

A STUDY OF PROFESSIONAL NURSES' ATTITUDES
REGARDING ALCOHOLICS AND ALCOHOLISM

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We hereby recommend that the thesis prepared under
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DEDICATION

I wish to dedicate this work to my husband, Arthur, and my son, Simon, who have supported my efforts so faithfully from start to finish. I thank them heartily for their strength, love, and patience.

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I wish to thank Dr. Lynn Keegan for acting as my model and source of inspiration through the completion of this text. Her help and guidance has made all the difference.

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CHAPTER 1

Alcoholism now ranks among the major national health threats, along with cancer and heart disease (Joling, 1974, p. 645). As a drug problem, alcoholism is the most serious in terms of the number of victims and cost to society. Approximately six million employed workers in America are alcoholic. Their loss of productivity has been estimated at twenty-five billion dollars annually. The total cost to the nation and human loss to the individual and his/her family cannot be determined (National Council on Alcoholism, 1980).

Alcoholism is a complex, progressive illness. Alcoholics Anonymous (1976, p. 58) asserts that alcohol is "cunning, baffling, and powerful." Alcoholism was not designated as a disease until the 1950's and since then is not yet fully recognized by the public as a disease process. Alcoholism still carries with it a negative social image of the destitute individual, a relative outcast from society (Mereness and Taylor, 1974, pp. 221-222). In truth the average alcoholic is a man or woman in the middle thirties with a good job, a good home, and a family. Since these

persons constitute such a large portion of society, the impact of their illness on others is widespread (National Council on Alcoholism, 1980).

Alcoholism is, however, treatable. There are public and private services and programs available in every community. It is estimated that Alcoholics Anonymous serves nearly one million members. Most hospitals have some provision for the care and treatment of alcoholics. In the general hospital setting, approximately one-fourth of all medical-surgical admissions are alcohol related. Alcoholism related admissions to facilities operated by the Veterans' Administration have been estimated from fifteen percent to seventy percent (Sudzina, 1982).

In the hospital, alcoholic patients are often admitted with diseases of the liver, gastric bleeding from alcohol consumption, pneumonia, acute nutritional deficiencies, injuries due to trauma incurred while intoxicated, acute intoxication, acute alcoholic coma, and acute delirium tremens. Due to this broad spectrum of health problems the alcoholic is seen in every specialty department in every hospital.

Problem Statement

Alcoholism has become a major health problem in America. Over seven percent of the adult population abuses alcohol and they in turn impact the lives of forty million other Americans (National Council on Alcoholism, 1980). Many hospital admissions can be directly related to alcohol abuse such as motor vehicle accidents, child or family abuse, or alcohol detoxification. However, there are many other hospital admissions for diseases brought on by over-indulgence in alcohol such as liver disease, gastrointestinal bleeding, malnutrition, and pneumonia. Due to the prevalence of alcoholism and the related health problems, health professionals often have alcoholics as patients.

Justification of Problem

It is well understood that one of the fundamentals in providing care and therapeutic intervention is the caring and positive attitude of the care giver. The supportive atmosphere of any treatment center or hospital is critical to the promotion of a positive self attitude of the patient. However, due to the nature of alcoholism and the long-standing negative social stigma that it engenders, many care givers, including nurses, have negative attitudes toward alcoholism and alcoholics.

Conceptual Framework

Almeida and Chapman (1972, p. 50) discuss and define the basic therapeutic factors in a nurse-patient relationship. These therapeutic factors are considered from three points of view: the nurses' attitude toward the patient, the therapeutic experiences of the patient in a health setting, and the nurse-patient relationship as part of the hospital therapeutic environment. The professional nurse does not pass judgment on the patient, but tries to understand his feelings and behavior. The professional should facilitate a corrective interpersonal experience for the patient as well as playing a part in maintaining the milieu or therapeutic atmosphere of the treatment setting. These basic skills of the psychiatric nurse are required for all nurses and are applicable in all patient care settings. The patient who has latent emotional, psychological, or psychiatric needs will appear in every health care setting. Should the care giver not be able to incorporate these basic skills in the delivery of care, the patient will have unmet needs. It is entirely possible that an alcoholic patient who is admitted with a medical diagnosis of liver disease will receive no attention to his pervasive problem with alcohol.

Assumptions

Assumptions made in this study include:

1. The participants will respond affirmatively to the request to give truthful answers on the questionnaire in the study.
2. The attitudes of the professional nurse toward the alcoholic patient are a significant factor influencing the course of convalescence and recovery of the alcoholic patient or patient with an alcohol problem.

Hypothesis

The null hypothesis is that there will be no difference in attitudes and values of nurses who are employed in medical-surgical settings, psychiatric settings, and alcohol treatment settings toward alcoholism and alcoholics.

Definition of Terms

1. Attitudes are defined as a mental position with regard to a fact or state or as a feeling or emotion toward a fact or state.
2. Values are defined as items or subjects which have relative worth, utility, or importance.

3. Nurse is defined by the laws of the State of Texas as a person who has been registered and licensed by the Board of Nurse Examiners for the State of Texas to practice nursing.

4. Medical-surgical settings are hospital units that provide care for patients receiving medical care or surgical treatments as their main health need.

5. Psychiatric settings are hospital units which consist entirely of patients who are diagnosed as having a mental illness and are receiving care for their illness.

6. Alcohol treatment settings are hospital units where the patients are diagnosed as alcoholic or alcohol dependent and are receiving treatment for their disease on a continuing basis.

7. Alcoholism is defined as the prolonged use of alcoholic liquors to the extent of habituation, dependence, or addiction (American Psychological Association, 1968, p. 45).

8. The Alcoholic is an individual who is diagnosed as having the disease of alcoholism in an active or latent state. The diagnosis may be stated or implied as with a diagnosis of ETOH abuse or liver failure due to alcohol consumption.

Limitations

The intervening variables which are capable of diminishing the ability to generalize include:

1. The age, race, sex, level of education, and number of years of nursing experience cannot be controlled for the participants.
2. The population is limited to those who are willing to participate.
3. Some of the participants may currently have a working relationship with the investigator.

Delimitations of the Study

1. There are only a small number of nurses who work in alcoholic treatment and psychiatric units. Thus, it will be necessary to use a convenience sampling method rather than randomization for selection of the subjects for all groups.
2. The study will be conducted in a setting of a large multipurpose hospital facility where representatives of administration are willing to participate in the study.

Summary

The purpose of this study is to examine current attitudes of registered nurses employed in three clinical areas. It is important to be aware of the widespread incidence of alcoholism in the general population as well as within the hospitalized population. Alcoholism is such a complex and often misunderstood illness that many health professionals do not have a therapeutic or humanistic attitude toward the alcoholic. Negative stereotyping of the alcoholic only serves to potentiate the severity of the illness since many people look upon alcoholism as untreatable. Many health professionals perceive the alcoholic in the shadow of a negative stereotype and as a result will not approach the patient about this health problem of alcoholism.

This type of study is informative for nursing in that the skills and tools of the nurse's trade are not only a matter of manual dexterity or observable behaviors. The nurse brings to the job with him/her more than the ability to perform assessments or to make nursing decisions. The nurse is a feeling organism, complete with a built-in belief system. Sometimes certain beliefs can be an impediment to the nurse's primary mission--the care of the patient. An exercise such as the participation in this study can act as a method of values clarification. In this way, nurses

can become more attuned to the needs and problems of the complex alcoholic patient. The nurses need to be aware how care givers' attitudes affect patients. Development of a positive and non-judgmental attitude is one facet of the repertoire of the professional nurse of today and of the future.

CHAPTER 2

REVIEW OF LITERATURE

It has only been a recent development in medicine that alcoholism has been formally recognized as a disease (American Psychological Association, 1968, p. xiv). In spite of this formal recognition by the medical community, society in general has a very poor concept of alcoholics. Joling (1974, p. 646) states that our society is an "ambivalent culture" in terms of our thinking on alcoholism. His reasoning is that alcoholism is the fourth leading national health problem; yet alcoholism has not yet been decriminalized. Romney and Bynner (1972, p. 22) support this idea in research they completed on the perceptions of hospital staff regarding drug addicts. The staff were asked to rate "hard" and "soft" drug addicts on severity of addiction and personality traits. Generally, the staff did not rate alcohol as a drug.

Hospital admission protocols and hospital insurance coverages reflect this non-acceptance of alcoholism as a disease process. Chaftez (1976, p. 54) has documented that fifty percent of hospitals do not admit patients with

the diagnosis of alcoholism. Gillespie (1969, p. 1939) also noted the problem of insurance coverage for treatment. Most insurance companies will not pay for the treatment of the alcoholic in the hospital setting. This is very distressing since Gillespie states that the success of primary prevention relies on early case finding and early treatment.

Alcoholism has, in the past, been looked upon as an extreme personal weakness, a condition associated with the lowest levels of society. It is a common misbelief that the alcoholic could make a conscious decision to abstain from alcohol or control drinking behavior (Sudzina, 1982). These misconceptions have contributed to the development of a negative stereotype of the alcoholic which has been difficult to dispell (Wallston et al., 1976, p. 660). This stereotyping has proven to be a hindrance to the helping professions as well as to the alcoholics themselves. Starkey (1980, p. 819) asserts that such society influences make it easy for nurses (or any other care giver) to become self-righteous and angry toward the alcoholic. She states that this anger is reinforced through the chronicity of the illness. These negative feelings, she notes, can be perceived by the alcoholic and deter the therapeutic process in the treatment setting.

Wallston et al. (1976, p. 659) tested the potency of the negative stereotyping of alcoholics and nurses' attitudes. They found that nurses respond more favorably to the same hypothetical patient when he was not labeled as alcoholic. These researchers' basic assumption about stereotypes is that individuals perceiving others through the "veil of stereotype" tend to adhere to the prejudicial views regardless of their accuracy. They agreed that negative attitudes of care givers are clearly counter-therapeutic.

Schmid and Schmid (1973, p. 246) studied the attitudes of nursing students toward alcoholics by comparing their attitudes of acceptance toward disabled persons. The group of new students were not found to be unduly biased, but were found to be less accepting of alcoholics than of disabled persons. This same group was retested two and one-half years later, and their attitudes were found to be stable throughout their nursing educational program. Normally, one would expect an increase in tolerance and acceptance of persons to come with increasing education in the helping professions such as nursing.

This stability in attitudes over time has been noted by several other researchers. Ferneau and Morton (1969, p. 446) used the Marcus Alcoholism Questionnaire to survey the attitudes of registered nurses and nursing assistants.

They found no significant changes in attitudes after one year. Often, it has been observed in the process of testing and retesting that the research will yield a change in scores due to testing sensitization (Polit and Hungler, 1978, p. 261). This phenomena did not occur in Ferneau's survey of attitudes toward alcoholism.

Lemos and Moran (1978, p. 77) surveyed attitudes before and after subjects received training in alcoholism treatment. They discovered that the training did not bring about attitude changes in any of the subjects. The researchers attributed this result to the fact that alcoholism still remains an emotionally charged issue. They felt that to effect a change in attitudes that a workshop/seminar approach was not sufficient; that intensive individual work would be required.

Waring (1975, p. 406) studied the impact of an eight-week specialized training in alcoholism on management level health professionals. Waring also used the Marcus instrument and retested after one year. He found that social workers and nurses increased their alcohol related work activities during the year after the training program. However, the measurement of attitudes did not yield appreciable differences on retesting.

A study by Powell et al. (1974, p. 461) did demonstrate an improvement in the subjects' attitudes after the completion of a three-day training program. There was no discussion of the content of the program available, but the researchers did question whether the attitude changes would remain stable. Perhaps these researchers were more sensitive to the possibility of a Hawthorne effect (Polit and Hungler, 1976, p. 161). This phenomena yields changes in results simply due to the fact that the subjects know that they are being studied.

Wallston et al. (1976, p. 64) and Starkey (1980, p. 825), independently, have identified a common factor which contributes to the problem of negativity and negative stereotyping. This factor is that physicians generally omit the diagnosis of alcoholism on hospital admission. Each researcher identified this practice as creating a "hidden diagnosis." This is a subtle but powerful message to other physicians and other care givers, including nurses. Starkey relates that communication lines between physician and nurses then become weakened, and the negative effects of stigmatization of the alcoholic are reinforced. In the case of the hidden diagnosis, it would be highly unlikely that the patient would receive treatment for alcoholism or referral to seek care elsewhere from these care givers.

McLellan et al. (1978, p. 507) studied the relationship of staff drinking patterns to the staff approach to patients with drinking problems. The results correlated non-drinkers and heavy drinkers as negative and definitely punitive in approach. Light to moderate drinkers were found shown to be positive toward social drinking and therapeutic in approach to patients. The survey of non-nursing staff was more positive overall than the survey of the nursing staff. The researchers suggested that this testing difference could be related to the fact that non-nursing services, such as psychologists, were more experienced with testing surveys and gave more socially desirable responses. The researchers also noted that "nursing staff handles the patient while under the influence of alcohol, sick, possibly violent and generally offensive." Other services see the patient when sober. At this time the patient can discuss his problem and request help. This situation contributes to the nurse maintaining an image of the alcoholic within the aura of the negative stereotype.

Moody (1971, p. 172) surveyed attitudes of nurses and nursing students toward alcoholism treatment. He found that attitudes of authoritarianism were correlated in nursing students with custodial rather than humanistic attitudes toward the alcoholic patient. He defined

authoritarianism as orderly, liking for routine, rigidity, and intolerance of ambiguity. Moody felt that the authoritarian person would tend to be aggressive and suppress emotions within him/herself. The alcoholic patient, due to the chronic nature of his disease, would have a great difficulty in finding support or empathy from the authoritarian nurse. This researcher suggested that nurses in alcohol treatment settings be recruited from middle class backgrounds, since these persons tend to have lower authoritarian scores when tested.

Gurel et al. (1977, p. 235) studied characteristics of nursing students who enrolled in an alcoholism trainee program. They found that a major reason for enrollment in the program was that each student had someone close to them who had a problem with alcohol. The authors state that this indicated that they had a need for knowledge of alcoholism. In assessing the attitudes of the trainees and a control group, the trainees were more positive toward alcoholism at the onset of the program.

In a later study Gurel (1978, p. 1185) evaluated the social acceptance of recovered alcoholics. His findings support the position that persons who have a more positive attitude toward alcoholism are likely to have higher levels of social acceptance. He specified that there are two

attitudinal factors which affected the level of social acceptance of recovered alcoholics: the alcoholics' inability to control drinking and the potential for recovery from alcoholism. Many health care providers shun caring for the chronically ill since successes are limited to temporary or minor victories. The alcoholic is often caught in the revolving door of emergency room admissions only to be detoxified and discharged later without treatment for the problem of alcoholism.

Alcoholics Anonymous (1976, pp. 30-43) makes a statement about this concept of chronicity. AA claims that there is no cured alcoholic, only a recovering alcoholic. An AA member will say that he is a recovering alcoholic with dozens of years of sobriety; never will he say that he is no longer an alcoholic. Health care professionals accept chronicity in the diabetic or the dialysis patient who has lapses of compliance, but is much less tolerant of the active alcoholic.

Summary

Research has established that the alcoholic must not only battle his disease, but also the negative stereotype that society has formed about alcoholism. Nurses and other

members of the therapeutic community have been found to possess some of these same negative attitudes which hinder or even prevent recovery of the alcoholic.

In our ambivalent society, alcohol is often not thought of as a drug, but alcoholism is the fourth major health problem in America. If a hospitalized patient is admitted with a disease secondary to alcoholism, the diagnosis of alcoholism is often omitted from the record. The disease is so pervasive in our society, yet it remains an emotionally charged issue, even among health care providers.

However, it is the nature of attitudes that they are learned subliminally and indirectly during maturation. It is their indirect nature that limits awareness of their presence. Some of the findings in the literature indicate that efforts be redirected toward development of new attitudes rather than trying to modify established beliefs. Perhaps a reclassification of the diagnosis of alcoholism is in order. It would seem more appropriate to include alcoholism with disease entities such as glucose intolerance or lactose intolerance for the benefit of the patient and the care giver.

CHAPTER 3

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

In this study professional nurses' attitudes regarding alcoholics and alcoholism were studied. A quasi-experimental design was employed since there was no manipulation of variables (Polit and Hungler, 1978, p. 163). Data were produced through administration of a questionnaire to nurses who practice in one of three clinical specialty areas: an alcohol treatment unit, a psychiatric unit, or a medical-surgical unit.

Setting

Samples of subjects were selected from nurses employed at a multispecialty federal acute care hospital of approximately 1,200 beds in a Central Texas town of approximately 50,000 population. The federal facility houses six surgical units, ten medical units, two psychiatric units, one alcohol treatment unit, a nursing home, and a four-hundred bed domiciliary.

Population and Sample

The population for selection of the sample groups consisted of professional nurses employed to practice nursing in one of three clinical areas: alcohol treatment, psychiatry, or medical-surgical nursing. Selection of the subjects was performed by a convenience sampling method due to the limited number of nurses employed in the alcohol treatment and psychiatry settings. A total of 20 registered nurses were surveyed in all. There were 7 that responded from the alcohol treatment setting. There were 7 responses from psychiatry and 6 from the medical/surgical units.

Protection of Human Rights

This study was performed in compliance with the current rules and regulations of the Human Subjects Research Review Committee of the Texas Woman's University and the Human Rights Committees of the participating hospital. Individual responses were kept confidential, and any subject selected had the right to refuse to participate at any time. The agency required written permission be obtained from each participant. The agency permission forms were separated from the questionnaires and submitted to an agency representative.

An explanation was made that work records would not be affected in the case of participation or non-participation. Data collection was coded and no names were used in the study reports.

Instrument

Attitudes of the subjects toward alcoholism were assessed by use of the "Marcus Alcoholism Questionnaire" (Appendix A) developed in 1963 at the Toronto Alcoholism and Drug Addiction Research Foundation in Toronto, Canada. This instrument was the outcome of a factor analysis study, and represents nine areas of opinion about alcoholism and alcoholics. The nine major dimensions (factors) are:

1. Emotional difficulties are important contributing factors in the development of alcoholism.
2. The alcoholic is unable to control his drinking behavior.
3. Most alcoholics do not and cannot be helped to recover.
4. A person must be a continual excessive drinker in order to be classified as an alcoholic.
5. An alcoholic is a weak-willed person.
6. Alcoholics come from lower socioeconomic strata of society.

7. Alcoholism is not an illness.
8. The alcoholic is a harmless, heavy drinker whose drinking is motivated only by his fondness for alcohol.
9. Alcohol is a highly addicting substance.

The subjects answered forty specific statements, each of which addressed one of the nine factors. The answers were indicated on a Likert-type scale from 1 - "Completely disagree" to 7 - "Completely agree." The questionnaire yielded nine mean factor scores for comparison. A high score on factor numbers one, two, four, and nine indicated a positive attitude towards alcoholics and alcoholism. High scores on factor numbers three, five, six, seven, and eight indicated a negative attitude. The instrument requires approximately fifteen minutes to complete.

Validity and Reliability

The validity of this instrument has been established by its widely accepted use in the area of alcoholism research. The instrument has been utilized by researchers as Gurel (1978, p. 1185), Lemos and Moran (1978, p. 77), and Ferneau and Morton (1969, p. 446). Gurel has found the test-retest reliability to be 0.89 to 0.96 for nursing students.

Written permission for the use of the Marcus Alcoholism Questionnaire was obtained from the Alcohol Research Foundation of Toronto, Canada. A copy of the letter of permission is located in Appendix B.

The only demographic data requested of the respondents were their level of education and years of nursing experience. All respondents were registered nurses, and this data would be more likely to have relevance to the topic under consideration.

Data Collection

Data were collected during the period April 1 through April 18, 1983. The instruments were delivered to the head nurse of each selected unit by the investigator. Each nurse was to be given a survey packet which included the alcoholism questionnaire, an explanatory cover letter (Appendix C), an agency permission form, and an envelope with the investigator's name on the outside. The cover letter was addressed to the registered nurse and gave instructions about how to complete the form and when finished, to place it in the envelope. The subjects were further instructed to complete the questionnaire during a work break or other off-duty time. The investigator then picked up the sealed envelopes from the units three

times during the data collection period. The subjects were required by the agency's committee for the protection of human studies to complete a written permission form. Those forms were separated from the instruments and returned to an agency representative on the last day of data collection. The permission forms were not scrutinized by the investigator, but only collected by the agency's directive.

Treatment of Data

Comparisons were made between the scores of the three groups of nurses according to the type of setting in which they were employed: Group I - Alcohol Treatment Unit, Group II - Psychiatric Unit, and Group III - Medical Surgical Unit. Analysis of variance was performed to test the hypothesis with the significance level at .05.

The questionnaire yielded nine mean factor scores, each of which corresponded to one of the nine attitude factors. For each of the nine mean factor scores, a one-way analysis of variance was performed to determine whether the three groups of nurses differed significantly

according to the setting of employment. The F-test for analysis of variance of the means of the groups is appropriate because it was designed to compare sample means of two or more groups which will indicate how the attitudes compare from group to group (Polit and Hungler, 1978, p. 553).

In the cases where F-ratios were significant at the 0.05 level the Student-Newman-Keuls procedure was used to verify findings. This procedure is a multiple range test that indicates if scores of the groups are homogeneous.

CHAPTER 4

ANALYSIS OF DATA

A total of twenty professional nurses responded to the Marcus Alcoholism Questionnaire. The demographic data consisted of level of nursing education and years of nursing experience. The questionnaire tested nine attitude factors regarding alcoholics and alcoholism. Group I consisted of the nurses working in the Alcohol Treatment Unit. Group II was the Psychiatric Unit. Group III was made up of medical-surgical nurses. The hypothesis proposed that there would be no differences in the attitudes between the three groups of nurses.

Description of Sample

Experience Level

Groups I and II were comparable in years of experience with 18.8 and 17.1 years respectively (Table 1). Group III, however, had fewer years of experience. In this group one nurse had 33 years of nursing experience.

Two subjects had one year of experience; one had three years of experience; and one had five years of experience. The sixth subject in this group declined to indicate years of experience, and was not averaged into the score.

Table 1
Years of Experience

	N	Mean	Range	Missing Value
Group I - Alcohol Treatment Nurses	7	18.8	8 - 35	1
Group II - Psychiatric Nurses	7	17.1	4 - 34	0
Group III - Medical-Surgical Nurses	6	8.6	1 - 33	1
Total	20	14.8	1 - 35	2

Level of Education

Of the twenty respondents, half were nurses trained in diploma schools of nursing. Twenty percent were associate degree nurses. Baccalaureate and masters' degree nurses each comprised fifteen percent of the total responding. The nurses with masters' degrees were only found in Group II, the Psychiatric Group. Group I had neither baccalaureate nor masters' prepared nurses who responded.

Table 2

Level of Education

	N	Diploma		A.D.N.		B.S.N.		M.S.N.	
		No.	%	No.	%	No.	%	No.	%
Group I - Alcohol Treatment Nurses	7	4	57	3	43	0	0	0	0
Group II - Psychiatric Nurses	7	3	43	0	0	1	14	3	43
Group III - Medical- Surgical Nurses	6	3	50	1	16	2	34	0	0
Total	20	10	50	4	20	3	15	3	15

Findings

The null hypothesis was stated that there would be no difference in the attitudes of nurses who were employed in the alcohol treatment setting, the psychiatric setting, and the medical-surgical setting. All scores were tested using an analysis of variance which yields an F-ratio. The significance level was set at the .05 level for probability.

Table 3

Analysis of Variance

Source	d.f.	Sum of Squares	Mean Squares	F-Ratio	F-prob.
Between groups	2	83.4381	41.7191	3.212	0.0655
Within groups	17	220.7619	12.9860		
Total	19	304.2000			

Table 4

Means and Standard Deviations of Scores

Group	Count	Mean	Standard Deviation
Group I - Alcohol Treatment Nurses	7	18.5714	4.0356
Group II - Psychiatric Nurses	7	17.4186	3.4572
Group III - Medical- Surgical Nurses	6	22.3333	3.2042

The analysis of variance (Table 3) indicates that there is not a significant difference between the groups, but a tendency to be different since the probability of the F-score was .06. The significant level was .05. The means of the groups are given in Table 5. No difference was found ($F(2, 17) = 3.21, P = .066$), thus the hypothesis is accepted.

Table 5

Means of Groups

Factor	Mean Scores			F-Ratio	F-Prob.
	Group I - Alcohol Treatment Nurses	Group II Psychiatric Nurses	Group III Medical- Surgical Nurses		
1 (+)	18.5	17.4	22.3	3.213	0.0655
2 (+)	21.5	20.5	21.1	0.081	0.9223
3 (-)	8.0	10.7	13.33	0.95	0.4036
4 (+)	24.1	24.8	19.6	3.986	0.0381*
5 (-)	8.1	10.0	10.33	0.371	0.6957
6 (-)	8.4	10.1	10.3	0.592	0.5643
7 (-)	9.2	12.0	12.5	0.746	0.4892
8 (-)	8.0	7.4	9.0	0.351	0.7089
9 (+)	26.5	20.1	26.5	6.137	0.0099*

(+) positive attitude (-) negative attitude *p .05

Other Findings

Attitudes numbers four and nine were found to yield scores which statistically differed among the groups. Attitude number four addressed the attitude that a person must be a continual excessive drinker in order to be classified as an alcoholic. A high score on this factor indicated a positive attitude toward alcoholism. The rounded scores for Groups I, II, and III were 24, 25, and 20, respectively. The range of possible scores was 4 to 28. All groups yielded a high mean score, but the score of Group III (the medical-surgical nurses) was considered statistically lower. These scores are found in Table 6.

Table 6

Factor Four

Group	I (Alcohol Treatment Nurses)	II (Psychiatric Nurses)	III (Medical- Surgical Nurses)
Mean	24.1429	24.8571	19.6667

F - probability 0.0381

Attitude number nine related to the attitude that alcohol is a highly addicting substance. A high score on this factor related to a positive attitude toward alcoholism also. The rounded scores for Groups I, II, and III were 27, 20, and 19, respectively. These scores indicate that the nurses from the alcohol treatment unit were more conscious of the addicting nature of alcohol. The range of possible scores was 4 to 28, and the score of Group I was in the extreme. However, all of the scores range within the upper third of possible scores, indicating agreement with one another. These scores are found in Table 7.

Table 7

Factor Nine

Group	I (Alcohol Treatment Nurses)	II (Psychiatric Nurses)	III (Medical- Surgical Nurses)
Mean	26.5714	20.1429	18.83333

F - Probability - .0099

Summary of Findings

A total of twenty nurses in three patient care areas were surveyed regarding attitudes about alcoholics and alcoholism. The average years of nursing experience was nearly the same for Groups I and II (18.8 and 17.1), with Group III significantly less (8.6). The groups were comprised of fifty percent diploma nurses, with all of the masters' level nurses found in Group II (Psychiatry).

The attitudes of the nurses as tested by the Marcus Alcoholism Questionnaire demonstrated that their attitudes reflect a high level of understanding regarding alcoholism. Their scores fall within the therapeutic range of being appropriately high for positive attitudes and low for negative attitudes.

Statistical differences were found between the groups for attitude factors four and nine. Group III scores (Medical-surgical unit) were not homogeneous with the scores for Groups I and II. The scores reflected that Group III did not agree as strongly that a person must be a continual drinker to be classified as an alcoholic.

Group I (Alcohol Treatment Unit) demonstrated higher scores on factor nine indicating that they felt more strongly that alcohol is a highly addicting drug.

CHAPTER 5

SUMMARY OF THE STUDY

Alcoholism is a complex, progressive illness. In America, alcoholism has become a major health problem. This disease is treatable, however. One problem with the disease of alcoholism is the negative stereotype that persists about the alcoholic. Negative attitudes are an impediment to providing care and promoting cure for all patients as well as for the alcoholic patient.

This study investigated the attitudes of three groups of professional nurses regarding alcoholism and alcoholics. The null hypothesis was that there would be no difference in attitudes between nurses employed in an alcohol treatment unit, a psychiatric unit, and medical surgical units.

Summary

Attitudes were measured by the "Marcus Alcoholism Questionnaire." The attitude questionnaire was distributed to convenience samples of nurses in three patient

care areas, alcohol treatment, psychiatric, and medical-surgical units at a large federal facility located in a Central Texas city. The validity of the tool had been established by its wide acceptance among prominent researchers. The test-retest reliability is 0.89 to 0.96 for nursing students. Analysis of variance was performed on the scores of the surveys. The F-probability was found to be 0.0655 which supported the null hypothesis.

Discussion of the Findings

All of the subjects tested demonstrated appropriate attitudes regarding alcoholics and alcoholism. All three groups scored high on the positive attitude factors numbered 1, 2, 4, and 9. All groups also scored low on the negative attitude factors numbered 3, 5, 6, 7, and 8. These scores reflect the attitudes and values of the nurses surveyed. According to the scores, it could be said that the nurses as a total population believe that:

a. Emotional difficulties are an important contributing factor in the development of alcoholism (Factor 1)

b. That the alcoholic is unable to control his drinking behavior (Factor 2)

c. A person must be a continual excessive drinker in order to be classified as an alcoholic (Factor 4)

d. That alcohol is a highly addicting substance (Factor 9)

Further, it could be projected that these nurses do not feel that:

a. Most alcoholics do not and cannot be helped to recover (Factor 3)

b. An alcoholic is a weak-willed person (Factor 5)

c. Alcoholics come from lower socioeconomic strata of society (Factor 6)

d. Alcoholism is not an illness (Factor 7)

e. The alcoholic is a harmless, heavy drinker whose drinking is motivated only by his fondness for alcohol (Factor 8)

Conclusions and Implications

The findings of this study support the concept of the therapeutic atmosphere of the hospital. The nurses surveyed were found to be relatively homogeneous in their thinking regarding alcoholism and alcoholics.

Considering the differences in years of experience and degrees of nursing education, all of the nurses demonstrated that they all had a therapeutic and caring attitude regarding alcoholics. The medical-surgical group were as positive as were the nurses in the specialty area of alcoholism. It would seem that this finding might imply that the enculturation process of nurses is such that nurses do not generally accept negative stereotypes of patients. Nursing education stresses the individuality of patients. Protocols for nursing practice are always presented with the admonishment to tailor the plan to the individual.

Also, nurses are more attuned to the effect of disease on behavior. Nursing diagnoses are often made on the basis of behavioral observations. The nurse is a trained observer whose directive is to provide health promotion interventions. The results of this study reinforce this concept.

Recommendations for Further Study

Recommendations for further study include:

1. Providing more validity for the instrument by replication of the study,

2. Replication of the study utilizing other caregivers as the sample population,
3. Replication of the study utilizing the common person as the sample population.

APPENDIX A

ALCOHOLISM QUESTIONNAIRE

Background Information

Your participation in this survey concerning alcoholism is appreciated.

The questions refer to opinions about alcoholism. There is no right or wrong answer -- just your opinion. However, your answers to the questions, including the questions below, will be treated in a confidential manner.

Each individual participating in this survey will remain anonymous.

General Information

Please complete the following items:

Experience: (years you have been in nursing):

Highest level of education:	Diploma	___
	A.D.	___
	BSN	___
	MSN	___

Please proceed to the attached Alcoholism Questionnaire.

THE ALCOHOLISM QUESTIONNAIRE

On the following pages you will find a number of statements about alcoholism. We want to know how much you agree or disagree with each of the statements. To the right of each statement you can find a rating scale:

Disagree				Agree		
1	2	3	4	5	6	7

The points along the scale (1,2,3,...7) can be interpreted as follows:

1. Completely disagree
2. Mostly disagree
3. Disagree more than agree
4. Neutral
5. Agree more than disagree
6. Mostly agree
7. Completely agree

The use of the scale can be illustrated with the following statement:

"There are very few female alcoholics."

If you agreed completely with this statement, you would place a mark in column 7.

If you agreed slightly with the statement, you would place a mark in column 5.

If you mostly disagreed with the statement, you would place a mark in column 2.

In this manner you can indicate the extent to which you agree or disagree with each of the statements on the following pages. Like everyone else, you will probably feel that you do not know the answer to some of the statements. When this occurs, please make the best guess you can.

Please make your marks inside the agreement or disagreement boxes of the scales. Do it like this:

Disagree				Agree		
1	2	3	4	5	6	7
		x				

Do not do it like this:

Disagree				Agree		
1	2	3	4	5	6	7
			x			

	Disagree	Agree				
	1 2 3 4	5 6 7				
28. Unhappy marriages and other unpleasant family situations often lead to alcoholism.	<input type="text"/>					
29. Alcoholism is not a disease.	<input type="text"/>					
30. Most alcoholics could not be rehabilitated even if more help were available for them.	<input type="text"/>					
31. Alcoholics are seldom found in important positions in business.	<input type="text"/>					
32. Preferring to drink alone rather than with friends is a sign of alcoholism.	<input type="text"/>					
33. Alcoholics are usually in good physical health.	<input type="text"/>					
34. The alcoholic is basically a spineless person who has found an easy way out of his problems.	<input type="text"/>					
35. Some people who drink heavily, but only on week-ends, are alcoholics.	<input type="text"/>					
36. An alcoholic usually has something in his past which is driving him to drink.	<input type="text"/>					
37. Most alcoholics are completely unconcerned about their problem.	<input type="text"/>					
38. With proper treatment, some alcoholics can learn to take the occasional social drink without getting into trouble.	<input type="text"/>					
39. Most alcoholics are either drunk or drinking every day.	<input type="text"/>					
40. A person usually has very little warning before he becomes an alcoholic.	<input type="text"/>					

15. Alcoholics seldom harm anybody but themselves.
16. Hardly any alcoholics could drink less even if they wanted to.
17. The most sensible way to deal with alcoholics is to compel them to go somewhere for treatment.
18. The alcoholic is a morally weak person.
19. An alcoholic's basic troubles were with him long before he had a problem with alcohol.
20. Once a person becomes an alcoholic, he can never learn to drink moderately again.
21. The harm done by alcoholics is generally overestimated.
22. Very few alcoholics come from families in which both parents were abstainers.
23. Even if an alcoholic has a sincere desire to stop drinking, he cannot possibly do so without help from others.
24. Nobody who drinks is immune from alcoholism.
25. Even if a heavy drinker is able to stop drinking for several weeks at a time, he may still be an alcoholic.
26. Alcoholism is a sign of character weakness.
27. Alcoholism never comes about very suddenly.



Central Office

33 Russell Street
Toronto, Ontario
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(416) 595-6000

February 11, 1983

Dear Ms. Umlauf,

In response to your letter, I am pleased to provide you permission to use the "Alcoholism Questionnaire" by Alan Marcus in the preparation of your thesis regarding the attitudes of nurses towards alcoholics and alcoholism.

We would be interested in receiving a copy of your thesis when it has been completed to include in our Library collection.

Sincerely yours,

A handwritten signature in dark ink, appearing to read 'R.J. Hall'.

R.J. Hall
Head
Information and Promotion

RJB/jmh

APPENDIX C

Dear Registered Nurse,

You have been selected to participate in a research study on the attitudes of registered nurses towards alcoholics and alcoholism. Your participation in this study is entirely voluntary. Your hospital has required that your written permission be obtained for participation in this study. The attached permission form will not be retained by myself, but will be returned to the Agency Research Committee. Non-participation will in no way be reflected in your work record.

Enclosed is a forty item survey of attitudes which will take about fifteen minutes to complete. After completing the survey, return it to me in the enclosed pre-addressed envelope via your head nurse. Nothing else will be required of you. If, however, you are interested in knowing the results of the study, please contact me.

Thank you for your cooperation.

Mary Grace Umlauf, R.N.
Staff Nurse A-W/Graduate Student
Texas Woman's University

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HOUSTON CENTER
1130 M.D. Anderson Blvd.
Houston, Texas 77025

THE Olin E. Teague Veteran's Center, Temple Texas

GRANTS TO Mary' Gra ðe Umlauf, R.N.

A STUDY OF PROFESSIONAL NURSES' ATTITUDES

The conditions mutually agreed upon are as follows:

1. The agency (may) (~~may not~~) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (~~may not~~) be identified in the final report.
3. The agency (wants) (~~does not want~~) a conference with the student when the report is completed. R + D
4. The agency is (willing) (~~unwilling~~) to allow the completed report to be circulated through interlibrary loan.
5. Other:

Date March 30, 1983

Signature of Agency Personnel

Signature of student

Signature of Faculty Advisor

*Fill out and sign three copies to be distributed as follows: Original -- Student; first copy -- agency; second copy -- T.W.U. College of Nursing.

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