

NURSING STUDENTS' ATTITUDES TOWARD  
THE ALCOHOLIC CLIENT

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A THESIS  
SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF MASTER OF SCIENCE  
IN THE GRADUATE SCHOOL OF THE  
TEXAS WOMAN'S UNIVERSITY

COLLEGE OF NURSING

BY  
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DENTON, TEXAS

DECEMBER 1982

## ACKNOWLEDGMENTS

The investigator wishes to express her sincere appreciation to Donna Vokaty, Ph.D., Carolyn Adamson, Ph.D., Susan Tollett, Ph.D., and Lorraine Wolf, Ph.D., for their guidance and helpful suggestions during this study. A special thanks to Rosa Lee Bachtel for her typing and suggestions based on her experience.

The writer also wishes to thank her husband, John, and her sons, Andrew, Thomas and Paul, for their support and encouragement throughout this study.

## TABLE OF CONTENTS

ACKNOWLEDGMENTS . . . . .	iii
LIST OF TABLES . . . . .	vi
CHAPTER	
1. INTRODUCTION . . . . .	1
Problem of Study . . . . .	2
Justification of Problem . . . . .	3
Theoretical Framework . . . . .	4
Assumptions . . . . .	7
Hypothesis . . . . .	7
Definition of Terms . . . . .	8
Limitations . . . . .	8
Summary . . . . .	9
2. REVIEW OF LITERATURE . . . . .	10
Attitudes of Health Professionals	
Toward Alcoholism . . . . .	10
Educational and Clinical Experience and	
Change of Attitudes Toward Alcoholism . . . . .	25
Cognitive Dissonance Theory in Relation	
to Attitudes Toward Alcoholism . . . . .	36
Summary . . . . .	39
3. PROCEDURE FOR COLLECTION AND TREATMENT OF DATA . . . . .	40
Setting . . . . .	40
Population and Sample . . . . .	41
Protection of Human Subjects . . . . .	42
Instruments . . . . .	42
Data Collection . . . . .	47
Treatment of Data . . . . .	47
Summary . . . . .	48
4. ANALYSIS OF DATA . . . . .	49
Description of Sample . . . . .	49
Findings . . . . .	52
Summary of Findings . . . . .	57

CHAPTER

5. SUMMARY OF THE STUDY . . . . .	60
Summary . . . . .	60
Discussion of Findings . . . . .	61
Conclusions and Implications . . . . .	64
Recommendations for Further Study . . . . .	66
APPENDIX A: QUESTIONNAIRE PACKET . . . . .	67
APPENDIX B: SCORING KEY FOR ALCOHOLISM QUESTIONNAIRE.	75
APPENDIX C: TABLE OF MEAN FACTOR SCORES . . . . .	78
APPENDIX D: RAW DATA . . . . .	80
APPENDIX E: LETTER OF PERMISSION . . . . .	83
REFERENCES . . . . .	85

## LIST OF TABLES

### TABLE

1. Age Distribution of 43 Nursing Students Who Participated in the Alcoholism Attitude Study . . . . .	51
2. Prior Professional Contacts of 43 Nursing Students Who Participated in the Alcoholism Attitude Study . . . . .	51
3. Prior Personal Contacts of 43 Nursing Students Who Participated in the Alcoholism Attitude Study . . . . .	52
4. Prior Alcoholism Education of 43 Nursing Students Who Participated in the Alcoholism Attitude Study . . . . .	53
5. Means of Factor Score (FS) Totals on Pre- and Posttests of 43 Nursing Students Who Participated in the Alcoholism Attitude Study . .	54
6. Pretest and Posttest Mean Factor Scores (MFS) of 43 Nursing Students Who Participated in the Alcoholism Attitude Study and Mean Factor Scores (MFS) of a Toronto Sample and Staff Sample (Experts) . . . . .	55
7. Results of Pretest ANOVA of 43 Nursing Students Who Participated in the Alcoholism Attitude Study . . . . .	56
8. Results of Posttest ANOVA of 43 Nursing Students Who Participated in the Alcoholism Attitude Study . . . . .	57

## CHAPTER 1

### INTRODUCTION

In the last 30 years, alcoholism has been defined as a public health problem rather than a moral issue (Pursch, 1977). The disease concept of alcoholism gained momentum in the mid 20th century, partly through studies coordinated at the Yale School of Alcohol Studies and the writings of E. M. Jellinek (Goodwin, 1981).

In the United States, 1 of every 15 persons over age 18 is suffering from alcoholism (Allen, 1978). The lives of at least four other persons are adversely affected by each victim of alcoholism (Allen, 1978). Between 65% and 70% of Americans drink alcohol and about 1 in 12 or 1 in 15 have serious problems that result from alcohol consumption (Goodwin, 1981).

Schmid and Schmid (1973) determined that attitudes of nursing students toward alcoholics were less accepting than their attitudes toward the physically disabled. These attitudes did not change after exposure to conventional nursing education. As a result of their findings, the authors encouraged nursing educators to focus on

attitude modification and the introduction of changes in teaching methods or content (Schmid & Schmid, 1973).

A focus on attitude modification is necessary because the nurse's attitude toward any patient is a major determinant of the quality and quantity of care given (Travelbee, 1971). It is desired that persons working with alcoholic individuals have positive and accepting attitudes in order to provide effective help and to maximize potential rehabilitation. The alcoholic is not a readily accepted individual, even when one assumes that alcoholism is a medical illness. Most professional personnel reject the alcoholic regardless of whether or not health practitioners consider alcoholism a disease (Blizard, 1971; Macky, 1969). Orcutt, Cairl, and Miller (1980) found that, with the lone exception of the detoxification staff, all the groups they studied tended to stigmatize alcoholics. The degree of stigma did not differ between students, the public or law enforcement officers.

#### Problem of Study

The problem for this study was: Do baccalaureate (BS) nursing students who have a clinical practicum on an alcohol treatment unit differ in their attitudes toward alcoholism from those students who do not participate in this experience?

### Justification of Problem

More attention is being directed to nurses' responsibility in relation to the care of clients with alcoholism. This responsibility is widespread because regardless of the field in which they are practicing, nurses encounter individuals with alcoholism or alcohol-related problems (Sorgen, 1979).

The widespread incidence of alcoholism in hospitalized patients is seen in hospital admissions data. Some general hospitals have found that as many as 50% of their inpatients were admitted to various service agencies, such as general medicine or orthopedics, because of involvement with alcohol (Allen, 1978). Alcoholics may be admitted with a diagnosis of pneumonia, gastritis, gastroenteritis, cirrhosis or trauma. Nurses are caring for alcoholics, whether diagnosed or not (Lewis, 1975). Additionally, in 50% of the cases, mental hospital admissions of males 46-64 years old are for alcoholism (Allen, 1978).

Heinemann (1974) indicated that nurses are in a key position to help alcoholic clients choose a course of treatment that can lead to sobriety and improved health, and that when relating with the alcoholic, attitude can be the nurse's greatest asset or strongest deficit. The nurse needs an opportunity to examine his/her own attitudes



towards alcoholism in addition to gaining knowledge of the disease and ability to care for the alcoholic client. Burkhalter (1975) stressed that nurses must resolve their judgmental attitudes before they can intervene therapeutically.

As nurses expand their role in the community, a nurse will often be the first person patients affected by alcoholism will encounter (Mislav, 1972). In this role, the nurse will have more responsibility in prevention of alcoholism and rehabilitation of the alcoholic client (Sorgen, 1979). Wilkins (1973) and Thoreson (1976) stated that the nurse must not only be able to recognize the early signs of problem drinking in order to act as a case finder but also include education about alcoholism as a part of nursing practice with all individuals, families and communities.

#### Theoretical Framework

The theoretical framework for this study was based on Festinger's (1957) cognitive dissonance theory. He defined dissonance as "the existence of nonfitting relations among cognitions," and cognition as "any knowledge, opinion, or belief about the environment, about oneself, or about one's behavior" (Festinger, 1957, p. 3). Festinger's theory was a new presentation of a consistency

theory thought to be implicit in the writings of Heider, Lecky and others (Wicklund & Brehm, 1976).

Festinger (1957) hypothesized that dissonance is psychologically uncomfortable and motivates the person to reduce the dissonance. The core of his theory includes the following:

1. Dissonant or "nonfitting" relations may exist among cognitive elements.
2. Pressures to reduce the dissonance and to avoid an increase in dissonance arise when dissonance is present.
3. These pressures may manifest themselves in behavior changes, changes of cognition, and cautious exposure to new information and new opinions (Festinger, 1957).

The reduction of dissonance is a basic process in humans. Dissonance is a motivating factor that leads to actions oriented toward dissonance reduction. The existence of dissonance is an every day condition because very few situations are clear-cut enough to prohibit a mixture of opinions (Festinger, 1957).

Miller (1974) used cognitive dissonance theory to influence family members' perceptions about the illness of a spouse. While interviewing family members, the researcher introduced dissonance as a motivating factor by pointing out differences between her perceptions of the

situation and that held by the family member. The family members reduced their dissonance by revising their perceptions, lowering the importance they attached to their perceptions, or by changing other perceptions of the situation.

Stevens (1975) stated that enforced behavior compliance may be the quickest way to deal with a long entrenched attitude. Enforced behavior compliance in this study was the requirement that students on the alcohol treatment unit interact with alcoholic clients in a therapeutic manner. Cognitive dissonance, or conflict between actions and beliefs, is likely to encourage an individual to change his or her attitude in favor of enforced behavior when the individual is required to adopt a particular behavior. Cognitive dissonance aids in the change process when a person is aware of the conflict between his/her attitude and behavior (Stevens, 1975).

In the treatment setting, alcoholic clients are viewed as ordinary persons with the disease of alcoholism. Nursing students who stereotype the alcoholic person as weak-willed and worthless are likely to experience dissonance when caring for the alcoholic client. Positive and accepting attitudes toward the alcoholic client are dissonant with judgmental and negative attitudes.

The nursing student experiencing cognitive dissonance during a clinical practicum on an alcoholic treatment unit will attempt to reduce the dissonance, according to this theory (Festinger, 1957). One way the student can reduce the dissonance is by modifying negative attitudes toward the alcoholic client.

#### Assumptions

The assumptions for this study included the following:

1. Cognitive dissonance is present when nursing students with negative attitudes toward alcoholism participate in a clinical practicum on an alcoholic treatment unit.
2. Students will strive to reduce dissonance by changing negative attitudes as they comply with enforced behavior.

#### Hypothesis

Baccalaureate nursing students who have a clinical practicum on an alcohol treatment unit will have more positive attitudes toward alcoholism than those who do not participate in this experience.

### Definition of Terms

The definitions of terms for this study were the following:

Alcohol treatment unit: A specific section of a hospital that treats patients with alcoholism. It offers a structured 28 day program than includes education, group therapy, and AA meetings.

Alcoholism: "Excessive dependence on or addiction to alcohol, usually to the point that the person's physical and mental health is threatened or harmed" (Freedman, Kaplan, & Sadock, 1976, p. 1281).

Attitude toward alcoholism: An underlying disposition which enters into the determination of behaviors toward persons with alcoholism (Cook & Seltiz, 1967); was measured by The Alcoholism Questionnaire (Marcus, 1963a).

Clinical practicum: A supervised experience in the clinical setting consisting of nine laboratory hours per week during the junior year of a BS program in nursing.

### Limitations

This study was delimited to a population of junior nursing students at one university. Therefore the results of the study cannot be generalized beyond this group.

Extraneous variables that were not controlled and may have influenced the dependent variable included prior professional experience with alcoholic clients, personal experience with alcoholic friends or relatives, and prior education about alcoholism outside of nursing school.

### Summary

Chapter 1 stated the problem of the study, which asked whether baccalaureate nursing students who have a clinical practicum on an alcohol treatment unit differ in their attitudes toward alcoholism from those students who do not participate in this experience.

Chapter 2 reviews the literature that is relevant to the problem, and Chapter 3 describes the procedure for collection and treatment of data. Finally, Chapters 4 and 5 present the analysis of data and summary of the study.

## CHAPTER 2

### REVIEW OF LITERATURE

The purpose of this review of literature was to review selected material pertinent to a study of nursing students' attitudes toward the alcoholic client. The literature was examined and found relevant in the following areas:

1. Attitudes of health professionals toward alcoholism.
2. Educational and clinical experiences and change of attitudes toward alcoholism.
3. Cognitive dissonance theory and change in attitudes toward alcoholism.

#### Attitudes of Health Professionals Toward Alcoholism

An attitude is a "preparatory mental posture with which one receives stimuli and reacts to them" (Freedman, Kaplan, & Sadock, 1976, p. 1284). Attitudes are referred to as "tendencies of approach or avoidance" or as favorable or unfavorable tendencies (Summers, 1971, p. 227). Despite numerous definitions of "attitude," authorities tend to agree that attitudes are learned and implicit in behavior (Summers, 1971).

Shaw and Wright (1967) pointed out that attitudes are learned through interactions with social objects and in

social events or situations. Because they are learned and not inherent, attitudes are then subject to alteration, maintenance, and breakdown through manipulation of the same type of variables as those producing their original acquisition (Shaw & Wright, 1967).

An attitude can be defined as one type of predisposition toward behavior (Yuker, 1965). Yuker (1965) was interested in attitudes toward disability and stated that "knowledge of attitudes of a nondisabled person toward a disabled individual will help us to understand the interaction between the two" (p. 15). He reported his observations of students at a university which embarked on a program designed to change the physical characteristics of the campus to make all campus buildings and facilities accessible to persons with physical disabilities, including those in wheelchairs. Yuker found that people tended to react to disabled persons as a group rather than as individuals. Prejudices toward the disabled were similar to prejudices toward other groups, such as persons with the disease of alcoholism. Yuker concluded that in order for people to become less prejudiced, they must be aware of and want to change their attitudes. The author also noted the need for close personal contact and meaningful interaction between the prejudiced person and members of groups



toward which he is prejudiced. Furthermore, Yuker theorized that prejudice is reduced when the disabled person is reacted to as an individual, not as a member of the large, ill-defined group of disabled persons. Close personal contact, according to Yuker, can overcome ignorance. "Many studies have indicated that the extent of prejudice is often directly related to the degree of ignorance about the group" (Yuker, 1965, p. 16).

The study of attitudes and how they change was once a theoretically rich and empirically active area. However, in the 1960s, interest declined as the attitude theories turned out to be not as general as was initially hoped. Yet interest in the attitude area is increasing once again. Eagly and Himmelfarb (1978) attributed this recovery to a more promising outlook for attitude-behavior relationships within the larger system of social psychological phenomena and concepts. Although no attitude theory of broad integrative scope exists, a number of new minitheories have emerged, and the theories of an earlier era persist in limited forms (Eagly & Himmelfarb, 1978).

Attitudes are major determinants of how one person will respond to another person (Burkhalter, 1975). According to Burkhalter, attitudes affect the nurse-patient relationship and, therefore, have implications for the

patient's treatment. Data pertaining to attitudes toward alcoholism have been obtained by various instruments.

Attitude Toward Disabled Persons  
Scale, Modified

Studies of the attitudes of health professionals toward alcoholism appeared in the literature in the 1960s. One of the earliest of these studies was Freed's (1964). He conducted an exploratory study utilizing the Attitude Toward Disabled Persons scale (ATDP). The scale was adapted to yield two additional measurements, attitudes toward alcoholic persons (ATAP) and attitudes toward mentally ill persons (ATMP). The study determined that 521 psychiatric hospital personnel and 303 college students were significantly more accepting of physical disability than they were of mental illness or alcoholism (Freed, 1964). Mean scores of the college students and the hospital personnel were not significantly different on the scales. It was therefore inferred that "the contact which the hospital personnel had with mentally ill and alcoholic patients had resulted in little change in their generally non-accepting attitudes toward these people" (Freed, 1964, p. 617).

Schmid and Schmid (1973) investigated attitudes of nursing students toward alcoholic persons and toward the

physically disabled. Forty-one nursing students at a hospital school of nursing participated in the study. Students were tested in their freshman year and again in their senior year. The questionnaires used to collect data were a questionnaire on attitudes toward disabled persons (ATPD), and a modified version (ATAP) in which the word "alcoholic" was substituted for the word "disabled." The independent variable was 2½ years of conventional nursing education. An analysis of variance performed on the pretests indicated the nursing students studied had a less accepting attitude toward alcoholism than toward the physically disabled. The students' attitudes toward alcoholic persons did not change significantly before and after their nursing education.

#### Alabama Commission on Alcoholism Scale

Chodorkoff (1967) evaluated the impact of a clinical psychiatric training experience upon attitudes toward alcoholism. The subjects were 26 senior medical students who spent one month, full-time, at a psychiatric facility. They attended lectures about alcoholism, managed the alcoholic patient in the hospital, and planned posthospitalization treatment. The Alabama Commission on Alcoholism Scale (ACA) and a test of specific information and knowledge about alcoholism (AI) were administered at the

beginning and end of the 30-day program. Attitudes toward alcoholism as measured by ACA scores did not become significantly more positive. The students did show significant increments in the amount of information they had acquired about alcoholism, the treatment of alcoholics, and the psychological-physiological-sociological aspects of alcoholism. Differences between the means of pre- and post-experience scores were calculated by t tests. The degree to which student attitudes toward alcoholism improved was related significantly to the increment in their knowledge (Chodorkoff, 1967).

In a related study of 30 nursing students, Chodorkoff (1969) found that they also did not significantly change their attitudes toward alcoholism and the alcoholic patient. The nursing students spent either two or three weeks at the same psychiatric facility used in the previous study. However, the ACA scores of the nursing students were significantly higher than those of the medical students at initial testing, demonstrating a more favorable attitude toward alcoholism and the alcoholic patient (Chodorkoff, 1969). The ACA and the AI were administered at the beginning and end of the psychiatric experience. The nursing students did significantly improve their understanding of the psychological and sociological aspects of the problems of

alcoholism, and the treatment of the alcoholic patient. No relationship was found between the nursing students' attitudes toward the alcoholic patient and alcoholism and the amount of information they had available about these subjects (Chodorkoff, 1969).

### The Alcoholism Questionnaire

The Alcoholism Questionnaire (Marcus, 1963a) has been a popular instrument for measuring attitudes towards alcoholism. Because this questionnaire measures nine different factors, results are reported for each factor separately. There are nine scores rather than one single measure of subjects' attitudes toward alcoholism based on this questionnaire. Factor one measures the belief that emotional difficulties or psychological problems are an important contributing factor in the development of alcoholism. Factor two measures the belief that the alcoholic is unable to control his drinking behavior and factor three measures the belief that most alcoholics do not, and cannot be helped to, recover from alcoholism. Factor four measures the belief that periodic excessive drinkers can be alcoholics. Factor five measures the belief that the alcoholic is a weak-willed person and factor six measures the belief that alcoholics come from the lower socio-economic strata of society. Factor seven measures the belief

that alcoholism is not an illness and factor eight measures the belief that the alcoholic is a harmless heavy drinker whose drinking is motivated only by his fondness for alcohol. The last factor, factor nine, measures the belief that alcohol is a highly addicting substance (Marcus, 1980).

Ferneau (1967) was aware of the growing concern about negative attitudes demonstrated by any professional personnel toward those suffering from alcoholism. Twenty-nine student nurses, assigned to a particular hospital for 12 weeks of psychiatric affiliation, served as the subjects of his study. The independent variable of the study was the psychiatric affiliation which included, for all students, a visit to one Alcoholics Anonymous meeting, and attendance at one team meeting on the staff of the alcohol treatment unit. The students then participated in a brief discussion with the unit's nursing coordinator. The dependent variable was the students' scores on the Alcoholism Questionnaire (Marcus, 1963a). Significant changes in pretest and posttest scores were determined on all the factors of the questionnaire. The students' answers revealed that, at the end of their affiliation, the following significant changes had occurred:

1. A significant increase in the belief that emotional difficulties or psychological problems are an

important factor in the development of alcoholism (factor 1).

2. A significant increase in the belief that the alcoholic is unable to control his drinking (factor 2).
3. A significant increase in the belief that periodic excessive drinkers can be alcoholics (factor 4).
4. A significant increase in the belief that alcoholism is an illness (factor 7).
5. A significant lessening of the belief that the alcoholic is merely a harmless heavy drinker whose drinking is motivated only by his fondness for alcohol (factor 8).
6. A significant increase in the belief that alcohol is a highly addictive substance (factor 9).

Changes also occurred in attitudes concerning other factors which, although they were not significant, were in the direction of increased understanding. The results demonstrated that students retained those positive attitudes with which they began the program, and their negative or neutral attitudes grew more positive.

Ferneau and Morton (1968) used the Alcoholism Questionnaire (Marcus, 1963a) to examine the attitudes of 31 registered nurses and 74 nurse assistants. The nurses and the aides differed significantly on only three factors:

nurses possessed a markedly stronger belief that alcoholism is an illness, that it is not a harmless voluntary indulgence, and that alcohol is a highly addicting substance. Mean factor scores for the nurses and nursing assistants were also compared with those of the general population norm group, a group of 200 residents selected randomly from the general population of Toronto. Nursing assistants, more than the nurses or general population, appeared to see the alcoholic as weak-willed, and did not view alcoholism as an illness. Nurses, in comparison to the norm group and the nursing assistants, felt more strongly that alcoholics do, and can be helped to, recover from alcoholism.

Ferneau and Gertler (1971) administered the Alcoholism Questionnaire (Marcus, 1963a) to five first-year residents in psychiatry during the first week of their residency, and again at the end of their first year residency. Ferneau and Gertler followed Marcus' (1980) recommendation that until more information was available regarding the variability of factor scores, mean factor score differences less than 0.5 should be ignored and particular attention should be paid to those that are greater than 1.0. Three factors reflected a mean factor score difference greater than 1.0. On two of these scores, the differences were in



a negative direction. At the end of the first year residency, the residents were more apt than they were in the beginning of their first year residency to believe, negatively, that an alcoholic is able to control his drinking behavior, and that alcoholism is not an illness. The one factor which reflected a mean factor score difference greater than 1.0 in a positive direction was the belief that periodic, excessive drinkers can be alcoholics instead of the belief that a person must be a continual, excessive drinker in order to be classified as an alcoholic. The investigators concluded that the first-year residency year heightened the conflict in the physicians with regard to this area of psychopathology (Ferneau & Gertler, 1971).

A study by Gurel and Spain (1977) compared attitudes toward alcoholism of 24 nurses from a four-year nursing program in a Roman Catholic college and 29 nurses who graduated from a four-year state supported university affiliated nursing program. It was hypothesized that the difference between these two learning environments would be reflected in attitudes toward providing nursing care to alcoholic clients and toward alcoholism since alcoholism may be considered a value-laden area. Seventeen of the 24 subjects from the religious-affiliated nursing program indicated they felt "comfortable" in providing nursing care

to alcoholic clients. Seventeen of the 29 subjects from the non-sectarian university program indicated they did not feel "comfortable" in providing nursing care to alcoholic clients. To elicit attitudes toward alcoholism, the Alcoholism Questionnaire (Marcus, 1963a) was used. The Catholic school graduates who stated they did not feel comfortable in providing care to patients with alcohol problems scored lower on the attitude scale than subjects from the state university program who indicated they also did not feel comfortable in providing such care.

Lemos and Moran (1978) surveyed attitudes toward alcoholism among psychiatrists, psychologists, social workers, registered nurses, licensed practical or licensed vocational nurses (LPNs), and nursing assistants using Marcus' (1963a) Alcoholism Questionnaire. Analyses of variance were performed to detect any differences between groups. All groups were homogeneous in their perceptions about emotional difficulties contributing to alcoholism, alcoholism not coming from the lower socioeconomic strata of society, and that alcoholics did recover and could be helped by treatment. The nursing staff of RNs, LPNs, and nursing assistants, as compared to the psychiatrists, psychologists, and social workers, scored higher in the belief that the alcoholic is unable to control his drinking behavior. All six groups shared the belief that

periodic excessive drinkers could be alcoholics. RNs and psychiatrists scored significantly higher than the other groups. All groups surveyed indicated the belief that the alcoholic is not a weak-willed person. Social workers scored significantly higher in this belief than the other groups. Psychologists differed from the other groups in two areas. Psychologists did not agree with the concepts of alcoholism as an illness and an addiction. In a final result, disagreement with the belief that the alcoholic is a harmless heavy drinker was shared by all groups. Nursing assistants, however, among the six groups, tended to consider the alcoholic's drinking to be more harmless.

#### Adjective Checklist

Reinehr (1969) administered the Gough Adjective Checklist to a group of inpatient alcoholics and to the therapists, which included physicians, psychologists, social workers, and volunteers, who conducted group therapy with them. The adjectives checked by the therapists as descriptive of the alcoholic population differed greatly from those adjectives checked as self-descriptive by the alcoholics themselves. In essence, all adjectives checked by the therapists were negative or critical, while the alcoholics predominantly checked favorable, self-accepting

terms. The divergence between the perceptions by the therapists and the alcoholics were significant. The authors concluded that this divergence may seriously impede communication during treatment of the alcoholic client, for communication between therapist and patient is likely to be hindered if their preconceptions regarding the characteristics of the patient group are too discrepant (Reinehr, 1969).

Cornish and Miller (1976) devised two separate case studies which were identical except that one of them included the information that the subject was an alcoholic. Sixty registered nurses were randomly assigned to two groups and each group received a different case study. An adjective checklist was to be filled out as it pertained to the individual described in the case study. The scores of the two groups were compared using a multiple analysis of variance. The results of the study showed that RNs looked upon the alcoholic patient in a very unfavorable light. Of the 23 scored scales on the checklist, there was a significant difference between the two groups on 19 of them. Eighteen of these 19 differences were in a direction that tended to place the alcoholic in a more negative light.

### Custodial Attitude Inventory

Moody (1971) found a significant positive correlation between nursing students' characteristics of authoritarianism as measured by Strole's version of the F scale of authoritarianism and their custodial attitudes toward alcoholic patients as measured by the Custodial Attitude Inventory (CAI). The subjects were 40 sophomore and 25 senior nursing students, and 18 individuals who were already registered nurses or licensed practical nurses. The means of the various groups of nurses were compared by t tests. There were no significant differences between any of the groups. A significant positive correlation was obtained between the two measures in each of the three groups, indicating that the higher the nurses' authoritarianism, the more custodial their attitude toward the treatment of alcoholics (Moody, 1971).

### Semantic Differential Scale

In a study of the effect of negative stereotypes, Wallston, Wallston, and DeVellis (1976) used the Semantic Differential Scale and found that nurses responded more favorably to the same hypothetical patient when he was not labeled an alcoholic even though the behavior of the patient was held constant. Forty registered nurses who worked principally with adult medical-surgical patients

volunteered as participants. Twelve audiotaped statements relevant to the physical and psychological condition of a simulated patient were presented to the subjects. The experimental group of nurses was informed before listening to the tape that the patient was an alcoholic. After listening to the tape, the nurses rated the patient on 18 semantic differential, bipolar adjective scales. One-way analyses of variance were conducted. The results supported the view that stereotypes exert a powerful influence over nurses' impressions of alcoholic patients. All analyses achieved significance with the exception of one.

### Conclusion

Attitudes towards alcoholism have been examined in a variety of different ways and have generally been negative. These exploratory and descriptive studies have not included a theoretical framework or hypothesis.

### Educational and Clinical Experience and Change of Attitudes Toward Alcoholism

Following exploratory and descriptive studies to determine attitudes towards alcoholism, investigators began to seek ways in which to influence these attitudes. According to Bailey (1970), one of the fundamental purposes of professional education is to change attitudes of students. Bailey pointed out that lectures and clinical

experience in nursing schools can provide an excellent vehicle for attitude transformation toward alcoholics.

Bailey (1970) stated that professional schools have failed to include alcoholism content in their curricula. Nurses in current practice are handicapped by lack of knowledge about this illness and by cultural attitudes that have not been subjected to critical examination. Staff training courses are increasingly planned and conducted to counter judgmental and pessimistic attitudes that alcoholism is self-inflicted and hopeless. These educational programs are often evaluated by the administration of attitude tests before and after the training (Bailey, 1970)

Processing information, such as that received in an educational program, has been studied in relation to attitude formation and change. Eagly and Himmelfarb (1978) noted that various theories differ in the particular aspect of information processing considered important. They stated that persuasion research investigates attitude change that occurs in response to complex messages (Eagly & Himmelfarb, 1978). This section of the literature review considers educational and clinical experience and change of attitudes toward alcoholism. It is organized according to the particular sample used in the study being described.

### Physicians

Physicians' attitudes toward alcoholic clients have been generally negative in research studies and attempts to change their attitudes have not been successful.

Fisher, Fisher, and Mason (1976) studied the effects of alcohol education in several areas of learning. They stated that:

Alcoholism education programs have the potential to promote learning in three areas: cognitive knowledge or factual understanding of the disease may be increased; learning can take place in the affective domain as evidenced by improved attitudes toward alcoholics; and behavioral skills relevant to the treatment of alcoholism can be taught. (p. 1686)

The authors pointed out that there need not be a large or positive association between these three learning domains. They studied achievement in each of the three domains of potential learning of 33 family-practice residents. After a 14-hour alcoholism education discussion course, the physicians knew significantly more about alcoholism, had more positive attitudes toward the alcoholic, and diagnosed more patients as alcoholics. In this study, attitudes were measured on a 16-adjective bipolar semantic differential, and subjects were asked to rate average and alcoholic persons on each adjective pair. On the initial administration of the semantic differential, the alcoholic was considered significantly more weak, sick, passive, and hopeless than



the average person. On readministration of the semantic differential after the alcoholism education course, alcoholics were still considered significantly different from the average person, but only one adjective pair contributed significantly to the over-all difference. The residents viewed alcoholics as more sick than average persons (Fisher et al., 1976).

#### Social Workers

The Marcus Alcoholism Questionnaire (1963a) was administered to social workers who participated in a training program (Manohar, DesRoches, & Ferneau, 1976). The training program consisted of six two-hour sessions on a fortnightly basis. Sixty copies of the questionnaire were distributed at the first session and 19 were returned. Forty copies were distributed at the end of the sixth session, and 34 were returned. The groups that completed only one questionnaire, either before or after the program, had more negative attitudes than the group that completed both questionnaires. The investigators concluded that the most consistent participants were those with initially more positive attitudes. In other words, the social workers who attended the training programs and completed the questionnaire before and after the program comprised a highly motivated group. Only descriptive statistics were done,

computing mean factor scores on the questionnaire for the various groups (Manohar et al., 1976).

#### Administrative Level Social Workers and Nurses

Waring (1975) measured attitudes toward alcoholism before and after a training program for administrative and management-level social workers and nurses. The training program was an eight-week, on-site program which included a daily three-hour seminar-lecture series and on-site visits to alcoholism intervention facilities. The instruments administered were the Alcoholism Questionnaire (Marcus, 1963a) and the Custodial Attitudes Inventory modified for alcoholism (Waring, 1975). The study group consisted of 10 nurses and 10 social workers. Training did not significantly change the custodial attitudes of the group. Results on the Marcus Alcoholism Questionnaire also did not show any significant attitude changes. The authors stated the main objective of the training sessions was to bring about an increase in alcoholism services. The study determined that specialized training does bring about significant changes in work activities, whether or not significant changes in attitude occur. Prior to training, management-level nurses and social workers were carrying out few, if any, alcoholism-related work activities. After specialized training, the trainees:

modified their organizations' policies to serve alcoholics, retrained their own and other agencies' staffs, offered their organizations' services and prepared grant requests to plan and build a network of comprehensive alcoholism services within their communities. (Waring, 1975, pp. 414-415)

#### Undergraduate Students in the Human Services

Waring (1978) designed a study to determine whether training in alcoholism influenced students' knowledge and attitudes toward alcoholism and their personal drinking behavior. The experimental group consisted of 53 undergraduate students enrolled in social work, nursing, vocational rehabilitation, and criminology. Fifty similar students comprised a control sample. The following pre- and posttraining measures were administered: a general information questionnaire to gauge basic alcoholism knowledge, the Alcoholism Questionnaire (Marcus, 1963a), and a survey questionnaire that assessed the students' drinking practices. The training seminar took place for single three-hour sessions over 12 consecutive weeks. The results of the study demonstrated that the scores of the experimental group were significantly higher than the scores of the control group on the general information questionnaire posttest. Results on the Marcus Alcoholism Questionnaire (1963a) were determined by computing the mean factor scores for experimental and control groups on each factor. After

training, the experimental group, but not the control group, improved their attitudes toward the following factors: emotional difficulties or psychological problems are an important contributing factor in the development of alcoholism, the alcoholic is unable to control his drinking behavior, alcoholics can be helped to recover, periodic excessive drinkers can be alcoholics, and alcohol is a highly addicting substance (factors 1, 2, 3, 4, 9). Significance levels of these changes were not determined. On the drinking practices survey, pretest differences between groups were not significant. However, after training, significantly fewer of the experimental sample were still drinking heavily.

#### Nursing Students

Gurel (1976) measured the effects of an alcoholism nursing educational program at the University of Washington School of Nursing. Nursing students' attitudes toward alcoholism were measured with Marcus' (1963a) Alcoholism Questionnaire. Only 20 of the 40 questions were used, corresponding to five factors of the Marcus Alcoholism Questionnaire. Selection of the factors was made by three faculty members with education and experience in nursing care of the alcoholic client. In addition, two scales were used to measure students' alcoholism knowledge. Students

studied in the alcoholism program one to five quarters; the program consisted of two theory classes. In addition, practicum and independent study courses were provided to undergraduate and graduate students who prepared master's theses on alcoholism-related subjects. After students were in the program only one quarter, all factors on the attitude questionnaire showed positive changes, although the changes were not statistically significant. One-tail probability computations were done for each factor. The factors tested were the following: prognosis for recovery, alcoholism and character defect, alcoholism as an illness, harmless voluntary indulgence, and addiction liability of alcohol (factors 3, 5, 7, 8, 9). A survey of faculty opinions indicated that faculty believed alcoholism-related courses should be a part of the curriculum (Gurel, 1976).

Sorgen (1979) explored whether an educational experience at an alcohol rehabilitation center was significantly effective in increasing knowledge and reducing negative attitudes toward alcoholism and alcoholic persons. The 63 students who completed the third year of a baccalaureate nursing program comprised the study population. The experimental group consisted of 16 students who participated in 10 days or 80 hours at the alcohol rehabilitation center. The control group consisted of the other 47

students, who were in clinical practice on the general psychiatric unit of a university hospital. The independent variable of the study was the educational experience at the alcohol rehabilitation center. The dependent variables were the following: scores on the Attitudes Toward Disabled Persons questionnaire, Form O (ATDP-O) with the word "alcoholic" substituted for the word "disabled" throughout the form; scores on the Alcoholism Questionnaire (Marcus, 1963a); and scores on a test designed to measure knowledge of facts related to alcoholism.

Pre- and posttest scores for each student in the two groups were compared, and standard error of the means were calculated. The standard error of the differences between the two means was then computed. A one-tailed  $t$  test at the .05 level of significance was applied to each factor being studied. The students who attended the alcohol rehabilitation center had significantly higher scores on the knowledge test than those who did not attend the center. On the ATDP-O, there was no significant difference in attitude change between those students who attended the center and those who did not. The results from the Alcoholism Questionnaire indicated a significant difference on four factors. The experimental group had the following more positive attitudes: the belief that the

alcoholic is unable to control his drinking behavior, the alcoholic is not a weak-willed person, the alcoholic is not just a harmless heavy drinker whose drinking is motivated by his fondness for alcohol, and that alcohol is a highly addicting substance (factors 2, 5, 8, 9). Because of the students' knowledge gain and evidence of a more accepting attitude toward the alcoholic, Sorgen (1979) encouraged nursing educators to examine curriculum content related to alcoholism.

Harlow and Goby (1980) replicated Ferneau's study (1967) with a comparison group of students that did not have the opportunity to experience formal instruction or clinical experience in a treatment program. The experimental group consisted of 35 nursing students in a diploma program who were provided clinical experience in alcoholism. The control group consisted of 20 nursing students from another diploma nursing school that did not have a clinical experience in alcoholism. The independent variable was a three-week clinical experience in an alcohol treatment facility. The dependent variable was knowledge and attitudes concerning alcoholism as measured by the Alcoholism Questionnaire (Marcus, 1963a). It was hypothesized that there would be no significant difference in scores on the Alcoholism Questionnaire between experimental and control

groups on the pretest but that a significant difference would exist between the two groups on the posttest. Data analysis consisted of  $t$  tests for each of the nine scales of the questionnaire both on the pretest and the posttest. In addition, a multiple analysis of variance was done on the posttest data. These analyses demonstrated that both groups held negative attitudes and possessed little knowledge of alcoholism following two years of nursing education. On the posttest, significant statistical differences between groups in all scales occurred. Harlow and Goby (1980) concluded that the experience of nursing students in a treatment program for alcoholism had a significant impact on improving their knowledge and attitudes concerning alcoholic clients.

### Conclusion

Although research has indicated that educational and clinical experience increased knowledge about alcoholism and influenced behaviors concerning alcoholism, the results of studies about how education and clinical experience affect attitudes towards alcoholism have been less clear. Significant differences between pretest and posttest attitude scores were reported in four of the eight studies in this section of the literature review. The other four studies reported no significant differences, but only



a general trend toward more positive attitudes on the posttests.

#### Cognitive Dissonance Theory in Relation to Attitudes Toward Alcoholism

The classic experiment of Festinger and Carlsmith (1959) demonstrated that forced behavior change results in attitude change in order to allow consistency between the two. The study was designed to test Festinger's (1957) proposal that if a person is induced to do or say something which is contrary to his private opinion, there will be a tendency for him to change his opinion so as to bring it into correspondence with what he has done or said. The subjects were 71 male students in an introductory psychology course. The subjects were first subjected to a boring experience and then paid to tell others that the experience had been interesting and enjoyable. The subjects' forced behavior was to tell others the experience was interesting, while the subjects' private opinion, initially, was that the experience was boring. The private opinions of the subjects concerning the experience were then obtained and average ratings were calculated and analyzed by comparison with a control group using two-tailed  $t$  tests. The results supported Festinger's proposal that forced behavior change results in attitude change. When a subject was induced to

say something contrary to his private opinion, the private opinion tended to change so as to correspond more closely with what he had said. However, the authors also pointed out that the greater the reward offered above that required to elicit the behavior, the smaller was the effect (Festinger & Carlsmith, 1959).

Gale, Tomlinson, and Anderson (1976) also designed a study based on Festinger's (1957) theory of cognitive dissonance. They tested attitude changes of medical teachers toward medical education following a workshop which encouraged behavior change by an experience-linked practical problem solving approach. The subjects were 45 participants from the disciplines of medicine, dentistry, the basic sciences, and nursing. Testing by means of a specially constructed and validated Likert-type attitude scale showed that attitudes improved significantly following the workshop. The authors concluded that "the method of experience-linked active learning was an appropriate one, thus showing that it is realistic to define affective aims and objectives and to teach for them" (Gale et al., 1976, p. 252).

Cognitive dissonance theory was part of the theoretical framework in a study of health beliefs about breast cancer and the practice of breast self-examination (Stillman,

1977). The sample consisted of 122 women and the data were collected by a questionnaire. The independent variables were perceived susceptibility and perceived benefit from breast self-examination. The dependent variable was frequency of practicing breast self-examination. The findings were consistent with the theory of cognitive dissonance. The majority of women who believed themselves to be highly susceptible to breast cancer or perceived benefits to be gained by performing self-examination practiced breast self-examination more frequently than did those women who perceived themselves to have low susceptibility to breast cancer. An outcome of the study was the development of an educational program which could be presented to groups of women. Stillman (1977) stated that a woman who feels she is in perfect health, but knows she is at an age when breast cancer is more of a threat, may, in order to reduce the dissonance, schedule a physical examination or practice breast self-examination to confirm her positive feelings about her health.

A theoretical article by Greenwald and Ronis (1978) reviewed the 20 year history of cognitive dissonance theory. The authors stated that, in recent statements of the theory, the psychological character of the motivation for cognitive change can be interpreted as a need to

preserve self-esteem rather than a need to maintain logic-like consistency among cognitions. Dissonance has strong motivational properties when an individual is bound by a behavioral commitment to one of the inconsistent cognitions, when the self-concept or some other firmly held expectancy is involved, or when the dissonant elements have been brought together through the personal responsibility of the individual who experiences dissonance (Greenwald & Ronis, 1978).

#### Summary

The study of attitudes and behavior toward alcoholism was viewed within the system of social psychological phenomena and concepts. Descriptive studies of attitudes of health professionals toward alcoholism were presented. In general, these studies demonstrated negative attitudes toward alcoholism. Research concerning educational and clinical experiences and change of attitudes toward alcoholism were described. The results were inconclusive. Finally, the theory of cognitive dissonance (Festinger, 1957) was used to explain attitude change when there was inconsistency between attitude and behavior.

## CHAPTER 3

### PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

This study is quasi-experimental with a nonequivalent control group pretest-posttest design as described by Campbell and Stanley (1963). The independent variable was a clinical practicum on an alcohol treatment unit. The dependent variable was the score on The Alcoholism Questionnaire (Marcus, 1963a).

#### Setting

The setting for this study was a 900-bed university-affiliated, general hospital in a large metropolitan area in the southwestern United States. The alcohol problem treatment unit consists of 24 beds, 20 of which are for alcoholics and 4 for patients with chronic pain. The alcohol problem treatment program is a voluntary program designed for 28 days of inpatient care for rehabilitation of persons suffering from alcoholism. The services of the unit include detoxification, patient education, individual and family counseling, group therapy, occupational therapy, Alcoholics Anonymous and Alanon meetings.

### Population and Sample

The population consisted of junior nursing students in one baccalaureate program in a particular university. A convenience sample was selected from a university college of nursing which offers a four-year baccalaureate program and is located in the same city as the alcohol treatment program. The sample was all students beginning their psychiatric nursing course at the time of this study.

Assignment to groups was nonrandom and determined by the coordinator for junior level students. The experimental group consisted of those students assigned to an alcohol treatment unit for part of their clinical experience. These students spent one day a week for four weeks on each of the following: an alcohol treatment unit, a general psychiatry unit, and a geriatric psychiatry unit. One to two hours of each clinical day was spent in a clinical conference with the instructor, so that a total of 24-28 hours was actually spent with patients on the alcohol treatment unit. The control group consisted of those students who had their clinical experience at another agency and did not spend any time on an alcohol treatment unit. Their time was spent on a general psychiatry unit and at a day treatment center.

### Protection of Human Subjects

The subjects' rights were protected by compliance with current rules and regulations of the Human Research Review Committee at Texas Woman's University. A brief description of the study, a verbal explanation of procedures to be followed and an offer to answer any question concerning the study and procedures were given to subjects at the time of the pretest. Instruction was given that participation in the study was voluntary and that the subject was free to withdraw his/her consent and to discontinue participation in the study at any time without prejudice. Consent to participate was indicated by return of the completed questionnaire to the investigator. The potential risks of possible public embarrassment and improper release of data was explained. The anonymity of the subjects was preserved by using a coding system to identify students. Confidentiality of information and recorded data was maintained. At the completion of the study the master list of coded names was destroyed by the investigator.

### Instruments

Two instruments were used in this study. The first was an identifying data questionnaire to obtain demographic data (Appendix A). It was developed by the author.

The second instrument used in this study was the Alcoholism Questionnaire developed by Marcus in 1963 (Appendix A). The Alcoholism Questionnaire was developed at the Toronto Alcohol and Drug Addiction Research Foundation. It is a 40-item paper and pencil scale which can be administered in 15 to 30 minutes.

The questionnaire includes 36 items to which the subject responds by selecting a position on a Likert-type scale which ranges from "1" if he completely disagrees with the item to "7" if he completely agrees. Four additional items are included to bring the total number of items to an even 40 and also because they measure ideas of interest not covered by the other items (Marcus, 1980). The 40 statements of the questionnaire were retained by Marcus through the process of factor analysis of 1,000 statements (Marcus, 1963b, 1963c).

As a result of Marcus' study, nine areas of opinion were isolated and these are considered to represent the major dimensions of popular opinion about alcoholism. Four items were selected to define each of these nine dimensions or factors (Appendix B). The factors consist of the following areas: emotional difficulties as causes of alcoholism, loss of control, prognosis for recovery, the alcoholic as a steady drinker, alcoholism and character defect, social



status of the alcoholic, alcoholism as an illness, harmless voluntary indulgence, and addiction liability.

Harlow and Goby (1980) stated that Marcus' Alcoholism Questionnaire "has been used in numerous studies and has established validity and reliability" (p. 59). This investigator determined the reliability of the instrument by calculating coefficient alpha. Alpha equaled .79.

To date, the questionnaire has been administered in personal interview situations, through the mail, and in groups of varying sizes. No difficulties have been reported using these various administration procedures (Marcus, 1980). The Marcus Questionnaire was used at the Toronto Alcohol and Drug Addiction Research Foundation to assess the attitudes of a sample of 60 male and female adults--physicians, nurses, social workers, teachers, and clergymen--who attended a summer course on alcohol and the problems of addiction. It was also administered to the following groups: 200 unselected adults (20 years and over) from the Toronto area; 254 students; 82 patients; and 38 staff members from the Foundation. The mean factor scores for these five samples are illustrated in Appendix C and represent normative data. The Toronto sample was the most heterogeneous sample of the general population and the staff sample was the most expert with regard to alcoholism (Marcus, 1980).

As can be seen from the Alcoholism Questionnaire, an individual can obtain a score of from 1 to 7 on each of the 40 items. The four items used to measure each of the factors are shown in Appendix B. The statistic which is of most interest is the mean factor score for a group of individuals, but for some purposes individual factor scores may be wanted also. To obtain an individual's score on any factor, the sum of his/her scores on the four items defining that factor are divided by four (the number of items). The mean factor score for a group is simply the average of the factor scores obtained by all the individuals in that group (Marcus, 1980). The mean factor score on an item, whether for an individual or a group, must vary somewhere between 1.00 and 7.00 (Marcus, 1980).

Scoring yields mean factor scores in nine areas of opinion. These factors are defined in Appendix B. A high score on factors 1--emotional difficulties, 2--loss of control, 4--the alcoholic as a steady drinker, and 9--alcohol addiction liability indicate a positive attitude toward alcoholism. On factor 3--prognosis for recovery, 5--alcoholism and character defect, 6--social status of the alcoholic, 7--alcoholism as an illness, and 8--harmless voluntary indulgence, a high score indicates a negative attitude toward alcoholism.

Since the items in the questionnaire are opinion and not information statements, there are no absolutely "right" or "wrong" answers. Different groups will show different degrees of agreement and disagreement with the factors. Therefore, the factor scores for any group become meaningful only in comparison with some other group (Marcus, 1980).

Marcus (1980) stated it would be desirable if two comparable forms of the Alcoholism Questionnaire could be produced. It is possible to do this by splitting the present questionnaire into two halves, with two items to measure each factor rather than the four items presently in use. However, Marcus presented the following two arguments against this procedure: it is expected that the reliability of the two forms would be quite low, since the intercorrelations among the items are low; secondly, the items defining each factor are in most cases not similar enough in their content to be considered comparable. To produce comparable forms, the best procedure would be to select four new items for each factor which match as closely as possible the items in the present questionnaire. The greater number of items and the matching process should produce higher correlations on the average and a correspondingly greater reliability (Marcus, 1980).

### Data Collection

Pretesting was accomplished by the administration of the Alcoholism Questionnaire (Marcus, 1963a) to all the students during the first week of their psychiatric nursing course. The investigator administered the questionnaire during assigned class time. The experimental group participated in a clinical practicum on an alcohol treatment unit as part of their clinical experience. The students interacted with the staff and patients in a variety of situations, such as films, lectures, group therapy sessions, and recreational activities. These students were exposed to the philosophy of the unit that views the alcoholic patient as a person who can choose to get better. The control group did not have a clinical experience on an alcohol treatment unit. During the last week of the students' psychiatric nursing course, the investigator administered the posttest during assigned class time.

### Treatment of Data

Demographic data were summarized and described to compare experimental and control groups at pretesting. The number of students in each group with prior alcoholism education, prior personal contact with alcoholic friends or family members, and prior professional experience with alcoholic patients was determined.

### Summary

This study determined if there is a difference in attitudes toward alcoholism between baccalaureate nursing students who have a clinical practicum on an alcohol treatment unit and those who do not have this experience. The Alcoholism Questionnaire (Marcus, 1963a) was administered to the nursing students at the beginning and end of their psychiatric nursing course.

## CHAPTER 4

### ANALYSIS OF DATA

This was a quasi-experimental pretest-posttest study to determine whether baccalaureate nursing students who have a clinical practicum on an alcohol treatment unit have more positive attitudes toward alcoholism than those who do not participate in this experience. Descriptive statistics and inferential statistics were used to analyze the data. Descriptive statistics were used to describe the study sample. Inferential statistics were used to test the statistical significance of differences between two groups.

#### Description of Sample

Forty-three nursing students at one selected university participated in this study by responding to the two instruments (Appendix A). The Identifying Data Questionnaire developed by the investigator was composed of questions relating to the age, sex, and psychiatric clinical assignment of the students. Further questions were asked relating to the students' previous professional experiences with alcoholic clients, the students' previous personal contacts with alcoholic persons, and the students' education about

alcoholism occurring outside of nursing school. The second instrument was the Marcus Alcoholism Questionnaire (Marcus, 1963a).

The total number of students in the sample was 43, of which 18 (41.9%) comprised the experimental group and were assigned to a hospital with an alcohol treatment unit. The remaining 25 students (58.1%) were assigned to another facility and comprised the control group. Forty-one (95.3%) of the students were female and two (4.7%) were male. Each group contained one male student.

The mean age of the group was 25.9 years, the median age was 23.5 years, and the mode was 21.0 years. Table 1 shows the age distribution of the students in the two clinical groups. Twenty-nine students (67.4%) were under 27 years of age.

The number of students who had previous professional contacts with alcoholic clients was seven. Two of these were in the experimental group, and five were in the control group. Table 2 shows the distribution of the students with prior professional contacts with alcoholic persons.

The number of students who had previous personal contacts with alcoholic persons, such as friends or relatives, was 31. Thirteen of those were in the experimental group and 18 were in the control group. The distribution

Table 1

Age Distribution of 43 Nursing Students Who Participated  
in the Alcoholism Attitude Study

Age Range	Group					
	<u>Experimental</u>		<u>Control</u>		<u>Total</u>	
	N	%	N	%	N	%
18-26 years	13	30.2	16	37.2	29	67.4
27-34 years	3	7.0	4	9.3	7	16.3
35 years and over	2	4.7	5	11.6	7	16.3
Total	18	41.9	25	58.1	43	100.0

Table 2

Prior Professional Contacts of 43 Nursing Students Who  
Participated in the Alcoholism Attitude Study

Professional Contacts	Group					
	<u>Experimental</u>		<u>Control</u>		<u>Total</u>	
	N	%	N	%	N	%
0 persons	16	37.2	20	46.4	36	83.6
1-2 persons	1	2.3	2	4.7	3	7.0
3-5 persons	1	2.35	1	2.35	2	4.7
6 or more persons	0	0.0	2	4.7	2	4.7
Total	18	41.85	25	58.15	43	100.0



of the students with prior personal contacts with alcoholic persons is shown in Table 3.

Table 3

Prior Personal Contacts of 43 Nursing Students Who Participated in the Alcoholism Attitude Study

Personal Contacts	Group					
	<u>Experimental</u>		<u>Control</u>		<u>Total</u>	
	N	%	N	%	N	%
0 persons	5	11.6	7	16.3	12	27.9
1-2 persons	8	18.6	15	34.9	23	53.5
3-5 persons	4	9.3	1	2.3	5	11.6
6 or more persons	1	2.3	2	4.7	3	7.0
Total	18	41.8	25	58.2	43	100.0

Students were asked concerning education about alcoholism outside of nursing school. Nineteen students reported prior outside education. Ten of these were in the experimental group and nine were in the control group. Table 4 reports distribution of students with prior alcoholism education.

### Findings

The second instrument, the Marcus Alcoholism Questionnaire (1963a), consists of 40 statements of opinion about alcoholism and subjects respond on a Likert scale

Table 4

Prior Alcoholism Education of 43 Nursing Students Who Participated in the Alcoholism Attitude Study

Prior Alcoholism Education	Group					
	<u>Experimental</u>		<u>Control</u>		<u>Total</u>	
	N	%	N	%	N	%
Yes	10	23.3	9	20.9	19	44.2
No	8	18.6	16	37.2	24	55.8
Total	18	41.9	25	58.1	43	100.0

ranging from one to seven. A score of one represents total disagreement with the statement and a score of seven represents total agreement with the statement (Marcus, 1980).

The subjects' mean score for each question was calculated (Appendix D). Factor score totals were obtained by adding the scores of the four defining items for each factor (Appendix B). The mean of the factor score totals for each factor was determined. This score can range from 7 to 28. Tables 5 and 6 summarize these findings.

Mean factor scores were obtained by dividing each mean of factor score totals by four, the number of questions determining each factor. Marcus (1980) stated that the mean factor scores become meaningful only in comparison to some other group. Therefore, the pretest and posttest

Table 5

Means of Factor Score (FS) Totals on Pre- and Posttests  
of 43 Nursing Students Who Participated in the  
Alcoholism Attitude Study

Factor	Pretest FS Totals	Posttest FS Totals
1. Emotional difficulties as causes of alcoholism	20.0	19.9
2. Loss of control	17.0	16.4
3. Prognosis for recovery	10.3	9.1
4. The alcoholic as a steady drinker	17.6	19.9
5. Alcoholism and character defect	13.0	12.4
6. Social status of the alcoholic	10.1	9.0
7. Alcoholism as an illness	10.9	10.8
8. Harmless voluntary indulgence	10.3	8.5
9. Addiction liability	19.1	19.6

mean factors scores for the study sample and scores for two additional samples, a Toronto sample and a sample of experts (Appendix C) are shown in Table 6.

The Toronto sample was a quota sample of 200 men and women, 20 years of age and over, from the Toronto area. The demographic characteristics of this sample were similar

Table 6

Pretest and Posttest Mean Factor Scores (MFS) of 43 Nursing Students Who Participated in the Alcoholism Attitude Study and Mean Factor Scores (MFS) of a Toronto Sample and Staff Sample (Experts)

Factor	Pretest MFS	Posttest MFS	Toronto Sample MFS <sup>a</sup>	Staff Sample (Experts) MFS <sup>a</sup>
1	5.00	4.98	5.16	5.20
2	4.25	4.10	5.03	5.35
3	2.58	2.28	2.99	2.11
4	4.40	4.98	3.18	5.23
5	3.25	3.10	3.51	3.18
6	2.53	2.25	2.88	2.68
7	2.73	2.70	3.07	2.68
8	2.58	2.13	3.22	2.54
9	4.78	4.90	4.60	4.35

<sup>a</sup>Marcus, 1963b

to those found for the adult population of Toronto in general (Marcus, 1963c). The sample of experts consisted of 38 members of the staff of the Alcoholism and Drug Addiction Research Foundation in Toronto. The sample included physicians, psychiatrists, social workers, nurses, and members of the education, research, and administrative staff (Marcus, 1963c).

The hypothesis of this study predicted a significant difference between control and experimental groups on the posttest. This was not demonstrated by the findings. A 2 x 9 analysis of variance (ANOVA) on the pretest and posttest did not demonstrate any significant differences between experimental and control groups on either test. Tables 7 and 8 summarize the results of the analyses of variance.

Table 7

Results of Pretest ANOVA of 43 Nursing Students Who Participated in the Alcoholism Attitude Study

Factor	Sum of Squares	Degrees of Freedom	Mean Square	<u>F</u>	Two-Tail <u>p</u>
1	17.63	1	17.63	1.19	0.28
2	3.44	1	3.44	0.20	0.66
3	2.03	1	2.03	0.11	0.74
4	15.41	1	15.41	0.71	0.40
5	3.44	1	3.44	0.12	0.73
6	1.18	1	1.18	0.11	0.74
7	8.19	1	8.19	0.34	0.56
8	1.51	1	1.51	0.09	0.77
9	2.71	1	2.71	0.21	0.65

Table 8

Results of Posttest ANOVA of 43 Nursing Students Who  
Participated in the Alcoholism Attitude Study

Factor	Sum of Squares	Degrees of Freedom	Mean Square	<u>F</u>	Two-Tail <u>p</u>
1	3.67	1	3.67	0.24	0.62
2	6.91	1	6.91	0.34	0.56
3	17.91	1	17.91	1.06	0.31
4	37.79	1	37.79	1.42	0.24
5	2.29	1	2.29	0.07	0.80
6	24.01	1	24.01	1.19	0.28
7	6.45	1	6.45	0.20	0.66
8	1.79	1	1.79	0.11	0.74
9	0.57	1	0.57	0.04	0.84

#### Summary of Findings

The findings did not support the research hypothesis. No significant differences between experimental and control groups on the posttest were demonstrated (Tables 7 and 8).

Marcus recommended that one should pay particular attention to mean factor score differences greater than 1.0, and that differences less than 0.5 should be ignored (Marcus, 1980). A difference greater than 0.5 between

pretest and posttest scores was determined on factor 4 which indicates increasing agreement with the belief that periodic excessive drinkers can be alcoholics. On a scale of one to seven, the sample of experts in the field of alcoholism scored high on factor 4 of the Marcus Alcoholism Questionnaire, indicating agreement with this belief (Marcus, 1980). When the study sample was compared to the Toronto norm group, the mean factor score difference at pretesting was greater than 1.0 on factor 4 (Table 6).

In addition, mean factor score differences were greater than 0.5 on factor 2 and factor 8 (Table 6). A high score on factor 2 indicates agreement with the statement that the alcoholic is unable to control his drinking behavior. The sample of experts scored high on this factor (Marcus, 1980). The study sample scored lower than the Toronto sample or the staff sample, indicating disagreement with the statement.

Finally, a high score on factor 8 indicates agreement with the statement that the alcoholic is a harmless heavy drinker whose drinking is motivated only by his fondness for alcohol. The sample of experts scored low on this factor, indicating disagreement with the statement (Marcus, 1980). The study sample also scored low, demonstrating a difference greater than 0.5 between the mean factor score

of the study sample at pretest and the Toronto sample (Table 6).



## CHAPTER 5

### SUMMARY OF THE STUDY

The purpose of this study was to determine whether baccalaureate nursing students who have a clinical practicum on an alcohol treatment unit differ in their attitudes toward alcoholism from those students who do not participate in this experience. The hypothesis stated that baccalaureate nursing students who have a clinical practicum on an alcohol treatment unit will have more positive attitudes toward alcoholism than those who do not participate in this experience.

#### Summary

A quasi-experimental pretest-posttest study was done. The sample consisted of all junior nursing students beginning their psychiatric nursing course in a baccalaureate program at one particular university. Nonrandom assignment determined the experimental and control groups. The experimental group consisted of those students assigned to an alcohol treatment unit for part of their clinical experience. The students in the control group were assigned to either a general psychiatry unit or a day treatment center. The entire sample attended the same

lectures during the 12-week course. One of these lectures was a three-hour presentation about alcoholism.

The instrument was the Alcoholism Questionnaire developed by Marcus in 1963. The questionnaire was administered to the sample at the first class and at the last class of the psychiatric nursing course. An identifying data questionnaire was also administered to obtain demographic data.

Mean factor scores were determined for the pretest and posttest for the entire sample. Differences in the scores of the groups for each factor were compared using a 2 x 9 ANOVA.

### Discussion of Findings

The result of no significant differences between control and experimental groups was disappointing, but not surprising in view of how little time the students in the experimental group actually spent on the alcohol treatment unit. This time was approximately 24-28 hours.

Harlow and Goby (1980), in a similar study, found that a multiple analysis of variance demonstrated significant statistical differences between groups at posttesting and further analysis with t tests showed statistically significant differences in all scales of the Alcoholism Questionnaire (Marcus, 1963a).

However, the two groups of their study attended two different diploma schools of nursing, so, perhaps, the groups were initially more dissimilar. The experimental group participated in a three-week program of alcoholism treatment at a hospital. The control group from another school of nursing did not have a clinical experience in alcoholism treatment (Harlow & Goby, 1980).

In another study (Sorgen, 1979) of nursing students using Marcus' Alcoholism Questionnaire (1963a), students attending an alcohol rehabilitation center differed significantly on four out of the nine factors of the questionnaire from students who did not attend the center. The data were analyzed using  $t$  tests on each factor.

In the present study, the fact that both groups were exposed to the same three-hour lecture on alcoholism may be significant. The probability that cognitive knowledge increased in both groups may be related to the fact of no attitude differences between groups on posttesting. Waring (1978) measured knowledge and attitude change after training in alcoholism. She found that knowledge was significantly influenced by the training seminar as compared with a control group. Also, after training, the experimental group, but not the control group, improved their scores on five factors of the Alcoholism Questionnaire (Marcus, 1963a) by at least 0.5 (Waring, 1978).

In the present study, the difference between pretest and posttest scores of the total sample on factor 4 is interesting. The recognition that a person can be alcoholic if excessive drinking is periodic rather than chronic is an important improvement in attitude. The finding of a difference greater than 1.0 on factor 4 between the pretest score of the study sample and the Toronto sample may indicate an improvement in the attitude of the general public in this area over the last 20 years since the Toronto sample findings date from 1963.

The low scores obtained by the study sample on factor 2 is cause for concern. Disagreement with the statement that the alcoholic is unable to control his drinking behavior is in contradiction to the positive view of alcoholism as an illness in which the alcoholic person does not have control over his drinking. However, the finding regarding factor 8 is encouraging because disagreement with the view of the alcoholic as a harmless heavy drinker is likely to foster the acceptance of the necessity for treatment of alcoholism.

Of interest were some of the demographic data. The fact that 72.1% of the study sample had personal friends and/or relatives they considered to be alcoholics was impressive. Lemos and Moran (1978) stated that alcoholism

is an emotionally charged issue because of the high incidence of alcoholism among the general public. They feel that "deeply ingrained attitudes toward such issues are not modified by the classical 'workshop-seminar' approach" (p. 83). The authors believed that intensive individual work is necessary to modify such attitudes (Lemos & Moran, 1978).

Also of interest is the fact that 44.2% of the total sample had received some education about alcoholism prior to their psychiatric nursing course. The author regrets that the subjects were not asked to specify where they received this education.

### Conclusions and Implications

The conclusion, based on the findings of the study, is that 24-28 hours on an alcohol treatment unit and a three-hour lecture on alcoholism are not sufficient to change the attitudes toward alcoholism of junior level nursing students at the study school.

An implication of this conclusion is that changing nursing students' attitudes toward alcoholism should not be an objective of the present psychiatric nursing course at this baccalaureate school of nursing. Rather, specific behavioral objectives can specify acceptable behavior of nursing students when relating to alcoholic clients. In

a study by Fisher, Fisher and Mason (1976), the number of cases of alcoholism diagnosed by physicians was used as a measure of behavior change. An objective such as increasing the number of referrals of alcoholic clients to Alcoholics Anonymous would describe an acceptable behavior of nursing students when relating to alcoholic clients.

If, however, the philosophy of this baccalaureate school of nursing encourages the attempt to modify students' negative attitudes toward alcoholism, a change in the psychiatric nursing course content would be necessary. This might include such things as increasing the amount of time students spend in the clinical area with alcoholic clients and encouraging more discussion of the students' attitudes toward alcoholism in order to assist students to become more aware of their negative attitudes.

Gale, Tomlinson, and Anderson (1976) view attitudes and values as equally important as knowledge and skills in medical education. These authors believe it is necessary to define attitudinal objectives for students and ensure that these are met. They also suggest that the inclusion of attitudinal objectives may depend upon the attitudes of clinical teachers toward alcoholism. In addition, they state that teachers may be affected by a lack of awareness of the importance of their own attitudes and how they change (Gale et al., 1976).

### Recommendations for Further Study

From the research findings of the study of nursing students' attitudes toward the alcoholic client, the following recommendations are made for future studies:

1. A correlational study between the attitudes of nursing students toward alcoholism and their behavior toward alcoholic clients as measured by the number of clients referred to AA is suggested.
2. A study comparing outcomes of different alcoholism education programs to help determine the minimum number of hours of education and clinical exposure needed to change attitudes would be useful.
3. A study to develop criterion related validity for the Marcus' Alcoholism Questionnaire by administering a different instrument to measure attitudes toward alcoholism along with Marcus' Alcoholism Questionnaire is suggested.
4. A study of nursing students' attitudes toward alcoholism using a larger sample, such as a sample of nursing students from several baccalaureate programs, would give a wider base of information.

APPENDIX A

QUESTIONNAIRE PACKET



IDENTIFYING DATA QUESTIONNAIRE

DIRECTIONS: Please check (✓) the ONE item in each question which best identifies you.

1. Clinical assignment for psychiatric practicum:      2. Your age: \_\_\_\_\_ years      3. Your sex:  

☐ Hermann Hospital

☐ Female

☐ Veterans' Administration or TRIMS

☐ Male
4. Your professional experience with alcoholic clients:  
☐ None  
☐ 1-2 persons  
☐ 3-5 persons  
☐ 6 or more persons
5. Your personal contacts with alcoholic persons, i.e. friends and/or relatives:  
☐ None  
☐ 1-2 persons  
☐ 3-5 persons  
☐ 6 or more persons
6. Does your nursing program teach specific classes in nursing care of the alcoholic patient:  
☐ Yes  
☐ No
7. Have you received education about alcoholism outside of your nursing education:  
☐ Yes  
☐ No
8. Does your nursing program provide you with clinical experience in caring for alcoholic patients:  
☐ Yes  
☐ No

A-2

## THE ALCOHOLISM QUESTIONNAIRE (Marcus, 1963)

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						

Please make sure that you make a mark for each statement. Leave none of the statements blank and make only one mark for each. You should not spend more than a few seconds marking each statement. If it is difficult for you to make up your mind, make the best guess that you can and go on to the next one.

A-3

	Disagree				Agree		
	1	2	3	4	5	6	7
1. A person who often drinks to the point of drunkenness is almost always an alcoholic.							
2. People who become alcoholics are usually lacking in will power.							
3. Most alcoholics have no desire to stop drinking.							
4. The average alcoholic is usually unemployed.							
5. A person can inherit a weakness for alcohol.							
6. The alcoholic is helpless to control the amount of alcohol he drinks.							
7. Alcoholics usually have severe emotional difficulties.							
8. Alcoholism is best described as a habit rather than an illness.							
9. The alcoholic drinks excessively mainly because he enjoys drinking.							

A-4

	Disagree				Agree		
	1	2	3	4	5	6	7
10. An alcoholic can get into as much trouble by drinking beer as by drinking liquor.							
11. A person who frequently stays intoxicated for several days at a time is unquestionably an alcoholic.							
12. The alcoholic is seldom helped by any sort of medical or psychological treatment.							
13. The alcoholic has only himself to blame for his problems.							
14. Alcoholics, on the average, have a poorer education than other people.							
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.							

A-5

	Disagree				Agree		
	1	2	3	4	5	6	7
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 over-estimated.							
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.							

A-6

	Disagree				Agree		
	1	2	3	4	5	6	7
28. Unhappy marriages and other unpleasant family situations often lead to alcoholism.							
29. Alcoholism is not a disease.							
30. Most alcoholics could not be rehabilitated even if more help were available to them.							
31. Alcoholics are seldom found in important positions in business.							
32. Preferring to drink alone rather than with friends is a sign of alcoholism.							
33. Alcoholics are usually in good physical health.							
34. The alcoholic is basically a spineless person who has found an easy way out of his problems.							
35. Some people who drink heavily, but only on weekends, are alcoholics.							
36. An alcoholic usually has something in his past which is driving him to drink.							

A-7

	Disagree					Agree		
	1	2	3	4	5	6	7	
37. Most alcoholics are completely unconcerned about their problem.								
38. With proper treatment, some alcoholics can learn to take the occasional social drink without getting into trouble.								
39. Most alcoholics are either drunk or drinking every day.								
40. A person usually has very little warning before he becomes an alcoholic.								

## APPENDIX B

### SCORING KEY FOR ALCOHOLISM QUESTIONNAIRE



# SCORING KEY FOR THE ALCOHOLISM QUESTIONNAIRE (Marcus, 1980)

Factor	Defining Items	Interpretation	Experts' Position
1. Emotional difficulties as causes of alcoholism.	7,19,28,36	A high score indicates the belief that emotional difficulties or psychological problems are an important contributing factor in the development of alcoholism.	High
2. Loss of control	6,16,27,32	A high score indicates the belief that the alcoholic is unable to control his drinking behaviour.	High
3. Prognosis for recovery	9,12,30,37	A high score indicates the belief that most alcoholics do not, and cannot be helped to, recover from alcoholism.	Low
4. The alcoholic as a steady drinker	1,11,25,35	A high score indicates the belief that periodic excessive drinkers can be alcoholics. A low score indicates the belief that a person must be a chronic excessive drinker in order to be classified as an alcoholic.	High
5. Alcoholism and character defect.	2,18,26,34	A high score indicates the belief that the alcoholic is a weak-willed person.	Low
6. Social status of the alcoholic.	4,14,22,31	A high score indicates the belief that alcoholics come from the lower socio-economic strata of society.	Low

SCORING KEY FOR THE ALCOHOLISM QUESTIONNAIRE (cont'd)

Factor	Defining Items	Interpretation	Experts' Position
7. Alcoholism as an illness.	8,13,29,38	A high score indicates the belief that alcoholism is not an illness.	Low
8. Harmless voluntary indulgence.	3,15,21,33	A high score indicates the belief that the alcoholic is a harmless heavy drinker whose drinking is motivated only by his fondness for alcohol.	Low
9. Addiction liability	10,20,24,40	A high score indicates the belief that alcohol is a highly addicting substance.	High
Additional Items	5,17,23,39		

APPENDIX C

TABLE OF MEAN FACTOR SCORES

MEAN FACTOR SCORES FOR FIVE SAMPLES (Marcus, 1963b)

Factor	Toronto sample (N=200)	Ryerson sample (N=254)	Patient sample (N=82)	Summer School sample (N=60)	Staff sample (N=38)
Factor 1. Emotional difficulties.	5.16	5.52	5.57	5.45	5.20
Factor 2. Loss of control.	5.03	5.05	5.44	5.75	5.35
Factor 3. Prognosis for recovery.	2.99	2.14	2.63	2.19	2.11
Factor 4. Steady drinking.	3.18	3.14	4.17	4.87	5.23
Factor 5. Character defect.	3.51	3.52	3.01	3.15	3.18
Factor 6. Social status.	2.88	2.92	2.26	2.48	2.68
Factor 7. Illness conception. <sup>a</sup>	3.07	2.89	2.54	2.25	2.68
Factor 8. Harmless indulgence. <sup>a</sup>	3.22	-- <sup>b</sup>	-- <sup>b</sup>	2.35	2.54
Factor 9. Addiction liability. <sup>a</sup>	4.60	4.51	5.45	4.89	4.35

<sup>a</sup> In the factor analysis proper, Factor 7 appeared as Factor 12, Factor 8 as Factor 14, and Factor 9 as Factor 16.

<sup>b</sup> Because of an error in some of the questionnaires, we were unable to obtain comparable factor scores on Factor 8 for the Ryerson sample and the Patient sample.

## APPENDIX D

### RAW DATA

Table A  
Mean Scores by Question

Question No.	Pretest		Posttest	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
1	3.54	1.90	3.71	2.02
2	3.84	1.85	3.81	2.12
3	3.05	1.91	2.41	1.68
4	2.35	1.40	1.91	1.65
5	4.02	1.83	3.98	2.07
6	4.63	1.76	4.41	1.77
7	5.16	1.57	4.74	1.77
8	2.23	1.54	2.12	1.90
9	2.88	1.52	2.55	1.74
10	5.72	1.30	6.44	0.96
11	4.72	1.70	4.81	1.97
12	2.44	1.52	1.98	1.39
13	2.98	1.66	3.28	1.88
14	2.09	1.27	1.79	1.42
15	2.12	1.52	1.61	1.26
16	3.77	1.51	3.09	1.97
17	5.07	1.32	4.63	2.07
18	2.93	1.71	2.67	1.78
19	4.84	1.72	4.93	1.49
20	4.12	2.25	4.44	2.31
21	2.56	1.22	2.12	1.55
22	3.72	1.33	3.47	1.91
23	4.81	1.61	4.72	1.68
24	5.30	1.85	5.42	1.74
25	5.56	1.53	6.16	1.25
26	3.07	1.61	3.33	1.91
27	4.49	1.75	4.58	2.04
28	5.74	1.05	5.85	1.40
29	2.09	1.88	2.07	1.87
30	2.33	1.51	2.05	1.36

Table A (Continued)

Question No.	Pretest		Posttest	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
31	1.98	1.35	1.70	1.57
32	4.12	1.92	4.19	2.16
33	2.56	1.30	2.23	1.49
34	3.16	1.76	2.51	1.68
35	3.81	1.80	5.07	2.14
36	4.28	1.37	4.26	1.54
37	2.61	1.43	2.42	1.61
38	3.63	2.05	3.14	2.40
39	4.44	1.97	3.47	1.87
40	3.95	1.90	3.26	1.88

APPENDIX E  
LETTER OF PERMISSION





January 11, 1982

Central Office

33 Russell Street  
Toronto, Ontario  
Canada M5S 2S1  
(416) 595-6000

Ms. Loretta Miller  
20402 Landshire  
Humble, Texas 77338

Dear Ms. Miller,

I am pleased to grant you permission for using the Marcus Alcoholism Questionnaire as you described in your letter of December 21, 1981.

I wish you success on your thesis and would be interested in obtaining a copy of it for our library, once completed.

Sincerely yours,

R.J. Hall  
Head  
Information and Promotion

RJH/jmh

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