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Assessing Organizational Policy: Preferred Practices for Regulating Vaping in the Work Environment

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Assessing Organizational Policy: Preferred Practices for Regulating Vaping in the Work Environment

by
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Approval Page

This applied dissertation was submitted by Ayesha Kirk under the direction of the persons listed below. It was submitted to the Abraham S. Fischler College of Education and School of Criminal Justice and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova Southeastern University.

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Statement of Original Work

I declare the following:

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Abstract

Assessing Organizational Policy: Preferred Practices for Regulating Vaping in the Work Environment. Ayesha Kirk, 2023: Applied Dissertation, Nova Southeastern University, Abraham S. Fischler College of Education and School of Criminal Justice. Keywords: employee health, vaping policy, employee smoking policy, change management

Employee vaping negatively affects organizations in terms of costs, productivity, employee health, and workplace safety. The purpose of this qualitative dissertation study was to assess organizational policies to determine preferred practices to regulate vaping in the work environment. Open-ended questionnaires with 18 human resources administrators, combined with a literature review, yielded data on best practices for organizational policies regulating vaping in the work environment.

The data collected in this qualitative dissertation study were extracted from a structured survey questionnaire comprising 16 questions about vaping and tobacco usage in the workplace. The findings demonstrated that vaping and the use of tobacco products in the workplace was normal in work environments with designated areas for smoking but not typical in workplaces with tobacco-free campuses. Throughout the study, the manner in which employee vaping in the workplace negatively influenced businesses was highlighted as well as strategies that could be utilized to reduce the rate of vaping in the workplace.

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Chapter 1: Introduction

In 2007, Chinese corporations began commercially marketing electronic nicotine-delivery systems (also known as vaping devices) in the United States as aids for smoking cessation; such devices include electronic cigarettes (e-cigarettes) or similar products (Denardo & Rome, 2019). Alexander (2023) argued that vaping is a weighty public health issue and a noteworthy risk for cardiovascular disease and cancer; vaping devices are dangerous to health. The Centers for Disease Control and Prevention (CDC, 2021b) reported the occurrence of 2,807 injuries related to e-cigarette or vaping product use-associated lung injuries (EVALI). Vaping is the process of inhaling a liquid vaporized substance through a handheld device (CDC, 2021a). The inhaled liquid contains various substances, such as nicotine, tetrahydrocannabinol (THC) cannabinoid (CBD) oils, and other substances, flavorings, and additives (Denardo & Rome, 2019). Furthermore, the CDC (2021b) investigated the occurrence of vitamin E acetate, in vaping products; this additive may interfere with normal lung functioning when inhaled. Most e-cigarettes contain high concentrations of nicotine and other carcinogens, which are unsafe and detrimental to the health of the user and bystanders alike (Denardo & Rome, 2019). The American Cancer Society (2021) reported some e-cigarettes sold in the United States have higher nicotine content than e-cigarettes sold internationally. Furthermore, researchers for the American Cancer Society warned youth and young adults are more predisposed to brain developmental concerns and becoming addicted to these devices. Moreover, vaping negatively impacts bystanders, much like secondhand smoke (Denardo & Rome, 2019). Romberg et al. (2021) stated that vaping in the workplace decreases productivity of both the employee who vapes and those who do not vape. Through

negative effects on health, vaping by employees affects organizations, requiring potential policies to decrease vaping use at the workplace.

Statement of the Problem

The problem addressed by this study is the prevalence of employee vaping and its adverse impact on organizations, including rising costs, diminished productivity, employee health issues, and the lack of regulatory guidance for preferred workplace policies (Asay et al., 2016; Mache et al., 2019; Romberg et al., 2021; Tabuchi & Colwell, 2016). The negative effects on organizational budgets, productivity, and health are described in the following sections. Federal and state laws regarding smoking regulations have changed over time. For instance, Yost and Fiester (2015) asserted federal smoking regulations did not specifically address e-cigarettes at the city and state levels; therefore, organizations had not developed policies specific to vaping. As of June 2023, legislation was adopted by 27 states and the District of Columbia, requiring nonhospitality workplaces to be completely smoke-free (National Institute for Occupational Safety and Health, 2023). These statewide comprehensive smoke-free laws protect 58.7% of the U.S. population (National Institute for Occupational Safety and Health, 2023). State policies vary. Some states ban e-cigarettes in the same areas smoking is banned; others limit the ban on vaping to childcare centers, schools, and state government buildings (Nagele-Piazza, 2019).

Phenomenon of Interest

Ranpara et al. (2021) stated vaping and vaping exposure are common in workplaces within the United States, and employees, inclusive of nonusers, reported decline in their productivity because of workplace vaping. The health risks of vaping to

users and bystanders alike create problems for organizations. Vaping directly and indirectly affects employee health and workplace safety (Tabuchi & Colwell, 2016). According to Asay et al. (2016), organizations may encounter expenses associated with absenteeism among employees who experience chronic diseases or unhealthy behaviors. The National Academies of Sciences, Engineering, and Medicine (2018) report indicated health risks in the workplace are particularly high for vulnerable populations such as pregnant women and people with respiratory disorders like asthma. Safety concerns related to vaping may create a hostile work environment (Romberg et al., 2021). From 2009 to 2016, U.S. hospital emergency departments reported 195 e-cigarette explosions and burn injuries, resulting in researchers for the U.S. Fire Administration (2017) recommending banning e-cigarette devices from the workplace to eliminate risk posed by device malfunctions. Health care professionals suggested the most critical factor in evaluating employees for EVALI is to ask if they recently utilized vaping products or e-cigarettes (CDC, 2021b).

Employees vaping in the work environment decrease organizational productivity (Mache et al., 2019). Keane et al. (2017) studied the significance of vaping as a social practice. The authors discovered direct and indirect impacts on the organization as a result of the problems associated with vaping in the workplace. Romberg et al. (2021) warned that employee vaping is disruptive to the organization; during an 8-hour shift, four 15-min smoke breaks equate to 1 hour the employee is not working. Mache et al. (2019) explained smokers experience longer healing times and additional time out of work during flu seasons. Organizations are negatively impacted due to revenue losses associated with tobacco and tobacco-replacement products, such as vaping (Karambelkar

& Bhattacharya, 2017).

To address the dangers and negative effects of vaping in the workplace, Mache et al. (2019) noted effective interventions may lead to reduced absenteeism, increased productivity, and fewer conflicts between employees who use vaping devices and those who do not. For instance, the U.S. Fire Administration (2017) recommended banning vaping devices from the workplace entirely. Organizational leaders are tasked with managing finances, ensuring employee well-being and safety, and meeting production goals (Mendes et al., 2016). Romberg et al. (2021) stated comprehensive policies aimed at preventing workplace vaping are required to protect employees; hence, research is needed to inform effective workplace policies related to vaping.

Background and Justification

Vaping-related injuries, termed EVALI, had affected more than 2,500 patients across all 50 states, the District of Columbia, the U.S. Virgin Islands, and Puerto Rico as of January 2020 (Werner et al., 2020). Moreover, 52 deaths had been reported across 25 states and the District of Columbia as of December 12, 2019 (Blount et al., 2020). The median reported age of those who survived EVALI was 23, whereas the median age of those who died was 45 (Werner et al., 2020). As of 2020, Florida had reported up to 149 deaths or hospitalizations from EVALI; Tennessee, Virginia, Maryland, and North Carolina each had reported up to 99 cases (CDC, 2020a). Alabama, Mississippi, Louisiana, Georgia, and South Carolina each reported up to 49 cases (CDC, 2020a).

EVALI are present across all demographics of e-cigarette users. The CDC (2021a, 2021b) cautioned the nicotine content in electronic nicotine-delivery systems (vaping devices) is addictive and deadly to fetus development. The CDC (2021b) warned nicotine

exposure is detrimental to brain development in adolescence and continues into the mid-20s. Denardo and Rome (2019) discovered electronic nicotine-delivery systems research is emerging rapidly, and utilizing these devices is harmful. Furthermore, Denardo and Rome warned nicotine and other substances are a gateway to other youth addictions. Agustin et al. (2018) as well as Denardo and Rome agreed vaping attracts young adults as they may customize and reuse these devices, making vaping a cheaper alternative to traditional smoking.

Organizational policies decreasing vaping would effectively decrease the occurrence of EVALI resulting from exposure in the workplace (Mendes et al., 2016). The American Cancer Society (2021) explained the most effective way to reduce the dangers associated with e-cigarettes is to quit using e-cigarettes and to avoid using any other tobacco products. Furthermore, the American Cancer Society warned without urgent and effective public health action, e-cigarettes will lead to a new generation of nicotine-addicted individuals. Wold et al. (2022) stated that the toxicity of e-cigarette vapor continues to be poorly understood. Based on this, the organizational impact of employees who use e-cigarette devices and tobacco-related products in the workplace is not fully understood.

The establishment of new policies calls for change management to implement such policies effectively. In limiting the use of vaping devices, different interventions or initiatives are required. One such initiative is the awareness, desire, knowledge, ability, and reinforcement (ADKAR) model proposed by Hiatt (2006) and described by Jones-Schenk (2019) and Karambelkar and Bhattacharya (2017). The ADKAR model addresses the change-management process to enhance organizational practices. The model provides

a comprehensive framework for the management of change through addressing the involved psychological and practical aspects. This model assists people, especially change leaders, to recognize that successful change needs more than information and training. Change management entails influencing the attitudes, beliefs and behaviors of employees to establish a lasting transformation in the practices of the organization.

Deficiencies in the Evidence

Although research is increasing on vaping in the workplace, policies to protect employees still need development (Romberg et al., 2021). As of 2023, 17 states have passed laws relevant to smoke-free indoor air, including vaping practices (CDC, 2023b). Of the few studies conducted specific to vaping and organizational revenue, Naranjo-Gil (2016) argued that employee health issues lead to a revenue gap and organizational financial losses. Organizational leaders must realize the imperative nature of managing finances and ensuring employees are safe and productive (Mendes et al., 2016). Steinberg et al. (2020) performed a multistate analysis of the implications of smoking policies. The authors discovered extensive research gaps in smoking and vaping policies across states. Whitsel et al. (2015) cautioned e-cigarettes are not presently controlled by the U.S. Food and Drug Administration (FDA). Furthermore, the researchers stated the FDA had authorized numerous nicotine-replacement products for tobacco cessation. However, e-cigarettes have not been approved by the FDA for this purpose. Yost and Fiester (2015) asserted smoking regulations have not specifically addressed e-cigarettes at the city and state levels; therefore, organizations need to develop policies. According to Thebarge et al. (2022), smoking awareness campaigns recognize that incentives are required to enable companies to benefit from such initiatives. Based on their study, individual reward-based

programs had a 9.7% higher smoking-cessation rate compared to the usual care (Thebarge et al., 2022). Due to this, organizations have adopted premium incentives and individual-based smoking-cessation programs to decrease benefit costs significantly over time.

However, Yost and Fiester cautioned using e-cigarette devices increases the likelihood of future detrimental health effects as a result of the known and unknown risks of the devices, which may negatively impact an organization. The American Cancer Society (2021) warned continuing to use tobacco products exposes both occasional and full-time tobacco-product users to vast problems. According to the National Academies of Sciences, Engineering, and Medicine (2018), research is needed " to gather information of most importance for the regulation of electronic cigarettes to protect the population health" (p. 653). The limited research that has been cited in this section represents the majority of the articles available at this time. The research that has been published regarding vaping in the workplace provided an impetus for this particular dissertation research project to help fill that gap.

Audience

The target audience for this study comprises individuals who utilize vaping devices, as they ought to be aware that EVALI are present across all demographics of e-cigarette users (Werner et al., 2020). Blount et al. (2020) warned the mortality rate increases sharply in users above 30 years of age. All users of vaping devices are at risk of developing EVALI. In addition, organizational leaders, policymakers, and human resources administrators would be interested in and benefit from the results of this study (see Mendes et al., 2016; Yost & Fiester, 2015). Such leaders would have guidelines for

redesigning, reconstructing, and implementing the change-management process related to vaping use. Moreover, through improved vaping regulations, organizational leaders could improve employee satisfaction by providing a higher quality work environment and improvements in administrative resources for more effective executive leadership, budget analysis, and change management, improving the overall organizational climate.

Setting of the Study

This study was not limited to a specific physical setting. Participants were recruited through social media groups for human resources professionals. An online questionnaire was used to gather data. The purpose of the online questionnaire was to collect rich, qualitative data from 18 human resources administrators to explore the preferred practices to address vaping in the work environment. These participants were selected from throughout the southeastern United States. The participants provided data to meet the purpose of the study: to assess organizational policies to determine preferred practices to regulate vaping in the work environment. As shown in the Appendix, participants were asked to describe both current policies as well as the regulations they would recommend.

Researcher's Role

The role of the researcher was to analyze qualitative data as an administrator employed by organizations whose chief officers are concerned about the effects of vaping in the workplace. The researcher has accrued extensive experience in various capacities within the U.S. Army and various federal government agencies. Moreover, the researcher's experience consists of multiple administrative, leadership, health care, and direct patient care positions from July 2001 to present. The researcher sought to research

a topic impacting the organization on many levels. Upon discussing the researcher's experience and interests with the dissertation chair, the impact of the vaping phenomenon and the organizational impact were selected as topics.

Definition of Terms

The following terms were defined to provide clarity to the content of this study.

Cannabinoid (CBD) is derived from the cannabis sativa plant, specifically obtained from hemp or cannabis, and is used in supplements, balms, and oils (CDC, 2021b). Cannabinoids are a cluster of ingredients found in the cannabis plant (CDC, 2021b).

Diffuse alveolar hemorrhage is a severe medical emergency that various illnesses can initiate, resulting in pulmonary hemorrhaging (Agustin et al., 2018). The exposure may elicit alveolar inflammation (Agustin et al., 2018).

E-cigarette or vaping product use-associated lung injuries (EVALI) is a chronic lung disease associated with the utilization of electronic nicotine-delivery system products (Blount et al., 2020). EVALI is commonly diagnosed in patients who used electronic nicotine-delivery systems containing THC (Blount et al., 2020).

Electronic nicotine-delivery systems are battery-powered electronic devices to distribute nicotine, flavorings, other substances, and additives by heating the liquid to produce a vapor, which is inhaled by the user (CDC, 2021a). Battery-operated devices heat mixtures, typically including nicotine and additives, into inhalable vapor (Besaratinia & Tommasi, 2017). These devices include e-cigarettes and vaping products.

Tetrahydrocannabinol (THC) is derived from the cannabis sativa plant and is used in oils, edibles, tinctures, or capsules (CDC, 2021b). THC is the primary psychoactive

combination in cannabis yielding the euphoric feeling (CDC, 2021b). THC is one of the oldest hallucinogenic drugs (CDC, 2021b).

Vaping is the use of e-cigarettes or electronic nicotine-delivery systems (CDC, 2021a). Vaping is a replication of smoking by warming a liquid to create an aerosol (Chatterjee et al., 2018).

Purpose of the Study

The purpose of this qualitative dissertation study was to assess organizational policies to determine preferred practices to regulate vaping in the work environment. Vaping directly and indirectly impacts organizations on various levels (Denardo & Rome, 2019). Mache et al. (2019) proposed successful preventative measures to combat vaping may have financial benefits to organizations in addition to enhancing individual health and quality of life. Moreover, the researchers stated enhancements in health could increase productivity while decreasing leave requests, unplanned time from work, and employee disputes regarding vaping. The outcomes of this research study are aimed at providing a framework for effective organizational policies and practices to address vaping in the workplace.

Chapter 2: Literature Review

The review of the literature provided a foundation for the research. The review begins with the theoretical framework of the study. Then, the phenomenon of vaping is defined, followed by a brief history of vaping. Studies are reviewed on the effects and incidence of vaping. Addiction to vaping is addressed. The impact of vaping on the organization is discussed. Organizational best practices and policies on vaping are presented. Based on the literature, effective policies include limiting or banning vaping and smoking, workplace smoking-cessation programs, wellness programs, incentives to not vape or use tobacco, and penalties for tobacco or vaping use. These best practices provided the foundation for the questionnaire developed for this study. The chapter ends with the research questions guiding the study.

Theoretical Framework

The theoretical framework for this dissertation served to provide a general explanation of why variables work together, how they are related to one another, and how they influence each other (Galvan & Galvan, 2017). Creswell and Guetterman (2019) recognized the theoretical framework in qualitative research where the researcher begins with a theory, concludes with an idea, or modifies a current view based on perspectives of participants. Moreover, a qualitative study's framework includes a rationale for qualitative research, a description of individuals, and an analysis of themes (Creswell & Guetterman, 2019).

The ADKAR model of change management (Hiatt, 2006) was the theoretical framework underpinning the dissertation study. The model has five components: awareness of the need for change, desire to change, knowledge of how to change, ability

to develop or implement skills and behaviors to support the change, and reinforcement to sustain the change (Hiatt, 2006). The ADKAR model of change management is not a traditional theoretical framework but is used for understanding and applying many approaches for managing change at the individual level. The complexity leadership theory developed by Uhl-Bien et al. (2007) complements ADKAR. Mendes et al. (2016) and Al Rahbi et al. (2017) affirmed the Uhl-Bien et al. foundations for leadership were supported by research: (a) a multifaceted cooperative theory including outcomes learning, innovation, and adaptability and (b) a leadership model centered on knowledge, adaptive ability, and innovative capability of multifaceted adaptive methods. These theories of leadership are pertinent, significant, and applicable to organizational leadership.

Hiatt (2006) created the ADKAR change-management model and implemented the code of conduct for managing change. Furthermore, Jones-Schenk (2019) and Karambelkar and Bhattacharya (2017) agreed with Hiatt by acknowledging (a) how distinguishable elements encouraged resistance to change and (b) how individual elected utilization methods might be used to counteract individual and collective fears related to change. Hiatt emphasized change management within organizational leadership required methodologies centered on individuals. Hiatt proposed ways aimed at supporting the empowerment of change at the individual level. Change is a dynamic more concerned with individual processing mechanisms than the actual act of change (Hiatt, 2006; Jones-Schenk, 2019; Karambelkar & Bhattacharya, 2017). The ADKAR change-management model has evolved to Prosci Inc., an organization that assists organizations worldwide with implementing change management processes. Jeff Hiatt and the Prosci Inc. team developed the ADKAR change management model into a dynamic global organization

advocating client-focused customer success.

Furthermore, Prosci Inc. assists organizations in building effective change capabilities that combine scientific principles and focus on the people's side of change. They deliver superior training programs, maintain the industry's largest body of change management knowledge, and ensure exceptional customer experiences. Prosci asserts that change management is a discipline that has evolved and matured over the past quarter of a century. Prosci research cultivates changes to be successful by equipping and supporting clients globally. Individuals move through changes so that they successfully adopt the changes. Without adoption, changes will not be successful, and we will not deliver the desired outcomes. Prosci Inc. research promotes changes for successfully equipping and supporting clients globally. Organizations move through changes so that they successfully adopt the changes. Adoption is necessary to increase the likelihood of the organizations achieving successful outcomes. Effectively managing change incorporates a communication plan, where organizational leadership communicates to the organization that it is implementing change management processes. Adopting the discipline of change management process differently depending on their business needs. Moreover, organizations achieve technology implementation that can benefit from change management. The change management process varies in scope and purpose and may be defined and implemented according to organizational structure.

Robbins et al. (2016) and Jones-Schenk (2019) identified change management as a necessary mechanism for organizational leadership to analyze data and trends, to facilitate direction, to raise awareness, and to formulate the groundwork for an organization to employ change. Moreover, the authors claimed change management

augments and implements policies to enhance organizational functions. Therefore, change management should be an integral part of any organizational effort to implement policies discouraging vaping usage.

Phenomenon of Vaping Defined

Many researchers have found that the phenomenon of vaping has generated public health awareness of the impacts of electronic nicotine-delivery systems and other tobacco-related products (Levy, Warner, et al., 2019; Levy, Yuan, et al., 2019). For instance, Levy, Warner, et al., 2019 conducted a study in which they looked at a cohort-specific model of the impact of electronic nicotine-delivery systems on smoking cessation by adult smokers. The participants smoked in two birth cohorts between 30 and 50. The setting was the United States. They were exploring the resulting premature deaths and life years lost developed by gender for two birth cohorts. They came up with electronic nicotine-delivery systems use in the United States, which is projected to have a net positive impact on population health over a wide range of plausible levels of electronic nicotine-delivery systems utilization. In 2019, Levy, Warner, et al conducted a study on the 2018 National Academics of Sciences, Engineering, and Medicine Report to examine the temporal relationship between vaping and youth smoking utilizing multiple data sets to explore if vaping promotes smoking initiation in the United States. The study was conducted at Georgetown University in Washington, D.C. The reason for the study was to use publicly available, nationally representative data about smoking and young adults. The findings determined there was a substantial increase in youth vaping; however, the aggregate effect on the level of the population appears negligible with the reduction in smoking initiation during the period of the vaping ascendance. Another

study looking at this issue of public health awareness and the impact of electronic nicotine delivery systems was conducted by Levy, Warner, et al., 2019. The study was conducted in the United States. The study was to conduct a trend line analysis to consider trends of more established smoking.

Moreover, the study explored the deviations from the long-term trend with vaping using various surveys as the inverse relationship between tobacco was robust across different data sets for both youth and young adults. The inclusion factors of participants were young adults between 18 and 24. According to Denardo and Rome (2019), vaping is the process of inhaling a vapor produced by an electronic vaping device or e-cigarette. Vaping devices and e-cigarettes are powered by a battery and use cartridges containing nicotine, flavorings, other substances, and additives. The term *vaping* describes the inhalation of the vapor produced by heating liquid in the devices (Denardo & Rome, 2019). The CDC (2021a) reported e-cigarettes are often referenced as "e-cigs, vapes, e-hookahs, vape pens, and electronic nicotine delivery systems" (para. 2) Furthermore, the CDC (2021a) explained various vaping devices resemble the traditional cigarette, cigar, smoking pipe, or USB flash drives. For instance, Denardo and Rome cited a study conducted by Bullen et al. in which they looked at a random sample of individuals who were interested in tobacco cessation utilizing e-cigarettes, nicotine patches, or placebo. The participants were followed for six months. They found that tobacco cessation rates were less than predicted for the study. Their ultimate final synopsis was electronic nicotine-delivery systems were modestly effective in assisting individuals stop smoking and using electronic nicotine-delivery systems and that the absence rates were similar to individuals using nicotine patches for tobacco cessation.

History of Vaping

Mendes et al. (2016) warned of the significant impacts of employee psychological and physical health on organizations at all levels. Problems affecting employee wellness may produce multifaceted burdens on organizations by decreasing team motivation, for example (Al Rahbi et al., 2017). Yost and Fiester (2015) argued prohibiting e-cigarette devices is of the essence in the work environment. Furthermore, these authors cautioned e-cigarettes produce aromas potentially offensive to other personnel and affecting employees with allergies.

Research on the health effects of vaping is accumulating at a tremendous rate. Blount et al. (2020) suggested vaping may introduce high levels of dangerous chemicals into the body and cause severe lung injury and death. Moreover, Blount et al. reported negative health effects of smoking included damage to deoxyribonucleic acid (or DNA), lung epithelial cells, embryonic stem cells, and pulmonary fibroblasts. Agustin et al. (2018) found diffuse alveolar hemorrhage is indicative of lung complications from the use of vaping devices. Most e-cigarettes contain high concentrations of nicotine and other carcinogens, which are unsafe and detrimental to the health of the user and bystanders alike (Denardo & Rome, 2019). Barton et al. (2020) warned recent studies lacked toxicology and chemical analyses investigating potential adverse health effects of e-cigarettes, which has caused organizations to overlook the real dangers of vaping. Whitsel et al. (2015) explained the inconsistent evaluation of exhaled aerosol from e-cigarette users results from the various styles, brands, and chemical content of the devices combined with characteristics of the specific environment and the measurement techniques used. However, all attempts at measuring demonstrated significant exhalation

of nicotine and propylene glycol into the atmosphere. Moreover, Barton et al. expressed apprehensions regarding indoor air quality and prospective hazards to individuals due to exposure to chemicals associated with smoking and vaping.

Incidence of Vaping

The Tobacco Control Network (2016) reported in the United States, 8.5% of adults had tried e-cigarettes, and 2.6% were current users in 2013. Moreover, the Tobacco Control Network noted in California between 2012 and 2013, adult e-cigarette use doubled. According to the CDC (2018), in 2016, 14% of employed adults were current smokers; smoking and nicotine use remained "the leading cause of preventable death" (p. 45). Yingst et al. (2019) and Steinberg et al. (2020) explored the incidence of vaping. They found a history of addiction impacted individual tolerance levels, occasion, and recreational usage. Steinberg et al. reviewed the history and prevalence of vaping and available research on its health effects. The researchers also reviewed efficacy in smoking cessation and proposed recommendations for clinicians and legislators to reduce harms associated with vaping.

Addiction to Vaping

Pippard and Shipley (2017) and Chatterjee et al. (2018) demonstrated in their studies how transitioning from conventional cigarette smoking to e-cigarettes assisted users in continuing previous habits as opposed to quitting. E-cigarettes and vaping devices are often utilized in attempts at smoking cessation. Etter (2018) cautioned using any nicotine-delivery system is linked predictably with using other nicotine-delivery systems. Other researchers (Gartner, 2018; Levy, Warner et al., 2019; Yingst et al., 2019) agreed e-cigarettes have been referred to as a gateway to using other drugs, such as

marijuana and other recreational drugs. Etter (2018) explored the gateway theory and the connection to e-cigarettes or other nicotine-delivery systems. The author alleged the use of e-cigarette devices may lead young nonsmokers to smoking in the future. Moreover, the author explained the gateway theory is used to support restrictive regulations of vaporizers and e-cigarettes. The gateway theory was applied to examining the progression of addiction from a medical perspective, which limits its applicability to examining change within organizations. Yingst et al. (2019) and Kava et al. (2018) recommended policy makers consider user addiction to nicotine during the process of enacting laws forbidding using e-cigarettes in public places.

According to the CDC (2021a), e-cigarettes have not been completely ruled out as beneficial in smoking cessation. Risi (2017) noted the impetus for inventing e-cigarettes in the early 1960s was an effort to reduce nicotine consumption. However, e-cigarettes contain nicotine, which is highly addictive, toxic to an unborn child, and harmful for early adolescent and young adult brain development (CDC, 2021a). According to Etter (2019), vaping is a method utilized for smoking cessation but is not a definitive solution for an individual trying to quit nicotine addiction.

Impact of Vaping on the Organization

Vaping and smoking affect organizations by negatively impacting employee health, decreasing workplace safety, and reduced productivity. Whitsel et al. (2015) cautioned additional unintended injuries caused by e-cigarettes include defective batteries causing fire and explosion as well as toxic exposure through accidental swallowing, absorbing, and breathing e-cigarette liquid through the eyes or skin. Chatterjee et al. (2018) noted liquid nicotine vaporized and absorbed through the mouth is mostly water

vapor. The nicotine content causes users to become exposed to similar toxins as those found in other tobacco-related products such as cigarettes. Furthermore, vaping liquids may expose users to chemicals not usually found in tobacco-related products.

The Tobacco Control Network (2016) repeated the CDC warning of the association of secondhand smoke exposure with cardiovascular disease, respiratory illnesses, and cancers in children. Furthermore, temporary contact with secondhand smoke may cause harm to the blood vessels, blood cells, and blood products. Brief exposure to secondhand smoke is detrimental and may injure cells and cause cancers to develop (Tobacco Control Network, 2016). Moreover, the more individuals are exposed to secondhand smoke, the greater the risk of developing diseases.

Employees vaping in workplace common areas, bathrooms, and breakrooms are disrupting the organization (Romberg et al., 2021). Due to health problems, absenteeism, smoke breaks, and potential conflicts with nonsmokers, vaping reduces productivity in the workplace (Asay et al., 2016; Sammer, 2018). In a quantitative survey study of 1,607 employees, Romberg et al. (2021) found 61.6% of respondents encountered vaping at the workplace. Further, 63% were bothered by the vaping, and 52% stated vaping reduced workplace productivity (Romberg et al., 2021). Graham et al. (2020) reported similar results, with respondents indicating that encountering vaping in the workplace triggered those who had quit smoking to want to use tobacco. Chatterjee et al. (2018) also stated employees vaping in the workplace negatively impact the organization. Employees caught vaping on the job are thus accountable to the organization. Organizational policies decreasing vaping would effectively decrease the occurrence of EVALI resulting from exposure in the workplace (Mendes et al., 2016). Research is needed to inform effective

workplace policies related to vaping.

Organizational Preferred Practices and Policies Regarding Vaping

Steinberg et al. (2020) investigated regulatory and legislative documents with the developing trend in states that permit exceptions for indoor cannabis use in public areas presently required to be free of tobacco usage. Yingst et al. (2019) reported tobacco-free environment policies are not federally regulated in the United States, and some states had not established tobacco restrictions in community areas. Cannabis is currently illegal under federal law, yet Steinberg et al. (2020) noted the use of cannabis was legal for users over the age of 21 in Washington, DC, 11 states, and Guam. The Tobacco Control Network (2016) denoted the FDA regulation of all tobacco products, including electronic smoking devices, required companies to disclose all contents in the products. As of 2023, 17 states, none in the Southeast, had passed comprehensive legislation for smoke-free workplaces including any kind of device, including-cigarettes (CDC, 2023b).

According to Kava et al. (2018), Chapman et al. (2017), and Besaratinia and Tommasi (2017), organizations with effective smoking and e-cigarette usage policies are protecting the health of all employees. Results from these studies suggest implementation of organization policy correlates to the health and wellness of employees. Further, lack of tobacco use among employees contributes to organizational productivity (U.S. Office of Personnel Management, n.d.). Kava et al. examined existing policies and procedures in workplaces and observed many policies are obsolete because they do not include newer technologies, such as vaping. Yingst et al. (2019) cautioned a potential dilemma to address is the practice of vaping inconspicuously in locations where usage is prohibited. Schmidt (2019) and Kennedy et al. (2017) explored the preferred practices and policies of

vaping utilized by various organizational leadership dynamics and documented changing employee health behaviors requires discipline and must be accomplished over some time. Sammer (2018) concurred that effective policies take time. Effective policies include limits to vaping and smoking use, workplace smoking-cessation programs, wellness programs, incentives to not vape or use tobacco, and penalties for tobacco or vaping use.

Individual organizations may need to consider the circumstances of individual employees to best tailor policies. For example, Jitnarin et al. (2021) studied vaping use among firefighters in a generic qualitative study. Interviewees were 23 career firefighters. Interview questions covered history of smokeless tobacco product use, reinforcing factors, motivation for quitting, barriers, knowledge and beliefs about the use of smokeless products, and tobacco-cessation programs in the organization. Specific barriers to vaping or smokeless tobacco cessation were a need for coping mechanisms related to the stress of the job, social influences, and positive perceptions of smokeless tobacco products. Such individual information, which could not be gathered in a quantitative format, according to Jitnarin et al., would allow the organization to implement individualized policies related to the firefighters' perceptions and motivations.

Limiting or Banning Smoking and Vaping

The Society for Human Resource Management conducted a nationwide survey of human resources personnel and found nearly half of organizations restricted or banned smoking at work (Miller, 2016). The policy was typically formal and written. Smoking was often limited to specific areas, often outdoors, or even completely banned (Miller, 2016). Some policies limited the number of smoking breaks allowed daily. Kava (2017) designed a mixed-methods study regarding the perceptions of organizational factors

possibly influencing the adoption of smoking policies, smoking-cessation activities, and employee-smoking behaviors at workplaces with fewer than 100 employees as well as workplaces with fewer than 20 employees. The first part of the study was qualitative; of the 32 respondents, 31 described a workplace smoking policy. Kava found that the smaller workplaces banned smoking but were less likely than larger organizations to offer smoking-cessation programs. The second part of the study was quantitative. First, executives at the sites completed a brief questionnaire; then, employees completed surveys. Organizational culture was not found to be related to smoking policy. Kava concluded strategies for organizational change are an important element when implementing smoking bans in the workplace.

Smoking-Cessation Programs

Kava et al. (2018) indicated organizational leaders implement smoking cessation programs to combat tobacco-related product usage while smoking policies prohibit using tobacco products in public areas. Offering a smoking-cessation program is a best practice for organizations, according to the CDC (2018), although only 18.5% of organizations offer such a program. Further, smoking-cessation programs are more likely to be offered by workplaces with more than 100 employees (CDC, 2018).

The Tobacco Control Network (2016) validated when tobacco users are afforded tobacco-cessation treatment as a benefit, users are more likely to quit. Mache et al. (2019) agreed with the Tobacco Control Network regarding the benefits of smoking-cessation programs in organizations. Additionally, workplace intervention programs are logical settings for offering tobacco-cessation programs.

Sammer (2018) noted the most effective smoking-cessation programs use

technology for self-directed online education, coaching through videoconferencing, and particularly social support through a network. The CDC (2018) noted about half of workplace tobacco-cessation programs only offer information on quitting, whereas a more comprehensive program offers information as well as skill-building help. Researchers for the CDC (2018, 2020b) concluded the best approach combines tobacco- or smoke-free policies with easy access to free resources to help employees quit. Supportive resources include counseling, hotlines, and medications (CDC, 2018). The U.S. Office of Personnel Management (n.d.) concurred, suggesting smoking-cessation programs combine information with individual or group counseling, in-person training, and medication (such as nicotine replacement). Effective programs provide a variety of formats and clinicians, are intensive, and provide support against relapse (U.S. Office of Personnel Management, n.d.).

Coles (2019) sought to discover how long-term care facilities expanded their views to construct an evidence-based smoking-cessation education program for delivery to employees. The site did not restrict smoking; however, the study was designed to determine whether educating employees about the dangers of smoking could change their practices. A pre- and posttest was used to determine employee knowledge change after a PowerPoint presentation on smoking cessation. Using the Google Forms online surveying platform, a Likert-type scale was used as well to gather employees' perceptions. Coles's study was limited to a small number of employees at a small organization, relating to the individual emphasis of the ADKAR model of change management (Jones-Schenk, 2019). A panel of six individuals rated the effectiveness of the smoking-cessation presentation. Coles concluded that incentives, if aligned with organizational culture, were important to

add to a smoking-cessation program.

Wellness Programs and Incentives

Miller (2016) noted the Affordable Care Act allows organizations to provide employee incentives for participation in wellness programs. Incentives may be reduced health insurance costs. Nonsmokers pay reduced health insurance premiums, and smokers participating in tobacco-cessation programs may receive insurance discounts as well (Miller, 2016). Sammer (2018) reported such employer incentives to quit smoking were successful.

Wellness programs provide information on changing one's lifestyle to include health practices, without tobacco (Miller, 2016; Sammer, 2018). The CDC (2018) noted the importance of comprehensive wellness programs to help employees make lifestyle changes. Wellness programs may be internal or offered through community services (CDC, 2018). Best practices include a mission statement or annual goals related to the program (CDC, n.d.). Additionally, wellness programs may include an employee assistance program (EAP) to address mental health, stress management, and drug or alcohol use (CDC, n.d.).

Barriers to wellness programs include the lack of experienced staff for internal wellness programs (CDC, 2018). Lack of employee interest is another potential barrier. Researchers for the CDC (2018) concluded,

> Programs that do not follow best practices and have not taken steps to integrate their activities into the broader workplace culture often have low engagement and participation. Setting clear, reasonable expectations that can be measured while starting with smaller successes and growing over time can keep employees

interested as will keeping programming fun and flexible. (p. 31)

Additionally, leadership and financial support are necessary for effective wellness programs. Such programs need continual assessment to ensure they remain topical and up to date (CDC, 2018; Graham et al., 2020; U.S. Office of Personnel Management, n.d.).

Penalties Related to Smoking

Another approach is to penalize employees who use tobacco. Some human resources staff responding to the Society for Human Resource Management nationwide survey reported an organizational policy implementing smoking surcharges (Miller, 2016). Such surcharges included higher health insurance premiums. Nearly half of the respondents indicating a policy with such surcharges also reported the policy reduced employee smoking in the workplace (Miller, 2016). Sammer (2018) stated that effective policies to prevent smoking included workplace penalties, among other strategies.

Summary of Literature Review

The literature review summarizes a consensus of research regarding employee vaping in organizations. The ADKAR model of change management was introduced as the theoretical basis of the study. Vaping was defined, and research was presented regarding incidence of vaping and potential addictive qualities. Research studies supported the negative effects of vaping to organizations through costs, decreased productivity, and dangers to employee health and workplace safety. The literature review revealed organizational preferred practices, policies, and procedures related to regulating e-cigarettes and tobacco-related products in workplace environments. Such best practices include clear policies limiting or banning vaping, an organizational mission statement addressing employee health (including use of tobacco), smoking-cessation programs,

wellness programs, employee incentives to not use tobacco or vape, and penalties for employees who do.

Research Questions

The purpose of this generic qualitative dissertation study was to assess organizational policies to determine preferred practices to regulate vaping in the work environment. The following research questions guided an investigation of human resource administrator perceptions of existing organizational policies and potential barriers to policies regulating workplace vaping.

1. What are the perceptions of human resource administrators regarding benefits and barriers to vaping regulations in the workplace?

2. What are the perceptions of human resource administrators regarding workplace policies providing penalties or incentives to discourage vaping?

3. What are the perceptions of human resource administrators regarding the inclusion of employee health as part of the organizational mission statements and goals?

4. How do human resource administrators perceive employee wellness programs or smoking-cessation programs as a vaping policy?

Chapter 3: Methodology

Aim of the Study

The purpose of this generic qualitative dissertation study was to assess organizational policies to determine preferred practices to regulate vaping in the work environment. The researcher investigated the perceptions of human resources administrators of existing organizational policies and potential barriers and improvements to policies regulating workplace vaping. Creswell and Guetterman (2019) explained qualitative research designs permit researchers to clearly understand perceptions and the complexities of social interaction expressed by participants.

Qualitative Research Approach

Creswell and Guetterman (2019) defined qualitative research methodology as a process of studying the outcome of a case or product through observation, interaction, and data sources. The qualitative research methodology allows researchers to understand how individuals or groups of people experience or perceive an issue or phenomenon. This qualitative dissertation study utilized a focused selection strategy to select participants with relevant experiences to help the researcher recognize and understand the outcome, as defined by Creswell and Guetterman. As the study was not designed to test the impact of an intervention on variables, or to determine statistical relations among variables, a qualitative approach was appropriate.

The qualitative research methodology allows researchers to cultivate well-defined and detailed understandings, which can be replicated (Creswell & Guetterman, 2019). A case study design was considered; however, the study was not bounded to a single organization, and therefore a generic qualitative design was more appropriate (Creswell

& Poth, 2018; Merriam & Tisdell, 2016; Percy et al., 2015). In a basic or generic qualitative study, data from questionnaires or interviews are analyzed to provide an in-depth understanding of a phenomenon (Saracho, 2017). Percy et al. (2015) noted the generic approach is often appropriate when qualitative questionnaires are used. A generic, or basic, qualitative approach reveals how participants interpret and provide meaning to experiences (Merriam & Tisdell, 2016).

This generic qualitative dissertation study used purposeful sampling to select participants who could provide rich information to answer the research questions, as described by Creswell and Guetterman (2019). These researchers stressed the importance of contacting individuals who could provide the required data. Moreover, the framework for a qualitative study includes a rationale for qualitative research, a description of individuals, and thematic analysis (Creswell & Guetterman, 2019). Brinkmann and Kvale (2019) asserted qualitative methodology reaches far beyond statistical results and allows the researcher to understand the behavioral conditions through the perspective of the individual participant. For example, Jitnarin et al. (2021) used a generic qualitative methodology to study firefighters' perceptions of smokeless tobacco use and cessation in the workplace.

Marshall and Rossman (2016) explained that when approaching qualitative research from a generalized perspective, the researcher must demonstrate how the study design will likely ensure that data collection and analysis are credible. The approach in a generic qualitative aimed to strategically generalize how human resources administrators view their current organizational policies. Furthermore, it identifies potential barriers and improvements to policies regulating workplace vaping.

Participants

Creswell and Guetterman (2019) noted qualitative researchers should locate the most suitable participants to respond to the interview questions and thereby address the overall research questions. Thus, purposeful sampling was used to select 18 human resources administrators to complete an open-ended questionnaire. Sample size in qualitative research varies by study, with no clear standards. Creswell and Creswell (2018) suggested samples of 10 or less may be adequate. Most researchers use the idea of data saturation to justify sample size (Braun & Clarke, 2021). Saturation is "the point at which no new information, codes or themes are yielded from data" (Braun & Clarke, 2021, p. 202). Braun and Clarke (2021) stated thematic analysis data saturation can occur in 6–16 interviews and suggested that a pragmatic approach to sample size is a consideration.

Criteria included active human resources administrators with at least 2 years of experience and working in the southeastern United States. The participants were recruited via professional email lists, human resources Facebook groups (e.g., Society for Human Resource Management, Human Resources Management, The Human Resources Group), and Instagram. These social media groups consisted of a wide variety of human resources administrators who might use social media to share, ask questions, and discuss smoking policy implementation.

Data Collection Tool

Data in generic qualitative studies are typically gathered through interviews or open-ended questionnaires (Saracho, 2017). For this study, an open-ended questionnaire was used. Online interviews were an option during the COVID-19 pandemic, but many

human resources administrators were likely suffering from Zoom fatigue (Fosslien & Duffy, 2020; Ramachandran, 2020). Potential participants likely would prefer to fill out a questionnaire rather than engaging in another online videoconference. Additionally, online questionnaires did not require transcription, as an audio-recorded interview would. The researcher utilized Google Forms to collect responses from human resources administrators.

The researcher color-coded human resources administrators' Google Form survey questionnaire results to conduct the data analysis. The researcher analyzed qualitatively thematically utilizing a systematic strategy, seeking both recurrent themes and variations in responses to the research questions. The researcher entered participants' data color-coded to assign articles to illustrate and emphasize. This indicated micro-thematic inferences within the overall framework to outline research questions analysis. Additionally, repetitive answers were analyzed systematically to highlight research questions. The researcher triangulated the questionnaire data in the findings for the pilot and participants' groups. Moreover, organizational policies and human resources administrators were part of the larger research project. Furthermore, the researcher investigated positive, neutral, and negative indicators within the data collected. Moreover, organizational policies and human resources administrators were part of the larger research project. Furthermore, the researcher investigated positive, neutral, and negative indicators within the data collected.

The questions for participants were designed to gather perceptions related to benefits of vaping regulations, current practices in organizational regulations of vaping,

and barriers to regulating vaping in the workplace. First, a literature review was conducted to determine preferred practices in regulating vaping. Specific regulatory practices related to smoking and vaping were described in results of a survey by the Society for Human Resource Management (Miller, 2016). In another report for the Society for Human Resource Management, Sammer (2018) described best practices for smoking-cessation programs. The CDC (n.d.) created a series of site-visit interview questions related to workplace health, which included questions specific to tobacco use and regulation in the workplace. Finally, the CDC (2018) created a survey on workplace health.

> CDC and other subject matter experts recommended questions about specific evidence-based or promising strategies for each health topic covered in the survey. These strategies were identified through the literature as having been developed, implemented, and evaluated for their effectiveness through the application of principles of scientific reasoning, including systematic uses of data and information systems, and appropriate use of behavioral science theory and program planning models. (CDC, 2018, p. 10)

Questions were not used verbatim from any of these sources. Questionnaire items were based on the topics included in the CDC (2018) survey, the CDC (n.d.) interview questions, and best practices from the literature (e.g., Miller, 2016; Sammer, 2018). For example, the CDC (2018) survey asked respondents about barriers to comprehensive health-promotion programs, whether the organization offered a tobacco-cessation program, the type of support for the program to keep it up to date, and whether

organizations offered counseling and insurance coverage related to tobacco cessation. The CDC (n.d.) interview asked what respondents saw as the benefits of a health program to the organization, whether the organization had a mission statement related to employee health, and whether the organization made annual wellness objectives. CDC (2018, n.d.) questions also addressed any written policy restricting tobacco use and whether policies banned tobacco use at the workplace or restricted smoking to specific locations. The U.S. Office of Personnel Management (n.d.) offered a checklist on assessing smoking-cessation programs, which included asking whether the organization offered an EAP, a question also included by the CDC (n.d.).

These question areas from previous literature including interviews, questionnaires, and studies of best practices were used to create the questionnaire (see Appendix). Tables 1 and 2 show the relation of interview questions to the research questions. The questionnaire was pilot tested with two human resources administrators who were not part of the final study. Pilot testing ensured that the questions elicited the type of data needed to answer the research questions.

Procedures

The following enumerated procedures were used to develop the questionnaire, recruit participants, collect data, and analyze the data. Including specific procedures is part of an audit trail, which enables a study to be replicated (Creswell & Guetterman, 2019).

1. An ongoing review of the literature related to best practices in regulating vaping in the workplace informed study findings. Practices in the literature were used to

create the research questions as well as the questionnaire.

2. The questionnaire was pilot tested with two human resources administrators. Data gained were not included in the final study results.

Table 1

Research Questions 1–2 and Related Questionnaire Items

Research question	Questionnaire item
1. What are the perceptions of human resource administrators regarding benefits and barriers to vaping regulations in the workplace?	1. Roughly how many individuals does your workplace employ? 2. What do you see as the benefits to policies related to vaping in the workplace? 3. What is your organization's written policy about vaping in the workplace? 4. Please describe any limits or bans on vaping in the workplace. Does the organization ban vaping from the workplace? Limit smoking/vaping to specific areas? Is vaping allowed outdoors? 5. Does a written policy dictate the number and duration of vaping breaks during the day? Do nonsmokers receive similar breaks? 15. Are organizational policies different for vaping and smoking? In what way? 16. What are barriers to effective vaping policies in the workplace?
2. What are the perceptions of human resource administrators regarding workplace policies providing penalties or incentives to discourage vaping?	6. Describe any penalties or surcharges applied to employees who vape, such as higher insurance premiums. 7. Describe any incentives offered to nonsmokers, such as reduced insurance premiums. What incentives are offered to smokers trying to quit, if any?

3. Following Nova Southeastern University Institutional Review Board approval to conduct the study, participants were recruited from social media. Participants were recruited through professional email lists, Instagram, and Facebook groups (e.g., Society

for Human Resource Management, Human Resources Management, The Human Resources Group). Criteria for participation included current human resources administrators in the southeastern United States with at least 2 years of experience.

Table 2

Research Questions 3–4 and Related Questionnaire Items

Research question	Questionnaire item
3. What are the perceptions of human resource administrators regarding inclusion of employee health as part of the organizational mission statement and goals?	8. Does your organization have a wellness or employee health mission statement? Please describe.
4. How do human resource administrators perceive employee wellness programs or smoking-cessation programs as a vaping policy?	9. Describe any wellness program offered by the organization. Wellness programs encourage healthy lifestyle changes. Is the program managed internally or externally? If internal, how are staff chosen/trained to offer smoking cessation training or wellness guidance? 10. What type of smoking-cessation programs are offered? Describe the information given, skills taught, any counseling provided. 11. How is information about smoking-cessation or wellness programs communicated to employees? For example, signs on the wall, mailers, emails. 12. Describe any Employee Assistance Program offered by your organization. These programs offer mental health counseling, stress management, weight management, smoking-cessation, and more. 13. How are wellness and smoking-cessation programs evaluated and updated? 14. Does your organization partner with any health-oriented or smoking-cessation organizations in the community?

4. All participants signed an Informed Consent Form prior to receiving questionnaires. Informed consent explained the confidential nature of the study.

5. Results of 18 questionnaires were analyzed thematically. Responses to specific questionnaire items relate to individual research questions, as shown in Tables 1 and 2. Responses were coded, with codes grouped into categories and emergent themes. Findings were compared with the existing literature on best practices in regulating vaping in the workplace.

Data Analysis

Creswell and Guetterman (2019) explained data analysis is multifaceted and depends on the analytical emphasis and the methodology. Additionally, Creswell and Guetterman stated qualitative researchers rely on in-depth description. Brinkmann and Kvale (2019) noted the researcher is the research tool, involved in the process of interpreting meaning from the data.

The human resources administrators coded the Google Form survey questionnaire results. The researcher analyzed qualitatively thematically utilizing a systematic strategy, seeking both recurrent themes and variations in responses to the research questions. The researcher entered participants' data color-coded to assign articles to illustrate and emphasize. This indicated micro-thematic inferences within the overall framework to outline research questions analysis. Additionally, repetitive answers were analyzed systematically to highlight research questions. The researcher triangulated the questionnaire data in the findings for the pilot and participants' groups.

Moreover, organizational policies and human resources administrators were part of the larger research project. Furthermore, the researcher investigated positive, neutral, and negative indicators within the data collected. Creswell and Guetterman (2019) explained that data analysis is multifaceted and depends on the analytical emphasis and

the methodology. Additionally, Creswell and Guetterman stated that qualitative researchers rely on in-depth descriptions. Brinkmann and Kvale (2019) noted that the researcher is the tool for interpreting meaning from the data.

First, each questionnaire was read carefully. Then, each questionnaire was reread, with responses grouped by research question (see Tables 1 and 2). Responses per research question were coded in aggregate, using coding to identify chunks of text or commonly used words in the responses (Miles et al., 2019; Saldaña, 2015). Codes were combined into like categories. Finally, broader themes that showed meaning of the data were developed.

Data collection was obtained from the participant's responses to the questionnaires from surveys received by the researcher; however, CDC (2018, n.d.) acknowledged that establishing, implementing, updating required, or change management process strategies must be culturally sensitive and geared toward the community in which they were administered. Currently, organizational team members, as the community health volunteers for the employees, are asked to criticize.

The results of the Google Form online surveys indicated the need for change management processes in many organizational policies to specify the utilization of vaping and electronic e-cigarettes or vaping devices, specifically in their smoking and tobacco use policies. The human resources administrator community leaned on organizational team members to adhere to the utilization of vaping and tobacco products under smoking policies in the workplace. If organizational leaders clarify that vaping is prohibited at work, they may also impact the results by setting expectations. Approximately one-half of the participants on tobacco-free campuses indicated

organizational policies were already implemented for dismissal from the organization rather than reflecting (Miller, 2016) sentiments of surcharges from reported the policy reduced employee smoking in the workplace (Miller, 2016)

The researcher concentrated on the participants' responses to the qualitative questionnaire using the digital format of the Google Forms online survey tool. Participants in this study supported communications that highlighted policy documents that promoted the use of tobacco and vaping products since the early 1960s as an effort to reduce nicotine consumption. Through the years, the (CDC, 2021a) has maintained that e-cigarettes contain nicotine, which is highly addictive, toxic to an unborn child, and harmful to early adolescent and young adult brain development.

Participants noted that the best time to ensure organizational team members read organizational policies was during orientation and onboarding. The investigation defended the CDC's (2018) recommendation that organizations offer smoking cessation programs because these programs are more likely to be provided by organizations with over one hundred workers (CDC, 2018). Furthermore, offering employees assistance programs with options such as tobacco cessation programs in workplace intervention programs makes sense. The researcher discovered that the awareness of organizational benefits information such as insurance, wellness, and tobacco cessation programs during orientation and onboarding reduced vaping and tobacco usage breaks in organizations with designated smoking areas. Participants in the generic qualitative research study identified the utilization of vaping and tobacco products policies as a discretionary workplace policy to some extent. Implications for vaping and tobacco products policies in the work environment are available for Human Resources administrators responsible

for policy analysis for workplace guidance and the establishment, implementation, required update, or change management processes enforcing vaping and tobacco usage policies to protect their organizational members and enhance their quality of life.

When conducting the survey, the researcher referred to TCN to analyze numerous ways to encourage participant behavior that complied with the rules on the use of vaping and tobacco products among workplace leaders in the southeastern United States. To effectively attain this, injunctive norms were vital as they established moral and ethical expectations for behaviors within specific contexts such as the workplace. The study's quantitative component provided sufficient value to accomplish the purpose of the study. Organizational leaders at the locations completed a quick questionnaire, and the employees did questionnaires. Local organization leaders debate the use of tobacco products and vaping rules and highlight the moral obligation for their organizations to abide by them, as organizational policy dictates organization safety, ensuring a safe and effective environment. Most workplace policies indicate the need to be updated since they do not consider modern technology like vaping. Regulations that prohibit vaping and other tobacco use practices in the workplace may aid in lowering the prevalence of vaping and supporting newly emerging smoking and tobacco use and regulations.

Most organizations and workplaces in the Southeast of the US forbid smoking on campus. In this generic qualitative study, 28% of organizational team members are exposed to workplace vaping and tobacco product emissions. Most individuals are aware of the potential hazards of secondhand smoke, particularly smokers, older people, and those with lower levels of education. All human resources policies analyzed for workplace guidance in this research study fall into one of four groups: establish,

implement, update required, or change management process recommended. Organizations in the research study have published policies defining the use of e-cigarettes by members if they are underage or pregnant. Other organizations have also mentioned the restriction against deliberately inflicting injury or discontent on others. Organization in the United States has to contend with an extensive and developing tobacco problem amid these workplace discussions. The southeastern part of the United States has few tobacco control regulations at the federal level. The WHO Framework Convention on Tobacco Control is one of the few agreements this workplace has yet to recognize.

Nevertheless, there is improvement supported by clean work environments in many organizations in this research study, as most participants' organizations had tobacco-free campuses, and vaping, smoking, and tobacco usage were prohibited. The current study shows that studies still need to be completed to ascertain how workplace vaping bans affect human resources administrators' views on using tobacco products and vaping rules. Additionally, collaborating with workplace organizations may benefit the tobacco control community.

Ethical Considerations

Ethical considerations included protecting the identity of the participants and acquiring informed consent before any data collection (Brinkmann & Kvale, 2019; Creswell & Guetterman, 2019). Researchers should consider any potential ethical concerns prior to conducting research (Creswell & Guetterman, 2019). Participants were assigned a number, and no names were included in the dissertation. Results were reported in aggregate, without any details potentially revealing participant identities. Additionally,

participants were allowed to discontinue completion of the questionnaire at any time.

Trustworthiness

Brinkmann and Kvale (2019) and Creswell and Guetterman (2019) acknowledged trustworthiness in qualitative research as the counterpart to validity, reliability, and credibility in quantitative research. A purposeful sample was used to provide in-depth, rich information on the phenomenon studied and it helped with trustworthiness of the study. Use of a questionnaire based on the research literature increased credibility of findings (Creswell & Poth, 2018); additionally, the questionnaire was pilot tested. Listing procedures followed as part of an audit trail, which provided transparency in all aspects of the study, including data collection and analysis. An audit trail provides comfirmability and reliability (Creswell & Poth, 2018).

Potential Research Bias

Bias is the evidence of partiality of or contradicting an item, an individual, or group. Brinkmann and Kvale (2019) noted in qualitative research, the researcher is the instrument of data collection and analysis. According to these researchers, freedom from bias objectively refers to undistorted and reliable data collection. Realistically, a researcher may not be entirely free of bias but may seek to mitigate bias (Creswell & Guetterman, 2019). Former personal experiences of a researcher may alter the interpretations or clarify data. Creswell and Guetterman (2019) indicated in the qualitative storytelling structure how the meaning of the study unfolds through descriptions, the researcher's reflections on the importance of the data as a significant phenomenon, and a return to the researcher's stance on the topic.

The researcher of this study has accrued experience in administration, patient care, and professional development training in the private, state, and federal government sectors. Furthermore, the researcher has served on committees and collaborated in the implementation and development of organizational policies. Prior to data analysis, the researcher considered personal biases and expectations, noting them in a journal. Acknowledging such biases prior to analysis allowed the researcher to avoid letting such expectations influence the interpretation of the data, allowing the experiences and perceptions of the participants to guide analysis (Creswell & Poth, 2018; Palaganas et al., 2017).

Limitations

Limitations are derived from the conceptual framework and the design of the study (Creswell & Creswell, 2017). Creswell and Creswell (2017) advised researchers conducting qualitative research to recognize restrictions. A limitation, as already noted, is potential researcher bias. Another limitation was the use of a questionnaire, which prohibited follow-up or probing questions, as in an interview. This limitation was mitigated by careful phrasing of questionnaire items and pilot testing of the instrument. The researcher gathered descriptions of policies and participant perceptions rather than gathering actual written organizational policies related to regulating vaping. Therefore, an assumption was respondents were aware of the organizational policies; only experienced human resources administrators were recruited. The sample was gathered through social media and was not diverse or did not represent the perceptions of all human resources administrators in the region.

Chapter 4: Findings

The participants for this qualitative dissertation study were human resources administrators with at least 2 years of experience, working in the southeastern United States. Each participant served as an active human resources administrator in their respective organization. The participants in this study ranged from ages 28 to 67 and were employed in private, public, state, and federal government organizations in the following states: Alabama, Florida, Georgia, Kentucky, Maryland, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, and Washington, D.C. Respondents worked in organizations employing between 1 and 350,000 employees. Two thirds of the respondents (n = 10) worked in organizations with fewer than 50 employees. The data collected in this qualitative dissertation study were extracted from a structured survey questionnaire comprising 16 questions about vaping and tobacco usage in the workplace (see Appendix). The participants were coded as P1 to P18.

Research Question 1: Benefits and Barriers to Workplace Vaping Regulations

The first research question addressed the perceptions of human resource administrators regarding the benefits and barriers to vaping regulations in the workplace. Human resources administrators' perceptions of vaping regarding benefits and barriers to using tobacco product usage regulations in the workplace varied by organization. P10 stated that her organization's policy regarding vaping required the activity to be only performed in a designated smoking area or outside the employment facility. Participants in smaller organizations indicated the benefits of workplace vaping policies following the same protocols as traditional smoking and tobacco usage products.

P2 stated that he was not aware of any policy regarding vaping and smoking in his

workplace. The lack of awareness and education on vaping specifically in the workplace emphasizes Steinberg et al.'s (2020) investigation on regulatory and legislative documents on developing trends in states. In extreme instances, vaping devices may include substances that are not tobacco, such as cannabis, which is an illegal substance in some states. Moreover, the research supports Kava et al. (2018), Chapman et al. (2017), and Besaratinia and Tommasi (2017), who stated organizations with effective smoking and e-cigarette usage policies are protecting the health of all employees.

Five participants stated their organization's written policy about vaping in the workplace did not directly address vaping; however, employees understood that the use of tobacco products was to be restricted to designated smoking areas. When asked about their organization's policy about workplace vaping, P10 stated that the activity was only permitted at the designated area; P11 stated that it was permitted in the outdoors only. Based on the results of the study, vaping was limited and even banned by some organizations. P1 stated that vaping and smoking was not allowed within 50 feet of a food truck, and P7 stated that vaping was prohibited in the workplace.

When asked about the barriers to effective vaping policies in the workplace, P12 stated that vaping is done in areas where it is not easy to be caught by security. When posed with the same question, P2 and P3 stated that employee resistance and failure to follow the set policies were a barrier. Yingst et al. (2019) reported similar findings. Schmidt (2019) and Kennedy et al. (2017) investigated the preferred vaping techniques and regulations used by distinct organizational leadership dynamics and found that transforming employee health behaviors takes time and discipline but has proven to beneficial to organizations and the employees' quality of life. Findings in this study

supported Sammer's (2018) statement that effective policies include restrictions on smoking and vaping, workplace smoking cessation programs, health promotions, incentives for abstaining from tobacco or vaping, and penalties.

To effectively customize rules, unique organizations may need to take into account the circumstances of certain employees. One participant pointed out the sanitation issues of smoking and vaping in food service; another stated vaping was not allowed in the lease. Medical centers or organizations serving children tended to have more strict policies. Jitnarin et al. (2021) conducted a general qualitative study on vaping use among firemen, interviewing 23 career emergency personnel. The history of consuming smokeless tobacco products, reinforcing factors, motivation to quit, hurdles, knowledge, and views on the use of smokeless products, and tobacco cessation programs offered by the organization were all topics covered in the interview questions. According to Jitnarin et al., a collaborative structure would enable the organization to establish tailored policies based on the perceptions and motivations of the firefighters.

More than half of the participants in this qualitative research study stated their organization banned smoking (or vaping) at work. This finding reflected Miller (2016), who conducted a nationwide survey of human resources personnel and found that nearly half of the organizations restricted or banned smoking at work. The smoking policy failed to correlate with organizational practices, however. Kava (2017) observed that while enforcing smoking restrictions in the workplace, organizational transformation techniques are crucial.

In 2014, the United States call to U.S. poison control centers concerning e-cigarettes and vaping trends increased by 51% (Denardo & Rome, 2019). This statistic

indicates that vaping and tobacco use are severe social problems. Kava et al. (2018) described vaping and tobacco usage products as detrimental and indicated organizational leaders implement smoking-cessation programs to combat tobacco-related product usage, while smoking policies prohibit using tobacco products in public areas.

In this participant pool, two human resources administrators had no written policy dictating the number and duration of smoking breaks during the work day. Generally, employers adhered to occupational laws that allow organizational team members to have one 30-minute lunch break and two 15-minute breaks during the work day. Organizations offered no additional concessions for smokers or nonsmokers to receive extra or separate breaks. Upon been asked whether organizational policies dictated the number of vaping breaks the day and if the policy differed for nonsmokers, 87% of the participants (n = 13) said that there was no difference. P4 responded, “Not specifically vaping or smoking breaks. Each employee is allowed 15 minutes in the morning and 15 minutes in the evening. So, what they choose to do with their time is on them.”

Regarding benefits, one participant stated a benefit of a clear vaping policy was “the general health and welfare of all employees.” One participant noted that a clear policy led to less stress for employees who wanted to vape. Several participants noted the policy at the organization was not clear enough, which left interpretation up to the employee. Unclear or noncomprehensive policies are ineffective. The literature needs more information on the barriers to effective vaping policies in the workplace, prevention practices and intervention strategies utilized by professionals, or how organizational culture impacts prevention and intervention.

Research Question 2: Workplace Policies Providing Penalties or Incentives

The second research question addressed the perceptions of human resource administrators regarding workplace policies providing penalties or incentives to discourage vaping. The role of human resources administrators in influencing compliance or noncompliance with the utilization of vaping and tobacco products policies can be viewed as one aspect of social norms in the southeastern United States. Six participants said there were no penalties for breaking vaping policies.

Five participants stated smoking or vaping increased insurance costs, whether medical or life insurance. When asked about the penalties for vaping, P15 responded, "Life insurance rates are higher for smokers according to the number of years of smoking and results of lab results." P12 stated that employees who vaped had higher insurance premiums that those who did not.

Most participants reported the only penalties or surcharges applied to employees who vape, such as higher insurance premiums for smokers and users of tobacco products, were not penalties directly from the organization. Only two participants stated penalties could include suspension. P1 stated the penalties for vaping within 50 feet of a food truck included a warning for first offense, 1-day suspension for second offense, and termination for third offense.

Twelve participants stated no incentives were given for quitting tobacco or vaping. A few referenced reduced insurance costs. One said employees who quit smoking or vaping received a gift card. Researchers Kava et al. (2018), Chapman et al. (2017), and Besaratinia and Tommasi (2017) cautioned that only about half of organizations have effective smoking and e-cigarette policies.

Research Question 3: Inclusion of Employee Health in Organizational Mission

The third research question addressed the perceptions of human resource administrators regarding the inclusion of employee health as part of the organizational mission statement and goals. Only five participants reported a mission statement related to employee health. P2 responded, “We are encouraged to get up and walk while we are at home, as well as when we are in the office. There have also been organized walks for the entire workforce to get up and go outside together.” A significant finding was the lack of organizational mission statements including employee health. More than half of the participants agreed as per the CDC (2018) smoking-cessation programs offered resources on quitting and comprehensive programs that included workshops, meetups, conventional and unconventional strategies, and skill-building assistance.

Moreover, the CDC (2018) was the most common resource organization for obtaining the best approaches, including tobacco- or smoke-free policies and affording organizational team members with supportive resources, including counseling, hotlines, and medications free of charge to improve their overall quality of life. Although the U.S. Office of Personnel Management (n.d.) concurred, suggesting smoking-cessation programs to include resources for both individual and group counseling, in-person training, and medication, one participant conveyed that their organization lacked many programs to support employees. The participant stated the organization is a small business, and employees make high earnings on commission-based products but often sacrifice benefits and programs to support them holistically. The CDC (2020) identified a Tobacco-Use Cessation workplace health model to guide the organization of effective policies, programs and campaigns, recommended strategies, and other resources for

consumers and health professionals.

Furthermore, the CDC cautions organizations that healthy employees are more likely to have employees, increasing the likelihood of employee retention. Employee health inclusion methods are critical for organizations. Moreover, according to Pippard (2017), mental health, behavioral awareness, and overall well-being decrease preventable disabilities and early causes of death in the United States.

Research Question 4: Employee Wellness Programs

The fourth research question addressed how human resource administrators perceived employee wellness programs or smoking-cessation programs as vaping policies. For example, the CDC (2023a) offers a school employee wellness staff model for fostering the physical and mental health of school employees. Six respondents stated their organization did not offer any wellness program. One said walks, yoga, and counseling were offered. Participants conveyed the implementation of employee wellness programs that support work–life balance and the holistic individual. One participant identified time allocated by the organization in the workday as a corporate space for healing.

In this qualitative dissertation study, state and federal governments employed more than half of the participants. According to Miller (2016), the Affordable Care Act assists organizations with providing employee incentives for participation in wellness programs. Several participants noted wellness programs were offered through the company medical insurance. Participants employed in state and federal governments noted incentives were reduced health insurance costs. Human resources administrators of these organizations reported extensive resources available to all organizational team

members, including interns and temporary employees, and many programs are available for family members of the team members in organizations.

One of the primary wellness programs offered by county, state, and federal government organizations for employees is the EAP, referenced by five respondents. The EAP is a free support resource available to all government employees. The EAP offers sessions with licensed or credentialed counselors on various topics to assist employees and their families with counseling in grief, workplace stress, drug or alcohol addiction, behavioral health, legal assistance, financial management service, and emotional well-being. One participant noted the EAP at their organization allowed each employee and their household members to receive six free sessions. EAP counselors can provide referrals for help beyond the six sessions based on organizational team member needs, insurance coverage, location, and financial resources. The wellness programs encourage healthy lifestyle changes the program manages externally. The EAP offers smoking-cessation programs in multiple formats, such as self-paced and instructor-led counseling support. All wellness and smoking-cessation programs are maintained and evaluated under the CDC and community-based partnerships. The EAP allows organization leaders to leverage EAP support to organizational team members through services to assist team members in managing crises, identifying when assistance is needed, managing change, referring team members to the EAP, managing stress, and effective communication.

When asked about the kind of smoking cessation program offered by their respective organizations, six respondents said none. P7 responded that group and individual counseling was available. P4 described multiple classes and programs through the EAP.

State and federal governments combine health, wellness, and financial programs for health care, leadership, and financial support are necessary for effective wellness programs (CDC, 2018; Graham et al., 2020; U.S. Office of Personnel Management, n.d.). Flexible spending accounts used to pay for qualified medical and health care expenses not covered by federal employees' health benefits, limited expense health care, and flexible spending accounts programs need continual assessment to ensure they remain topical and up to date. Participants said wellness programs were evaluated annually by different departments or through employee suggestions.

Summary

In this chapter, the researcher presented findings from a questionnaire on the perceptions and policies related to workplace vaping and tobacco usage. The participants were 18 human resource administrators in the southeastern United States who had at least 2 years of experience as a human resources administrator. During the study, structured survey questionnaires were used to collect qualitative data from the participants, who were identified as P1 to P18.

The findings indicated varying perceptions on vaping regulations among the participants. Different organizations held different policies about vaping and smoking. While some allowed vaping only in designated places, others prohibited the activity. Penalties for vaping and smoking were mostly related to increased insurance premiums. Hence in some organizations, nonsmokers received incentives such as reduced insurance premiums. Nearly no organizations have established mission statements inclusive of employee health. The majority of organizations had some sort of wellness program aimed at supporting work-life balance and overall health. Government organizations also have

taken the initiative of offering wellness programs inclusive of smoking-cessation support. The EAP is a free support resource available to all government employees and offers sessions with licensed or credentialed counselors on various topics and challenges. The next chapter discusses implications of the study findings.

Chapter 5: Discussion

Overview of the Study

This researcher compared responses from each questionnaire in this generic qualitative dissertation research study. This chapter will include discussion of findings and their implications, conclusions, the limitations, future research recommendations, and the researcher's next steps. The problem addressed by this study is the prevalence of employee vaping and its adverse impact on organization, including rising costs, diminished productivity, employee health issues, and the lack of regulatory guidance for preferred workplace policies (Asay et al., 2016; Mache et al., 2019; Romberg et al., 2021; Tabuchi & Colwell, 2016). The purpose of this qualitative dissertation study was to assess organizational policies to determine preferred practices to regulate vaping in the work environment. Respondents were 18 human resource administrators from 11 states in the southeastern United States. The findings demonstrated that vaping and the use of tobacco products in the workplace were normal in work environments with designated areas for smoking but not typical in workplaces with tobacco-free campuses. The researcher found that most organizational policies were not specific to vaping and often were not clear or comprehensive enough. In essence, the goal is to respect the workspace and the well-being of others around the workspace, but vague or inadequately communicated policies resulted in employees interpreting the policies differently. Additional commonalities in the data included a lack of penalties for breaking vaping policies, no incentives given for tobacco cessation, no inclusion of employee health as part of the organizational mission statement, and a lack of employee wellness programs.

Implications and Findings

In this qualitative research study, participants were asked to convey their understanding of the organization's policy on vaping. A few referenced general smoking or tobacco-free campus policies, and others said policies needed to be more particular about vaping or electronic devices. The organizational policies against vaping, smoking, and using tobacco products in the workplace support the warnings by Whitsel et al. (2015) that vaping and smoking affect organizations by negatively affecting employee health, decreasing workplace safety, and reducing productivity. Participants in this qualitative research study survey gave answers supporting Whistle et al.'s cautionary measures and health concerns regarding vaping, smoking, and tobacco usage in the workplace. Participants noted the benefits of vaping policy included employee health, supporting earlier research (Besaratinia & Tommasi, 2017; Chapman et al., 2017; Kava et al., 2018).

Additionally, participants in state and federal governments supported strict policies, mirroring Romberg et al.'s (2021) findings that organizational team members vaping, smoking, or using tobacco products in workplace common areas, bathrooms, and designated break areas would disrupt the organization. Therefore, these behaviors are forbidden on government campuses. Asay et al. (2016) and Sammer (2018) reported health problems, absenteeism, smoke breaks, and potential conflicts with nonsmokers led vaping to reduce productivity in the workplace. Over half of the participants concurred that using vaping and tobacco products in the work environment should be discouraged and aligned with tobacco-free campus policies.

Barton et al. (2020) stated vaping, like smoking, affects indoor air quality and is a

hazard to others. Chatterjee et al. (2018) tested the hypothesis that nicotine content exposes users to toxins similar to those in other tobacco-related products like cigarettes. Yingst et al. (2019) and Steinberg et al. (2020) indicated that a history of addiction impacted individual tolerance levels, occasion, and recreational usage. Additionally, most human resources administrators supported research on the health effects of smoking, vaping, and the utilization of tobacco products occurred at a tremendous rate. An in-depth understanding should be utilized when measuring the significant exhalation of nicotine and propylene glycol into the atmosphere. Therefore, employee wellness programs providing counseling and help with tobacco cessation are an important policy. According to Pippard and Shipley (2017) and Chatterjee et al., incorporating education about the transition of conventional cigarette smoking to vaping is important. Therefore, research supports that e-cigarettes assist users in continuing previous habits as opposed to quitting, although e-cigarettes and vaping devices are often utilized in attempts at smoking cessation (Etter, 2018).

Additionally, the research further identified how employee vaping in the workplace negatively influenced the business. Chatterjee et al.'s (2018) hypothesis that nicotine content exposes users to toxins similar to those in other tobacco-related products like cigarettes supports this viewpoint. Furthermore, organizations should ban workplace vaping and tobacco usage from benefiting public health. Organization members were adamant about vaping and using tobacco products in designated smoking areas during their entitled breaks. Various organizations in the southeastern region of the United States align with indoor air quality and human resources administrators' organizational culture.

The change-management ADKAR model may offer guidance to understanding

the reasons employees continue to use vaping and tobacco products and thereby inform policies by human resources administrators. The ADKAR model combines change management with the understanding for the need to manage change at the individual level. This model assists people, especially change leaders, to recognize that successful change needs more than information and training. Change management entails influencing the attitudes, beliefs and behaviors of employees to establish a lasting transformation in the practices of the organization (Hiatt, 2006). Policies thus should include a variety of cessation programs for individuals to quit tobacco use. The mission statement of the organization should include employee health. In this generic qualitative research study on human resources administrators and vaping in the workplace, the Uhl-Bien et al. (2007) ADKAR model is congruent, pertinent, significant, and applicable to organizational leadership and the complexity leadership theory developed. Mendes et al. (2016) and Al Rahbi et al. Further, this qualitative study highlighted Jones-Schenk (2019), Karambelkar and Bhattacharya (2017), and Hiatt by distinguishing change management in the confines of organizational leadership that emphasizes required methodologies centered on individuals. Moreover, this study demonstrates how factors such as the Robbins et al. (2016) and Jones-Schenk (2019) method of identifying change management is an integral and necessary component of organizational leadership to analyze data and trends, facilitate the direction, raise awareness and formulate the groundwork for an organization to employ change.

Conclusion

This generic qualitative dissertation study assessed organizational policies to determine preferred practices to regulate vaping in the work environment. The research

questions explored human resource administrators' perceptions of organizational policies currently implemented and investigated potential barriers to policies regulating vaping and the utilization of tobacco products in the workplace. Findings in this study supported Sammer's (2018) finding that effective policies include restrictions on smoking and vaping, workplace smoking-cessation programs, health promotions, incentives for abstaining from tobacco or vaping, and penalties for violating smoking or vaping policies. Wellness programs may include smoking cessation incentives internally or offered through community services (CDC, 2018). Participants in the current study referenced EAPs as well as wellness programs through medical insurance. Organizations with best practices comprise a mission statement or annual goals related to the program reflecting the complexity of social interaction and behavioral compliance with smoke-free policies (CDC, n.d.).

Furthermore, coping mechanisms related to the stress of the job, social influences, and positive perceptions of smokeless tobacco products should be discussed more on tobacco-free campuses. Wellness programs provide information on changing one's lifestyle to include health practices without tobacco (Miller, 2016; Sammer, 2018). The CDC (2018) noted the importance of comprehensive wellness programs to help employees make lifestyle changes. Vaping is dangerous to users as well as bystanders and disrupts work environments; the practice must be governed by organizational leaders. Participants identified the benefit of wellness programs and EAPs recommended by the CDC (n.d.) to assist organizational team members with health, social services, behavior services, and many other resources.

Chatterjee et al. (2018) reported that organizational team members vaping and utilizing tobacco products in the workplace negatively affected the organization and was a disruption. Mendes et al. (2016) stated vaping was not only a disruption but also negatively affected employee psychological and physical health. For example, employee wellness problems may produce multifaceted burdens on organizations by decreasing team motivation (Al Rahbi et al., 2017). Furthermore, the researcher discovered that only two of the 18 respondents reported organization-level penalties, such as suspension, for violating vaping prohibitions. Not all employees caught vaping on the job in organizations with tobacco-free campuses are thus accountable to the organization, leveraging theoretical knowledge about social norms and empirical findings about workplace influence.

According to researchers (Levy, Warner, et al., 2019; Levy, Yuan, et al., 2019), readers should notice that the phenomenon of vaping has generated public health awareness and education of electronic nicotine-delivery systems and other tobacco-related products and continues to impact the workplace and the overall population. Moreover, Sammer (2018) provided guidance and interventional methods for human resources administrators and organizational leaders regarding the most effective smoking-cessation programs using technology for self-directed online education, coaching through various videoconferencing platforms, and network social services. According to research, organizational regulations banning vaping could substantially decrease the risk of EVALI caused by workplace exposure (Mendes et al., 2016). Current organizational policies regarding tobacco use should be evaluated to include vaping.

Limitations

Participants were recruited on Facebook, Instagram, or LinkedIn sites. While completing this qualitative research study, the researcher identified limitations, which may generate a need for future research. The first limitation is that the researcher obtained data by recruiting a diverse sample from one region in the United States. Therefore, the transferability of the findings may be limited. The data are not reflective of the entire U.S. population of human resource administrators.

Another limitation was the use of a questionnaire, without follow-up or probing questions, as in an interview. This limitation was mitigated by careful phrasing of questionnaire items and pilot testing of the instrument. Finally, the researcher gathered descriptions of policies and participant perceptions rather than gathering actual written organizational policies related to regulating vaping. According to (Levy, Warner, et al. 2019; Levy, Yuan, et al., 2019), readers should notice that the phenomenon of vaping has generated public health awareness and education of electronic nicotine-delivery systems and other tobacco-related products and continues to impact the workplace and the overall population. Moreover, Sammer (2018) provided guidance and interventional methods for human resources administrators and organizational leaders regarding the most effective smoking cessation programs using technology for self-directed online education, coaching through various video conferencing platforms, and network social services.

Additionally, regulations are continually changing, both federal and state level. Research is developing on the topic of vaping in the workplace. Continued research is needed to align with current state regulations.

Suggestions for Future Research

This generic qualitative guided study could provide an opportunity to provide insight into organizational policy implementation and change management processes. Future research is recommended to gather information from organizational policy-making officials and leaders alike. This qualitative dissertation study was limited to 18 human resource administrators in the southeastern United States. Research is needed in more areas and with larger samples. Additionally, the simple knowledge and awareness of organizational policies against vaping and tobacco utilization may not affect social behaviors among all employees; some respondents noted a barrier to effective policies was employee resistance or rule breaking. The organizational leaders could focus on organizational policy conversations with the human resources administrators to enhance, implement, or influence change management.

Moreover, by reflecting on support, policies on the utilization of vaping and tobacco products may become more effective. Incorporating buy-in from organizational leaders, human resources administration, organizational team members, stakeholders, and public health officials may enhance the well-being of their constituencies. Implementing community forums promotes organizational teams where the members are responsible and do not utilize tobacco and vaping products near others. It encourages all public health policymakers and organizational leaders to protect their organizational members and enhance their quality of life. The recommendation for future exploration will be informative and interesting to gain more knowledge to investigate further the impetus for inventing e-cigarettes and the impact of vaping on the organization.

An organizational policy without specified indoor vaping places was the end

consequence. Politics were likely to be vital to determining whether the use of vaping and tobacco products policies in the Southeast of the United States fully succeeded or failed, just as it was with the adoption of the administrative policy. E-cigarettes have been referred to as a gateway to taking other drugs, such as marijuana and other recreational drugs. This is particularly true in the southeastern United States (Gartner, 2018; Levy, Warner, et al., 2019; Yingst et al., 2019). The dissertation's findings emphasized a few elements of the first three-plus decades of this process. A comprehensive case study could offer advice on how other workplaces in the Southeast of the United States potentially follow through with similar rules regarding the use of tobacco and vaping devices. According to research, organizational regulations banning vaping could substantially decrease the risk of EVALI caused by workplace exposure.

Any changes to the organizational leaders would also be considered external subsystem events. The power dynamics relating to vaping and tobacco policies may change due to this choice and any subsequent modifications. This might impact the funding for public education initiatives and prompt a revision of the rules governing designated vaping locations. Future studies that are based on additional polls and an examination of mainstream media outlets might be helpful to the archiving and interpretation of politics in the United States. What are the views of other local organization leaders and organizational leaders in the Southeast of the United States? Due to the limitations and sensitivities of approaching this group as an outsider, the researcher could have been more effective in questioning workplace leaders. The researcher obtained surveys with organizational leaders from the southeast United States chapters of human resources administrators and organizational members attributable to the

networking and diligence of the southeastern United States colleagues. Human resources administrators vigorously supported the implementation of tobacco and vaping policies and incorporated change management to enhance organizations in the United States. However, many organizational policies still need to be included in smoking and tobacco usage policies that specify the use of e-cigarettes. The human resources administrators demonstrated that organizational team members should abide by these policies regarding vaping and tobacco products, which will address expectations for all organizational team members. As a future research question about the southeastern region of the United States, it could be helpful to engage in dialogue with local organizational members and conduct questionnaires, interviews, and community practices to evolve the organization and to educate organizational team members and organizational leadership of their roles and expectations in the workplace. In reviewing prior mentioned pieces of information, the chair of the template committee, community practice leaders for organizational policy and change management processes, and a human resources administrator stated that businesses wanted to replace the tobacco industry in the Southeast of the United States with a white e-cigarette or vaping device or for other commercial reasons. Conducting community seminars, writing publications, and participating in similar conversations critical to state and federal governmental tobacco control initiatives would be beneficial. In addition to disclosing this conflict of interest and debunking misconceptions, the research could investigate whether tobacco industry funding has been utilized to support any of these materials. Human resources administrators' concerns must be available for all organizational team members. According to Yingst et al. (2019) and Kava et al. (2018), policymakers should consider user nicotine addiction while enacting policies

forbidding vaping and tobacco products at the workplace. Policies should be combined with wellness and cessation programs, as well as incentives for employees to quit vaping. Further qualitative research is needed to allow more in-depth information to be gathered. A comprehensive case study of an organization implementing an effective vaping policy combined with resources could offer a model on how other workplaces could change workplace environments to prevent vaping and promote health.

Researcher's Next Steps

This general qualitative dissertation study examined human resource administrators' perceptions of organizational policies to discover the most effective techniques for regulating workplace vaping. Much of humanity still needs to be safeguarded through extensive, strictly implemented free-of-tobacco laws. The literature review and research described here point to several ways focused research might enhance how tobacco and e-cigarette policies are used in organizational structures.

Expanding this qualitative research requires an additional questionnaire analysis to gather data specifically related to vaping alone. In the two years since the election, policies governing the use of e-cigarettes and tobacco products have moved forward, especially following the transition from an incumbent to a new mayor. This study could involve conducting surveys with local business leaders to determine their views on tobacco use and their support of vaping and tobacco product legislation. Second, future studies should work to create theoretically informed, community-tested public relations campaigns that promote the prohibition of tobacco and e-cigarette regulations in workplaces in the United States. The researcher aims to investigate the potential outcomes of including an additional sign alongside the officially required signs, targeting the following: The

population's health is safeguarded in all public spaces by state and federal organizational policies that any individual witnessing a violation should request that all tobacco users stop. Beyond the themes of these signs, communication campaigns in the Southeast of the United States should emphasize informing people that the organizational policy exists and is in effect and enticing them to hold tobacco users and human resources administrators accountable for adhering to the administrative procedure. To promote workplace policies in the United States and worldwide, the researcher plans to investigate organizational policy implementation and change management approaches in greater depth. According to the questionnaire themes in this study, the marketing effort might advise staff to treat others with respect, compassion, and consideration. Employees could receive messages prompting them to speak up to prevent their family members from the risks of smoke.

Furthermore, a study in the United States focused on new limits on tobacco use in the workplace to enact organizational policies with comprehensive instructions on various vaping and tobacco products. These many policies' potential interconnections and impacts were viewed. Finally, give a complete summary of these qualitative findings by analyzing how the organizational approach in the Southeast of the United States contrasts with the experiences from other cities and workplaces in the United States.

The use of vaping and tobacco product policies, alongside other tobacco control measures, required the managerial skills of human resources administrators. Future work could include surveys with business leaders to learn about vaping policies, public relations campaigns to discourage vaping, and efforts to encourage businesses to create clear wellness policies that are communicated to all employees.

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Appendix

Human Resources Administrator Questionnaire on Vaping Regulations

Human Resources Administrator Questionnaire on Vaping Regulations

Criteria to Participate:

__ Current human resources administrator in the southeastern U.S.

__ Two or more years of experience

1. Roughly how many individuals does your workplace employ?
2. What do you see as the need for and the benefits to policies related to vaping in the workplace?
3. Describe your organization's written vaping policy.
4. Please describe any limits or bans on vaping in the workplace. Does the organization ban vaping from the workplace? Limit smoking/vaping to specific areas? Is vaping allowed outdoors?
5. Does a written policy dictate the number and duration of vaping breaks during the day? Do nonsmokers receive similar breaks?
6. Describe any penalties or surcharges applied to employees who vape, such as higher insurance premiums.
7. Describe any incentives offered to nonsmokers, such as reduced insurance premiums. What incentives are offered to smokers trying to quit, if any?
8. Does your organization have a wellness or employee health mission statement? Please describe.
9. Describe any wellness programs offered by the organization. Wellness programs encourage healthy lifestyle changes. Is the program managed internally or externally? If

internal, how are staff chosen/trained to offer smoking cessation training or wellness guidance?

10. What type of smoking-cessation programs are offered? Describe the information given, skills taught, any counseling provided.
11. How is information about smoking-cessation or wellness programs communicated to employees? For example, signs on the wall, mailers, emails.
12. Describe any Employee Assistance Program offered by your organization. These programs offer mental health counseling, stress management, weight management, smoking-cessation, and more.
13. How are wellness and smoking-cessation programs evaluated and updated?
14. Does your organization partner with any health-oriented or smoking-cessation organizations in the community?
15. Are organizational policies different for vaping and smoking? In what way?
16. What are barriers to effective vaping policies in the workplace?