advertising, digital and social media advertising, online advertising, mobile advertising, and outdoor advertising on outside structures such as billboards and banners.

Follow-up and Extended Program

The third recommendation for services to strengthen the curriculum and instructional strategies is follow-up and an extended program. Currently, the cessation program follows a seven-week curriculum outline with a one-month follow-up. Study respondents have articulated for an extension of the curriculum beyond seven weeks and for follow-up face-to-face meetings two months post the program as a means of offering continued support. Recommendations from the UKHSA (2017) on smoking cessation interventions suggested weekly visits for 6–12 weeks for individuals (30–45 minutes per visit) and groups (60 minutes per visit). While the cessation program falls within the recommendations for group support, policymakers and program implementers should review practice guidelines periodically to maximize smoking cessation rates as needed.

Conclusion

The recommendations from this paper are based on the study's research findings. The recommendations of (a) Content and teaching methods -visuals and technology, nutrition, and real-time evaluation (b) Services to strengthen the curriculum and instructional strategies - accessibility, marketing and advertising, and follow-up and an

extended program are intended to help policymakers and the program implementation team consider practices that can further support participants of the smoking cessation program in their smoking cessation efforts. Repackaging smoking cessation information to disseminate based on the target population voicing their opinions on what the program components should be and how best to implement the program can influence meaningful program design and have far-reaching effects. The multiple interventions suggested for inclusion to support the curriculum and instructional strategies are likely needed to achieve long-term cessation because participants see a reflection of themselves in their learning. The benefits of following these recommendations are that with increased knowledge of how individuals perceive their experiences, programs can be strengthened for more significant impact and informed ways to improve.

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Appendix B: Evaluation Form

Evaluation Form

Date of Presentation:

Presenters Name:

Topic:

Criteria	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	5	4	3	2	1
The White Paper report was relevant to the program					
The materials/resources provided were helpful.					
The length of the presentation was sufficient.					
The content was well organized.					
Questions and discussions were encouraged.					
Instructions were clear and understandable.					
The evaluation report met my expectations.					
The presenter and/or presenters were effective.					

Thank you for your time and attention!