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ATTITUDES OF NURSES
TOWARD ALCOHOL DEPENDENT PATIENTS

A Thesis

Presented for the

Master of Science in Nursing

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Joan K. Burnham

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ABSTRACT

Alcoholism is known to be one of the most prevalent of the addictions. Nurses encounter alcohol-dependent patients in all segments of the health care delivery system. This study explored the relationship between the education of nurses in the biogenetic disease concept of addiction and the attitudes of nurses toward alcohol-dependent patients. The purpose of this study was to determine if there are differences in attitudes toward alcohol-dependent patients between nurses who have studied the biogenetic disease concept of addiction and those who have not.

The study design was descriptive and nonexperimental. A total of 150 randomly selected nurses were invited to participate. The sample consisted of 40 volunteer registered nurses from the group invited who represented 12 specialty areas in the hospital. Twenty-eight of these nurses had knowledge of the biogenetic disease process and 12 did not have this knowledge. The subjects completed a demographic data sheet and the five subscales of the Seaman-Manello Scale, Form B - Nurses' Attitudes Toward Alcohol and Alcoholism. Descriptive statistics were obtained. The data were analyzed using a *t*-test to test for attitude differences. A one way analysis of variance (ANOVA) was used to test for differences in mean attitudes across the five subscales by age, alcohol abuse education, professional contacts, and personal contact ($p = 0.05$).

The findings of this study revealed significant differences between the two groups of nurses only in attitudes relating to the nurses' professional satisfaction in work with alcoholics and nurses' knowledge of the disease concept of addiction. These findings imply that nurses should be made aware of the exciting new insights into the etiology and treatment of alcoholism. Nurse educators should teach practicing nurses and student nurses the new concepts. Individual nurses may gain satisfaction and increase personal benefit from their practice by seeking out the latest knowledge about alcoholism. Based on these findings, studies should be conducted with a larger sample where more evidence of differences may appear.

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CHAPTER I

INTRODUCTION

Statement of the Problem

Nurses are often stereotyped as having kind, nonjudgmental, caring attitudes toward all patients. Patients, no matter what their health problem, expect nurses to care for them in a special way. In most instances this special caring is indeed exhibited. There are, however, some patients whose care may be deficient because of nurses' feelings and attitudes. The results of numerous studies show that many nurses have negative attitudes toward alcohol dependent patients (Cornish & Miller, 1976; Ferneau & Morton, 1968; Schmid & Schmid, 1973). These negative attitudes necessarily affect the nursing care given to the patients. Negative attitudes held by the nurse also influence the patient's acceptance of the disease and/or his/her recovery.

Many studies have focused on alcoholism because it is the most prevalent of the addictions (Talbott, 1984). Addiction is a term used to describe a repetitive inclination. In today's language, addiction usually describes a chemical dependency upon either drugs or alcohol. Many other addictive behaviors such as smoking, overeating, and even overworking are socially acceptable.

All addictive behaviors are due to a need or compulsion to perform the particular behavior frequently or repetitively (Morgan & Moreno, 1973). The National Survey on Drug Abuse (National Institute on Drug Abuse, 1983) revealed that alcohol was used by almost three times as many respondents as marijuana, the most frequently used illegal drug. Haberman and Natarajan (1986) completed a study of trends in alcoholism and drug abuse using data collected from medical examiner cases in Essex County, New Jersey. Alcohol was found to be the most frequently used drug in the cases studied. Talbott (1984) states that 14% of those who use alcohol will become addicted to it.

The major reason offered by Talbott (1984) for negative attitudes toward alcoholics is that most people do not think of alcoholism as a disease with specific symptoms. Nevertheless the disease does have clearly identifiable symptoms. While compulsivity is the primary symptom, other symptoms may occur including changing tolerance, occurrence of a withdrawal syndrome when the substance is not consumed, blackouts, physical destruction of all body systems, psychological destruction, and sociocultural destruction. With the finding of a neurotransmitter deficiency in the hypothalamus of those prone to chemical dependency, the disease of alcoholism is now construed by some researchers to be biogenetic (Kissin, 1983). However, there are other theories of addiction such as the moral models, the

psychoanalytic theory, and the learning process-based theory (Milby, 1981). The biogenetic disease concept was chosen as the basis for this study.

Talbott (1984) suggests that abuse of a substance "plus the genetic predisposition. . .triggers the disease in an individual" (p. 154). Recovery is described by Talbott as the replacement of the abused substance with coping skills that do not involve chemicals. Many health professionals are not aware of the biogenetic disease concept of alcoholism. A great need among health professionals is to learn about and accept the new concepts related to alcoholism (Talbott, 1986).

Naegle (1983) reports that "at any given time 25-30% of individuals hospitalized in a non-psychiatric setting have alcohol related problems" (p. 18). Thus, nurses frequently encounter alcohol dependency in hospital or community settings where adult or adolescent patients are seen. An alcohol-dependent patient admitted for reasons other than addiction presents challenging nursing care problems (Crovella, 1984). A major problem frequently encountered is the patient's denial of the addiction when it is, in fact, recognized by the nurse. To deal with the problem of denial, the nurse needs good assessment skills as well as warmth and understanding of the individual (Mueller, 1974).

A nurse-patient relationship is based upon acceptance of the patient, a nonjudgmental attitude, and consistency of

attitude (Taylor, 1986). It is expected that nurses can achieve a positive nurse-patient relationship and that they will have a positive attitude toward the patient whatever his/her problem. Positive attitudes are "accepting, nonstereotyped, and therapeutic" (Ferneau, 1967, p. 40). Unfortunately nurses sometimes lack these attitudes. Some nurses are negative, judgmental, punitive, not accepting of the patient, or moralistic. The alcoholic is looked upon as having a weak will and poor motivation (Ferneau, 1967). Unless innovative ways are sought to change these negative attitudes, they will continue. Schmid & Schmid (1973) found that nurses were less accepting of the disability of alcoholism than other physical disabilities.

The education of nurses may affect their values and attitudes. Basic preparation for the registered nurse customarily occurs in one of three types of educational programs: Diploma, Associate Degree (ADN), or Baccalaureate Degree (BSN), all of which prepare a generalist. Some registered nurses receive their basic education while enrolled as "generic" (unlicensed) students in a master's program (Before completion of the program, specialization occurs). Naegle (1983) states that nursing programs preparing generalists continue to fall short in offering information about alcohol and alcohol related problems. Carter (1983) differs with this conclusion. Carter indicates that a majority of nursing education programs on

the baccalaureate and master's level report that they are including content on alcohol and drugs in their curriculum. This content usually appears in the psychiatric/mental health area, which may indicate that addictive disease is thought of only as a psychological problem. Because of the problems inherent in such a narrow focus, Carter (1983) states that there is a need for more integration of drug and alcohol education into other areas as well to reflect the physiological nature of addiction.

Some researchers have found that schools of nursing can play an active role in promoting more positive attitudes toward alcohol-dependent persons. Nursing students who have been provided with instruction about alcoholism combined with practical experiences with alcohol-dependent clients have been shown to have more positive attitudes toward working with alcohol-dependent persons than students who did not have the specialized program (Davidhizar & Golightly, 1983; Gurel, 1976; Ferneau, 1967).

According to Bailey and Kindig (1985) attitude modification can be accomplished through education. Outcomes of more positive attitudes might be improved nurse-patient relationships with addicted patients and greater acceptance of his/her disease by the patient. Talbott (1986) suggests that education in the field of addiction should begin with study of the biogenetic disease concept. The disease concept offers an updated explanation

of an ancient problem. Armed with knowledge of the disease concept and current treatment techniques, the nurse will have the basic resources to develop a more positive attitude toward the alcohol-dependent patient. Several researchers have concluded, however, that knowledge is not enough to change attitudes. Knowledge of the disease concept must be reinforced by personal experiences with recovering alcoholics to produce a change in behavior (Davidhizer & Golightly, 1982; Gurel, 1976; Grutchfield, 1979; Reisman & Schrader, 1984). Experiences in the form of clinical assignment to Chemical Dependency Units, visiting open meetings of Alcoholics Anonymous (AA), or experiences in community mental health settings can provide contact with alcoholics in various stages of recovery. The purpose of this study was to determine if there are differences in attitudes toward alcohol-dependent patients between nurses who have studied the biogenetic disease concept of addiction and those who have not.

Rationale

When they enter the profession, nurses bring with them many diverse attitudes. Many nurses share the widely held view that the alcoholic individual is "bad" (Reisman & Shrader, 1984). Numerous researchers in the past 20 years have shown negative attitudes held by many nurses toward the alcoholic (Cornish & Miller, 1976; Ferneau, 1967; Ferneau &

Morton, 1968; Moody, 1971; Reisman & Shrader, 1984; Schmid & Schmid, 1973). Without making a conscious effort to change negative attitudes toward alcohol-dependent patients, the nurse may continue to reinforce those attitudes throughout his/her career. Many nurses may not have a conscious awareness of their negative attitudes which may compound the problem.

Identification of a relationship between nurses' positive attitudes toward alcohol-dependent patients and certain educational programs can contribute to nursing theory and may offer an educational method to achieve attitude change. The need for continued nursing research in this area is increasingly important because of the scope of new information on the horizon in the area of alcohol addiction and the widespread incidence of the problem (National Institute on Alcohol Abuse and Alcoholism, 1981).

Only the most recent psychiatric nursing textbooks have content on the biogenetic disease concept of addiction. It follows that unless the nursing instructor has a special interest in addiction, this information may be overlooked in psychiatric nursing courses. No references were found by this researcher which speak specifically to inclusion of the disease concept of alcoholism in associate degree nursing programs or hospital inservice programs.

Other researchers have studied changes in attitudes of nurses following a course of study on alcoholism; however,

some of these studies are dated. (Cornish & Miller, 1976; Davidhizar & Golightly, 1983; Ferneau, 1967; Ferneau & Morton, 1968; Moody, 1971; Reisman & Shrader, 1984; Schmid & Schmid, 1973). Evidence of the current attitudes of nurses toward alcohol-dependent patients is needed to determine difference in attitude following acquisition of knowledge of the disease concept of alcoholism.

Much previous research on nurses' attitudes toward alcoholics has focused on nursing students, but little has been done relative to the effects of teaching the disease concept to graduate nurses. This present study is similar to one completed by Estes and Gurel (1979) who explored social acceptance of nursing students for recovered alcoholics. The current study differs in that it was conducted with a sample of practicing registered nurses and used a more recently developed instrument.

Information about the attitudes of nurses toward alcoholic clients combined with information about their educational preparation and past experiences with alcoholics will provide direction for nursing education. As a result, appropriately educated nurses will be able to accept more responsibility for assessment and treatment of alcohol-dependent patients in their hospital or community practice.

Conceptual Framework

The conceptual framework for this study was based on the combination of concepts from three areas. The biogenetic disease concept of addiction formed the major basis for the study. Concepts regarding attitudes and values comprised the second area. For the third area, the nursing theory of Hildegard Peplau was chosen to provide the theoretical foundation for explaining the establishment of a helping relationship between the nurse and the alcohol- dependent patient.

The biogenetic disease concept of alcoholism is predicated on the belief that alcohol dependency is produced by specific physiological and chemical changes in individuals genetically prone to the development of the problem. These changes eventually involve loss of control, craving for alcohol, and compulsion to drink alcohol (Kissin, 1983). Talbott (1983) identifies compulsivity as the primary disease symptom and suggests that it is due to altered brain chemistry. Current evidence points to possible deficiencies in certain neurotransmitters (i.e. endorphins, enkephalins) leading to the compulsion (Bloom, Bayon, & Battenbert, 1980). Other evidence offers support for a strong genetic factor in the occurrence of alcoholism (Schuckit, 1972).

An attitude, according to Bailey and Kindig (1985), is the means by which our values are mirrored in our associations with other persons in our surroundings.

Attitude may be defined as "state of mind, a feeling state ingrained in the personality and organized through experience, causing readiness to respond in a certain manner" (Murray & Huelskoetter, 1987, p. 83). Attitudes, according to these definitions, reflect one's personality or identity and influence behavior. Values, which play an important part in the development of attitudes, are derived from personal needs and develop throughout life, influenced by our experiences and the people in our lives. Attitudes are learned because they arise from values. What is learned can be altered, however, with the addition of new learning or new experiences (Bailey & Kindig, 1985). It follows that attitudes may remain unchanged in individuals not exposed to new learning.

Hildegard Peplau (1952) views nursing as an interpersonal process because it involves interaction between two or more persons with mutual intent. This common goal is the basis for the curative process where mutual respect between nurse and patient allow for growth. In this interpersonal process Peplau describes four phases which include orientation, identification, exploitation, and resolution. The initial phase of orientation to the problem occurs when a person needing help looks for it. This person is directly affected by the attitudes of both nurse and patient about each other and the situation. In the phase of identification the nurse helps the patient understand

his/her problem and the interpersonal relationship that will occur between them. The patient will respond only to those who can meet his/her needs. The phase of exploitation is the time that the patient benefits from the nurse-patient relationship by accepting the services that are offered on the basis of his/her need. The final phase of resolution occurs with satisfaction of the original needs and emergence of new needs. Phases three and four cannot be accomplished if the first two are not effective (Peplau, 1952). Thus, the nurses' positive attitude is integral to the establishment of a helping relationship with their alcoholic clients.

Nominal Definitions

Definitions used for this study were as follows:

Addiction. A compulsive, psychological need for a substance (alcohol, drug, or food) which is used repeatedly to satisfy the need. The substance must be continued or the physical symptoms of withdrawal will occur.

Alcohol Abuse Education. The theoretical and/or practical content included in courses/classes on substance abuse and chemical dependency.

Alcohol-Dependency/Alcoholism. An addiction to alcohol accompanied by heavy drinking and resulting in physiological, social, and/or psychological problems.

Attitude. A belief or state of mind fixed in the personality influenced by cultural and social values, largely determined by feelings, and expressed in the individual's behavior.

Behavior. The way in which a person acts.

Biogenetic Disease Concept. The genetic disease concept of addiction which attributes addiction to biological tendencies inherent in the individual.

Education of Nurses. The nurse's basic program which may be Diploma, the Associate Degree in Nursing (ADN), or Baccalaureate of Science in Nursing (BSN). Advanced nursing education, Master of Science in Nursing (MSN), involves specialization.

Experience. Application of any nursing intervention with alcohol-dependent persons in any clinical setting.

Nurse. A caring person who meets certain set standards of education and clinical competency to provide services necessary in the promotion, maintenance, and restoration of health or a dignified death through the application of the nursing process.

Nurse's Practice Area. The area of the hospital in which the nurse carries out his/her nursing responsibilities.

Assumptions

This study was based on the following assumptions:

1. Nurses' attitudes can be measured.

2. Negative attitudes have a detrimental effect on patient outcomes.

3. The tool used in the study was valid and reliable to assess attitudes.

4. The participants gave honest responses.

In addition to the above assumptions the researcher based the study on the assumption that the biogenetic disease theory of alcoholism is a plausible one.

Objectives

The specific objectives for this study were as follows:

1. To determine if registered nurses who have received instruction in the biogenetic disease concept of addiction have significantly more positive attitudes toward the alcohol-dependent patient than those nurses who have not received such instruction.

2. To determine if nurses who have had personal and/or professional life experiences with alcohol-dependent persons have significantly different attitudes from those who have not had these experiences.

3. To determine if there are differences in nurses' attitudes toward alcohol-dependent patients among graduates of ADN, BSN, or diploma programs.

4. To determine if younger nurses have significantly different attitudes toward alcohol-dependent persons than older nurses.

CHAPTER II

A REVIEW OF THE LITERATURE

The literature review explored the relationship between the education of nurses and the attitudes of nurses toward alcohol-dependent patients. The topics reviewed were the attitudes of nurses toward alcohol-dependent patients and the education of nurses caring for alcoholic patients. The section on attitudes of nurses is further divided into sections on negative attitudes and attitude change. Both theoretical content and practical experience were considered in the review of education relative to chemical dependency.

Attitudes of Nurses Toward Alcohol-Dependent Clients

Values and the resultant attitudes arise from years of experiences and relationships. The nurse's negative feelings toward the alcoholic reflect his/her personal value system. These feelings may be on a subconscious level; therefore, the individual may be unaware of the attitudes that are expressed to others (Burkhalter, 1975). Attitudes may be positive or negative. Positive attitudes are "accepting, nonstereotyped, and therapeutic," while negative attitudes are "judgmental, moralistic, and punitive" (Ferneau, 1967, p. 40).

Negative Attitudes

Talbott (1986) compared contemporary attitudes toward alcoholics with attitudes held several hundred years ago toward victims of leprosy, epilepsy, and syphilis. Victims of leprosy, epilepsy, and syphilis exhibited strange symptoms and behaviors that were not understood. Because modern medicine has provided treatment for these diseases, people now accept the victims as diseased. Since the 1950's alcoholism has been known as a disease, but the old stigmas remain to permeate the attitudes of health professionals as well as the lay public.

Support for the contention that nurses' attitudes toward alcoholic patients are more negative than positive is evident in the literature. Mueller (1974) reflected on the discouragement that nurses feel when they care for an alcoholic patient, discharge him/her, and readmit him/her a short time later with similar problems. When they see that their interventions were short-lived, nurses may feel a sense of failure. Cohn (1982) discussed the problem of an alcoholic being admitted to the hospital and treated for related physical problems with no attention being given to the primary problem of alcoholism. Also, nurses must deal with disturbing problems such as withdrawal symptoms created by alcohol, and as a consequence they may develop feelings of bitterness, indignation, and hostility. Minion (1985) directed attention to the alcoholic who is ignored or put

down by caregivers because of his/her diagnosis when he/she seeks help. Minion states that nurse caregivers often describe the alcoholic as a drunk who has nothing wrong with him/her.

A concern expressed by Dickinson (1975) is that many nurses lack acceptance of the disease concept of alcoholism and view the alcoholic as a "weak-willed, shiftless, somewhat immoral individual who could help himself" (p. 200). Other adjectives used by nurses to describe the alcoholic are "self-indulgent" and "infantile" (Davidhizer & Golightly, 1983, p. 37). Bluhm (1981) stated that nurses must recognize their personal bias and critical attitude toward the alcoholic patient before they can assume the role of patient advocate for him/her.

Cornish and Miller (1976) recognized the negative attitudes held by nurses toward alcoholics and set out to determine the specific differences in attitudes toward alcoholic patients and those toward non-alcoholic patients. This study involved 60 randomly chosen registered nurses from various in-hospital specialty areas. Subjects were divided into two groups and each group was presented with a case study. The case studies were identical with the exception that one of the studies included information that the client was an alcoholic with related social problems. The other case study did not identify the client as an alcoholic. Along with the case studies the respondents were

given a list of 300 adjectives that could be related to a person. The adjectives were in several categories designed to identify specific attitudes. The results of the study showed the nurses' attitudes to be overwhelmingly negative in regard to the alcoholic. Specifically, alcoholics were looked upon by nurses as "less self-confident, achieving, enduring, orderly, intraceptive, nurturant, affiliative, heterosexual, and deferent" (Cornish & Miller, p. 21). The researchers recommended that educational programs be designed to assist nurses to overcome these specific attitudes.

Davidhizar & Golightly (1983) noted that viewing alcoholism as a moral problem diminishes acceptance of it as a disease that can be treated. Nurses who view alcoholism as such are ineffective and judgmental in dealing with the alcoholic client.

Ferneau and Morton (1968) recognized a need and developed a study to investigate attitudes of nurses and nursing assistants toward alcoholism to provide more precise data than was available at that time. The researchers chose this group of health caregivers for their study because of the trend toward greater professionalization and role development within nursing. The Alcoholism Questionnaire developed by Marcus (1963) was used in the study. This instrument has 40 attitude related statements and can be completed in approximately 20 minutes. Ferneau and Morton's

sample included 31 nurses and 74 nursing assistants. A randomly selected normative group of 200 persons from the general population was chosen for comparison. The results showed that the nurses believed to a much greater degree than the nursing assistants and the general population that alcoholism is an illness and that alcohol is harmful and very addictive. However, both the nurses and nursing assistants viewed the alcoholic as a weak-willed person who could control the drinking behavior. The nurses believed that the alcoholic could be helped to recovery to a greater extent than the nursing assistants or the general population (Ferneau & Morton, 1968).

The Ferneau and Morton (1968) study generates some interesting questions. An apparent contradiction is noted in the nurses' view that alcoholism is an illness and very addictive while also seeing the alcohol-dependent person as weak-willed and lacking in control of the drinking behavior. It is not known if the nurses' sociocultural background influenced this response nor what the nurses' educational background regarding alcoholism was. One also has to wonder if attitudes have changes in the years since this study was done.

Moody (1971) explored nurse-patient relationships as factors that would influence nurses' attitudes. The hypothesis was that nurses with authoritarian characteristics would be positively correlated with

custodial views toward the care of alcoholic patients. Moody studied 83 nurses and nursing students enrolled in nursing courses at a university medical center. He used a questionnaire which included a scale for determining attitudes toward alcoholics, questions directed toward assessment of authoritativeness, and questions related to socioeconomic status. He found that nurses with authoritarian traits gave custodial care to their alcoholic clients rather than using the more positive therapeutic approach. Nurses of the middle socioeconomic group were less authoritarian than nurses from upper and lower socioeconomic groups. A strong positive correlation appeared between positive attitudes toward alcoholics and the middle socioeconomic status. Moody failed to recommend further research to identify possible reasons for this correlation.

Taking into account the negative feelings toward alcoholism encountered in the general population, Schmid and Schmid (1973) undertook a study to determine whether nursing students would have a less accepting attitude toward alcoholics than toward physically disabled persons. These researchers assumed that persons who pursue the helping professions have an accepting attitude toward disabled persons. The instrument used was Yuker's (1970) Attitudes Toward Disabled Persons-Form (ATDP-O). According to Schmid and Schmid this instrument has been validated and has

accepted norms in measuring attitudes toward disabled persons. It is a 20 item instrument which can be easily administered and scored. Attitudes toward the alcoholic can be measured with the same instrument substituting the word "alcoholic" for "disabled" (ATAP-0). A sample of 41 nursing students was tested in their freshman year by taking the ATDP-0 first followed with the ATAP-0. The same group was tested two and one-half years later in their senior year with the same two tests.

Results of the first testing showed that these nursing students were less accepting of alcoholics than of physically disabled persons with significance at the $p = <.01$ level. The second testing indicated that there was not a significant difference between the pre-test and the post-test. The researchers concluded that the attitudes of the nursing students were unchanged by their nursing education. Schmid and Schmid viewed the results of their study as having implications for nursing education and advocated that nursing faculty should seek new ways to bring about attitude change toward the alcoholic patient. A limitation of this study is that no information on the preparation of these nursing students in the area of alcoholism was included.

Attitude Change

Twenty-seven industrial nurses were queried in a study by Reisman and Shrader (1984) to determine if a relationship existed between the nurses' attitudes toward alcoholism and their referral rates of patients for treatment. The instrument used was developed from "The Alcoholism Questionnaire" (Marcus, 1963) and "Assessing the Patient with an Alcohol Problem" (Reed, 1976). Information was obtained regarding attitudes, knowledge of the disease, and professional and personal experience. These researchers discovered that nurses with more positive attitudes toward alcoholism had higher rates of referral of their clients for treatment. The nurses who demonstrated higher rates of referral were those who indicated having more personal and/or professional experience with alcoholics. However, in an earlier study Reisman (1972) found that change of attitude does not always produce a change in behavior. She concludes that change in behavior is more likely to occur if increased knowledge is coupled with personal contacts in a direct care experience. This study lends support to the contention that classes on the disease concept of alcoholism should be combined with clinical experiences on a chemical dependency unit to promote a positive attitude in the nurse.

The nurse-patient relationship is of major importance in nursing practice. The nurse-patient relationship can be effective only if the nurse projects a positive attitude

toward his/her patient. Burkhalter points out that the alcoholic patient is "acutely sensitive to the attitudes of others toward him" (1975, p. 42).

Another significant factor is the measure of personal and professional satisfaction a nurse experiences in his/her work. When considering the short-term and long-term difficulties encountered in the care of the alcoholic client, the nurse can gain the most satisfaction if he/she has identified and comprehends his/her own attitudes toward alcoholics. The nurse must also understand why the client is acting in a certain way (Burkhalter, 1975).

Nurses often find themselves caring for alcoholic patients at times of crisis. In that instance the nurse with the positive attitude toward the alcoholic can be the instrument for change. According to Field (1984), it is important to recognize that a person is most accepting of change when he/she is experiencing a crisis. It is during this period that he/she will be most ready to accept a suggestion for treatment.

Bluhm (1981) emphasizes that the old adage stating the alcoholic can be helped only when he asks for help is not necessarily true. Bluhm states that her experience as a nurse consultant in an alcoholism treatment center enabled her to recognize that nursing intervention can work. Many patients are admitted to treatment units because someone else insisted they be there, and when they participate in

treatment, they can be successful in making change in their lives. As part of the treatment team, nurses can be a strong influence on the alcoholic's acceptance of treatment. Nurses in hospital or community settings can participate in this treatment by assessing the alcohol problem. The next step is to approach the alcoholic patient tactfully about drinking patterns and then encourage him/her to accept therapy for his/her addiction. Use of the term alcoholism should be avoided because it "tends to increase the patient's denial" (Bluhm, 1981, p. 72). When the nurse neglects the patient's alcoholism, for whatever reason, he/she is not fulfilling his/her role as patient advocate.

Clement and Notaro (1975) suggest that nursing intervention during the detoxification process provides the vehicle for the nurse's attitude to be demonstrated. The nurse's attitudes can be shown verbally or nonverbally and can convey either acceptance of the alcoholic as a worthwhile person or denial of his humanness, further reducing self-esteem. If the nurse shows hostility toward the alcoholic patient because of anticipated failure to comply with treatment or if a joking atmosphere is created, the therapeutic process is destroyed. If the nurse can remain understanding and caring during the initial period, the therapeutic process can develop.

Finlay (1975) states that therapeutic care can be achieved. It has been his experience that one must get

beyond his/her preconceived notion about the alcoholic "to the person whose needs and vulnerability give rise to such behavior" (Finlay, 1975, p. 21). Finlay suggests it is necessary to demonstrate caring about the person; this is what nursing is all about.

According to Dickinson (1975), the helping person needs improved knowledge and comprehension of the alcoholic's paradoxical dread of close relationships, his strong feeling of dependency, and his need for someone to regulate his life. His denial and depression must be recognized. It is true that all nurses cannot work successfully with alcoholics, but all nurses must know about the disease and recognize personal attitudes toward it. Dickinson (1975) describes the nurse who can work successfully with the chemical dependency team as one who "has a warm, kind, and accepting attitude, but can also be firm and confronting" (p. 201).

Education of Nurses in Substance Abuse and Chemical Dependency

According to Schmid and Schmid (1973) changes should be made in nursing education programs. These changes should focus on attitude modification with attention to teaching content and teaching methods in the area of chemical dependency. Reisman and Shrader (1984) expanded on these recommendations by proposing that further education be

coupled with first-hand experience in order to generate nonjudgmental attitudes toward the alcoholic client.

Theoretical Content

Bailey and Kindig (1985) designed an educational program called "You Are The Difference" which attempted to establish a practical method of working toward attitude change. They devised a course that involved a series of weekly classes where the students were given information on values, behavior, and attitudes. The classes were combined with group and individual exercises to help recognize and develop better attitudes. The atmosphere was non-threatening, and the course leaders were enthusiastic about creating change in the students. This course was offered to all employees of a 338-bed medical center in the rural Southeast.

Bailey and Kindig (1985) noted that new information can be intimidating because it may cause alteration of values or beliefs that have been held for a long time. Because a person does have the ability to reason and choose between the old and the new, the suggestion is offered to look at the proposed change as an "opportunity" rather than a "problem" (p. 157). Thus, one can choose to accept the opportunity to change an old "bad" attitude by putting the new information to positive use. If persons continue to view issues in the old way, they have missed the opportunity to grow and be more productive caregivers.

Jellinek (1960) introduced the modern disease concept of alcoholism drawing from much previous knowledge about the problem and his clinical experiences. His concept has been much discussed and modified through the years but has been widely accepted in both the medical and lay communities. Jellinek delineated four types of alcoholism which he called alpha, beta, gamma, and delta alcoholism. Alpha alcoholism is the psychological continued dependency upon alcohol to relieve physical or psychological pain. Beta alcoholism is the type of alcoholism in which physical complications such as cirrhosis occur without dependency. Gamma alcoholism is that in which increased tolerance, cellular changes, withdrawal symptoms, craving, and loss of control are involved. Delta alcoholism is differentiated from gamma only by a less severe loss of control.

In a later work, Jellinek (1962) identified four stages of the illness of alcoholism. He indicated that each stage is identified by particular symptoms but that not every alcoholic has all of the symptoms. The stages are as follows:

1. the prealcoholic stage during which increasing tolerance develops;
2. the prodromal stage where symptoms appear such as blackouts, a preoccupation with drinking, and guilt feelings about consuming alcohol;

3. the crucial stage where there is loss of control, loss of relationships, and physical neglect;
4. the chronic phase where physical and moral deterioration occur.

Elements of Jellinek's model are still evident in current definitions of the disease concept but have been modified.

Kissin (1983) defined the disease concept of alcoholism as a "late stage of alcohol dependence at which time significant physical dependence has already developed" (p. 95). Kissin supported the concept of stages of disease where it progresses from a rewarding experience to psychological dependency and finally to physical dependency, noting that with the development of physical dependency, the quantitative and qualitative changes occur. These qualitative changes involve loss of control, craving, and compulsion. Kissin indicated that the disease concept of alcoholism defines that period that distinguishes the alcoholic from the problem drinker.

Kissin (1983) noted that evidence for biological factors in the etiology of alcoholism is strong in current research studies. Schuckit, et al (1972) studied 69 individuals who were adopted as children and found that those whose biological parents were alcoholic had a much higher incidence of diagnosed alcoholism than those whose biological parents were nonalcoholic ($p < 0.0005$). Thus, the researchers offer support for a genetic factor in the

disease of alcoholism. Recent biochemical studies are making strides in the identification of the relationship of the neurotransmitters to compulsion. Wei (1980) studied the enkephalin analogs using an infusion model to produce physical dependency in rats. He pointed out that this model may be used in future studies searching for greater understanding of the neurotransmitters' role in producing physical dependency. Fratta, Yang, Majane, & Costa (1979) noted that endorphins are highly concentrated in the hypothalamus of the rat. Other researchers are looking for a connection between the endorphins and the compulsion of alcoholism (Bloom, et al, 1980).

Talbott (1986) reviewed the integral content of the disease concept of addiction. He stressed the importance of all health professionals becoming knowledgeable about the disease so that they can "assume leadership in changing the knowledge, attitudes, and cultural responses to alcoholism and drug addiction" (p. 490). Talbott described the five characteristics of any medical disease as they relate to alcoholism. These characteristics are as follows: 1) it must be a primary condition; 2) specific anatomic and physiologic changes occur; 3) accurate diagnosis can be made from specific signs and symptoms; 4) there is a predictable, progressive course; and 5) established etiologic agents are identified.

The etiologic agents for this disease are not yet definitely known, but strong evidence points to a "biogenetic model precipitated by the psychosocial abusive factors" (Talbott, 1986, p. 493). According to this model, persons with genetic predisposition have a deficiency of the endorphin-enkephalin neurotransmitters in the hypothalamus, which is responsible for the primary symptom of compulsivity . The manifestation of the disease occurs when the genetic predisposition is accompanied by abuse of a substance. Talbott expresses confidence in the soundness of this model while recognizing that continuing research will bring advances in the details about the neurotransmitters and genetic characteristics.

Milby (1981) reviewed many other theories of addiction which he classified into two categories:

1. theories of tolerance and physical dependency which account for specific phenomena;
2. comprehensive theories which try to explain a broader view of addiction.

He pointed out in his discussion that new discoveries of neurotransmitters (i.e. endorphins, enkaphalins) and other related findings might soon make many of these better theories inadequate.

Practical Experience

Grutchfield (1979) states that an intellectual experience of alcoholism does not allow for personal growth or true understanding of how alcohol affects its victims and their families. To meet alcoholics he attended Alcoholics Anonymous (AA) meetings as a Non-AA counselor. His experience in these meetings convinced him that true understanding of the alcohol-dependent person comes only after personal contacts with recovering alcoholics. Ferneau and Morton (1968, p. 76) suggest that "training and experience" are critical in promoting positive attitudes toward alcoholism. Berke (1959) advised that the experience of working with alcoholic clients along with a thorough inservice program is the answer to improving positive attitudes toward alcoholics by health care professionals.

Evidence in the literature indicates that some nursing programs combined theory and experience in educating about alcoholism as much as 20 years or more ago. No specific mention is made of the disease concept of addiction being taught as course content (Carter, 1983; Davidhizar & Golightly, 1983; Estes & Gurel, 1979; Ferneau, 1967; Heineman & Smith-DiJulio, 1976).

Ferneau (1967) reported on a study comparing pre- and post-affiliation differences in attitudes of student nurses toward alcoholic patients and alcoholism. Ferneau administered the Alcoholism Questionnaire developed by

Marcus (1963) to 29 nursing students assigned to a psychiatric unit. The students answered the same questions during the first and last weeks of their experience.

While on the unit, the students visited an open Alcoholics Anonymous meeting, attended a team meeting with the staff on the alcoholic unit, and participated in a discussion with the nursing coordinator of the unit. Before answering the questions the students were given specific information about the disease in the form of a handout. The attitudes of these students were more positive in the second survey. Notable changes ($p < 0.05$) occurred in the students' belief that alcohol is a highly addicting substance. Very significant changes ($p < 0.01$) occurred in terms of an increased belief that the alcoholic cannot control his drinking and that alcoholism is an illness. The belief that periodic excessive drinkers can be alcoholics also increased significantly in these students. After the educational program, significant changes occurred in the student nurses' attitudes toward alcoholics (Ferneau, 1967).

A more comprehensive study was conducted by the University of Washington School of Nursing. The study, conducted over three years, combined alcoholism courses, a practicum, and independent study courses in a comprehensive program. The program was provided for several levels of students for varying lengths of time depending on their qualifications. Undergraduate students in the study were

prepared to recognize alcoholism as an illness, become more accepting of the alcoholic, be able to identify the signs and symptoms of alcoholism in their clients, and give effective nursing care to alcoholics and their families. Gurel (1976) reported that 76% of the participants, both graduate and undergraduate, in this study had a positive response. A majority of those participants reported they had gained a greater awareness of the effects of alcohol on health problems and demonstrated markedly improved attitudes. No participants reported negative responses. The remaining 24% reported that the additional preparation had no influence on them. A limitation of the study was that data were obtained by self-report, and actual behavior may not have been congruent.

This study by Gurel was followed by another in which Estes and Gurel (1979) explored nursing students' social acceptance of recovered alcoholics. Data collected from 81 graduate and undergraduate nursing students who had not taken any courses on alcoholism were compared to similar data from 15 other students who had completed one quarter of study in the Specialized Program in Alcoholism Nursing at the University of Washington School of Nursing. The small sample in the second group was due to the small size of the class. The instruments used were The Alcoholism Questionnaire (Marcus, 1963) and an instrument (Nursing Students' Social Acceptance Level for Recovered Alcoholics)

prepared by Globetti (1973-1974) which measures social acceptance of alcoholics. This study showed much greater social acceptance toward recovered alcoholics among the nurses with special preparation in the alcoholism nursing program. A major limitation of this study is that the students were not pre-tested before participation in the special course.

Carter (1983) reported a study of 275 state-approved nursing programs, including BSN, MSN, and nurse practitioner programs, which were surveyed to determine the amount of drug and alcohol content in the curricula. The survey also questioned existing gaps in content and the preparation of the faculty. Of the responses, 98% of the BSN programs, 83% of the MSN programs and 70% of the nurse practitioner programs reported offering content on alcohol and drugs. The programs offered three-to-five contact hours on alcohol and drug content. Carter also noted that more than half of the baccalaureate and master's faculties have preparation in the field of substance abuse. No mention was made of associate degree programs. The gaps in nursing education identified by Carter were as follows: nurses are taught little about the pharmacology of abused drugs, little substance abuse content occurs in courses other than psychiatric/mental health nursing, and the public health aspects of the program are given minimal attention.

Davidhizar and Golightly (1983) reported on a training program for student nurses involving theory and practical experiences. The theory classes involved lectures by a physician, a counselor in alcoholism, and a nursing instructor as well as audiovisual programs and readings. The practical experiences involved visits to a halfway house, a rescue mission, and an open Alcoholics Anonymous, Al-Anon, or Alateen meeting. The students also had a practicum with an alcoholic client for a one-to-one experience that required 50 hours (ten mornings of five hours each). Forty students participated in the study in which attitudes before and after the experience were determined. The researchers modified Yuker's 1970 questionnaire on attitudes and used it for the survey. Results of the study were consistent with other studies showing a positive attitude change occurring in the nursing students involved in the program.

In an overview, members of the National Clearinghouse for Alcoholism Information Staff (1979) discussed the education on alcoholism provided for physicians and medical students. Some of their comments and recommendations are very appropriate for nursing education as well. Guidelines were outlined which included promotion of a more positive attitude toward alcoholic clients, emphasis on the biopsychosocial nature of the disease, and contacts with recovering alcoholics, especially through AA. They pointed

out that the image of the end-stage alcoholic that is seen by many practitioners may influence their attitudes. In contrast, the image of a recovering alcoholic may stimulate a more positive image.

The value of getting to know recovering alcoholics is supported by Grutchfield (1979) when he states that AA meetings allowed him "to get in touch with my real feelings about alcoholics" (p. 15). In other words, personal experience allows for understanding of the person with the disease and helps to increase awareness of those personal attitudes which provide the opportunity for change.

Mueller (1974) emphasized the fact that a common misconception by health professionals was the belief that an alcoholic can be helped only if he/she initiates and is motivated for the treatment. The truth is that the nurse can influence the client's motivation for treatment. The ability to motivate the alcoholic necessitates knowledge of a specific set of symptoms and background information on the disease process of alcoholism. In addition to the above assessment skills, the nurse also needs to be prepared for his/her role as counselor. Another misconception is that only an alcoholic can help another alcoholic. Although the AA member and alcoholic counselor are important members of the therapeutic team, they are not the only persons who can help. Mueller notes that nurses have proven themselves as valuable members of the therapeutic team. The evidence and

recommendations presented support the conviction that knowledge combined with practical experience with alcohol-dependent patients does improve nurses' attitudes. This knowledge must include the concept of alcoholism as a disease with symptoms.

Summary

Attitude is defined in terms of behaviors that reflect inherent values in the individual. Numerous sources indicate that nurses do have negative attitudes toward chemically dependent patients. The extent of the problem is great. Factors influencing negative attitudes include a moralistic attitude, authoritarianism, and socioeconomic status. Several studies reviewed attempt to define the extent of the problem of negative attitudes among nursing students and nurses. Factors that might influence these attitudes and effect a change in attitude from negative to positive include increased knowledge and personal experience in a direct care setting. The nurse's attitude is an important factor in whether or not the chemically dependent patient accepts treatment.

Alcohol abuse and chemical dependency education programs can produce a positive change in attitude toward the alcoholic client. Evidence indicates that nursing programs should include course offerings in alcohol and drug abuse. The programs achieving attitudinal change appear to

be those providing a knowledge base about chemical dependency as a disease. Clinical experience involving a recovering client and/or participation with the health care team in treatment centers for chemical dependency are significant in these programs.

CHAPTER III

METHODOLOGY

This study was undertaken to determine if registered nurses having knowledge of the disease concept of addiction have differences in attitudes toward the alcohol-dependent client from those who do not have this knowledge. The hypothesis was tested using an attitude survey, Nurses' Attitudes Toward Alcohol and Alcoholism, developed by James Seaman and Timothy Manello in 1978. Demographic data were also collected to identify characteristics of the registered nurse sample.

Chapter III includes a description of the setting and the sample, design of the study, study variables, and operational definitions. Discussion also describes extraneous variables, data collection procedures, protection measures, and data analysis.

Research Hypotheses

Primary Hypothesis

There are significantly more positive attitudes in those nurses who have had courses on the biogenetic disease concept of addiction than in those nurses who have not had these courses.

Subsidiary Hypotheses

1. Nurses who have had personal and/or professional life experiences with alcohol-dependent persons have significantly different attitudes from those who have not had these experiences.

2. There are differences in nurses' attitudes toward alcohol-dependent patients among graduates of Diploma, Associate Degree, and Baccalaureate nursing programs.

3. Younger nurses have significantly different attitudes toward alcohol-dependent persons than older nurses.

Setting

The setting for the study was a 338 bed hospital in rural Northeast Georgia. The socioeconomic status of the population using this facility ranges from low to moderately high. This hospital provides care in the areas of medicine, surgery, obstetrics, orthopedics, neurology, intensive care, coronary care, pediatrics, oncology, chemical dependency, emergency, and mental health. These clinical areas are supported by all the necessary adjunct departments (e.g. pharmacy, x-ray). A large outpatient facility has recently been added to the complex. The health care team includes the physician, nurse (RN, LPN), physical therapist, cardio-pulmonary therapist, laboratory technologist, dietician, social-worker, chaplain, addiction counselor, art

therapist, and occupational therapist. The facility is utilized as a clinical setting by three nursing programs (BSN, ADN, LPN). Nursing care is delivered as modified primary care where each nurse has responsibility for five or six patients.

Sample

Characteristics of the sample are shown in Table I. The sample of 40 nurses who volunteered to participate in the study was derived from practicing registered nurses working in all areas of the facility. The sample was selected by review of lists of RNs employed on each unit. Every third nurse was chosen to receive a letter inviting participation in the study (Appendix A). A total of 151 letters of invitation were sent.

The majority of the 40 volunteer respondents were female, between the ages of 21-30 years of age, and reported having graduated from associate degree nursing programs. Approximately 38% of these ADNs were graduated from the program with which the researcher is associated. The length of time the nurses had worked in their current specialty area was almost evenly divided between less than one year, one to two years, and three to five years. A small number of nurses had worked in their specialty area more than six years. Specialty areas represented in the sample include: medical, surgical, pediatrics, mental health, chemical

Table I. Percentage Distribution of Selected Sample Characteristics

Characteristics	Total Sample n = 40	
	n	%
Sex		
Male	3	8%
Female	37	92%
Age		
<20	1	2%
21-30	20	50%
31-40	11	28%
41-50	8	20%
51-60	0	-
>60	0	-
Nursing Education		
Associate Degree	22	55%
Diploma	2	5%
BSN	16	40%
MSN	0	-
Other	0	-
Current Specialty Area		
Medical	4	10%
Surgical	5	12.5%
Pediatrics	2	5%
Mental Health	1	2.5%
Chemical Dependency	1	2.5%
Maternity/Newborn	3	8%
Emergency	4	10%
Orthopedics	1	2.5%
Neurology	6	7.5%
Intensive Care	9	22.5%
Coronary Care	2	5%
Other	2	5%
Years in Current Specialty		
<1 years	11	27.5%
1-2 years	12	30%
3-5 years	11	27.5%
>6 years	6	15%
Alcohol Abuse Education		
Theory Only	14	35%
Experience Only	0	-
Theory and Experience	24	60%
None	2	5%

Table I (Continued)

Characteristics	Total Sample n = 40	
	n	%
Professional Contact/Interaction with Alcohol Abusers		
None	1	2.5%
Rare	8	20%
Occasional	15	37.5%
Often	12	30%
Daily	4	10%
Personal Contact/Interaction with Alcohol Abusers		
None	1	2.5%
Rare	19	47.5%
Occasional	11	27.5%
Often	7	17.5%
Daily	2	5%
Biogenetic Disease Concept of Addiction Theory		
Yes	28	70%
No	12	30%

dependency, maternity/newborn, emergency, orthopedics, neurology, intensive care, and coronary care. The largest groups of respondents represented the intensive care and surgical units.

Most of the nurses reported having alcohol abuse education in their basic nursing program in the form of theory and experience. The researcher can validate that the graduates from the ADN program where she teaches have always had both theoretical content and clinical practice related to alcoholism and for the last three years have had content on the biogenetic disease concept. The majority of nurses reported having occasional professional contacts with alcohol abusers and rare personal contacts with alcohol abusers (see Table I).

Design and Measurement

Attitude Scale

The design of this study was descriptive and non-experimental. Nurses' attitudes were determined by use of a Likert-type scale, the Seaman-Manello Scale, Form B, Nurses' Attitudes Toward Alcohol and Alcoholism (Appendix D). The instrument was published in the Alcohol Abuse Curriculum Guide for Nurse Practitioner Faculty (Hasselblad, 1984). The Likert-type scale was designed by James Seaman and Timothy Manello of University Research Corporation for the National Center for Alcohol Education. The tool

contains 30 statements concerning alcohol and alcoholism. The 30 statements are divided into five, 6-item subscales. Each subscale is composed of three positively and three negatively scored items. All of the subscales had a reliability index of at least 0.60 according to the designers (Manello & Seaman, 1978). Directions on the instrument request the respondent to respond to the questions as they apply to most alcoholics, not a specific person.

A guide is furnished to interpret the scores in five subscales. The first subscale includes attitudes about case disposition. A high score on subscale I indicates that the nurse probably views the alcohol-dependent person as physically ill and in need of medical treatment. A low score indicates the view that alcoholics are healthy and deserve punishment for their problem.

The next two subscales concern attitudes about ability to help alcoholics. A high score on subscale II, personal/ professional satisfaction in working with alcohol-dependent persons, shows that the nurse may find caring for alcoholics satisfying. A low score indicates that the nurse does not gain satisfaction from working with alcoholics. A high score on subscale III, ability to help alcoholics, indicates that the nurse looks upon alcoholics as potentially respectable persons who can be assisted to return to a

normal life. Nurses scoring low probably believe that alcoholics are selfish and do not want help.

The next two subscales concern nurses' views about the drinker and alcohol itself. Nurses scoring high on subscale IV, perceptions of personal characteristics of alcoholics, usually see alcoholics as unhappy people who have many emotional difficulties. The nurse who scores low tends to see the alcoholic simply as an excessive drinker without emotional problems. A high score on subscale V indicates that the nurse probably sees alcohol as not being inherently bad and possibly even beneficial in moderate amounts. Nurses scoring low tend to view alcohol consumption in any amount as harmful and morally wrong.

Demographic Data Sheet

The researcher developed a demographic data sheet (Appendix C). Nurses were asked to indicate their sex, age range, nursing education, current specialty area, length of employment in current specialty, alcohol abuse education during basic nursing program, professional/personal contact with alcohol abusers, and knowledge of biogenetic disease concept of addiction.

Operational Definitions

For the purpose of this study, the following operational definitions were used:

Attitude of Nurses: Attitude of nurses is defined as the scores from the Seaman-Manello Scale, Form B.

Subscales

Instructor's Guide to Interpretation of Scores

Subscale I. Case Disposition: Therapy vs. Punishment

A high score on this scale, calculated as Q on the scoring sheet, indicates that the nurse is likely to believe that alcoholics are physically ill and that medical treatment is warranted. A low score is indicative of a belief that alcoholics are in good physical health and should be punished for their alcoholism.

Subscale II. Personal/Professional Satisfaction in Work with Alcoholics

A high score on this scale, calculated as R on the scoring sheet, indicates that the nurse is likely to find work with alcoholics rewarding. She enjoys having them as patients and feels comfortable treating them. A low score indicates feelings of discomfort and embarrassment when dealing with people with drinking problems. Nurses with low scores question their ability to deal successfully with alcoholic people.

Subscale III. Inclination to Identify: Ability to Help Alcoholic Patients

Nurses who score high on this scale, calculated as S on the scoring sheet, tend to see alcoholics as potentially respectable citizens who can be helped to resume normal lives. They are likely to believe that alcoholics want to be cured and that the nurse can help them attain this goal. Nurses who score low tend to believe that alcoholics are selfish and do not want to be helped. The nurse likely believes that if the patient does not try, the nurse should not.

Subscale IV. Perceptions of Personal Characteristics of Alcoholic Persons

Nurses who score high on this scale, calculated as T on the scoring sheet, tend to see alcoholics as basically unhappy people-lonely, sensitive, doubting their own worth, and having severe emotional difficulties. The nurse who scored low on this factor tends to see

alcoholics as people who are simply excessive drinkers and who do not have psychological problems.

Subscale V. Personal Attitudes Toward Drinking

High scores on this scale, calculated as U on the scoring sheet, indicate that the nurse probably believes that alcohol per se is not bad. Moderate consumption of alcohol may actually be beneficial. Nurses who score low on this scale probably believe that the danger is in the alcohol and not in the person-the consumption of alcohol in any quantity is harmful, if not morally wrong. (Manello & Seaman, 1978)

Protection Measures

There were no potential risks identified for participants in the study. Informed consent was obtained from each participant. The nurses were told that participation was voluntary, that lack of participation would in no way affect their job status, and that the hospital would not provide monetary compensation for participation in the study. The nurses were assured that anonymity would be guaranteed in the reporting of results of the study (Appendices A & B).

Data Collection

The attitude scale and demographic data sheet were distributed to the nurses by the researcher. These forms were collected immediately upon completion. All the nurses completing the tool were instructed verbally in its use before beginning the study, and written instructions were included with the tool. The data were collected during a

one week period. Scores were added according to the categories described above with possible raw scores ranging from 1 to 30 in each category.

Data Analysis

A variety of statistical analysis systems (SAS) were used to analyze the data. The hypotheses were tested by computer analysis with the t-test and one way analysis of variance (ANOVA). Other methods of analysis included measures of central tendency and raw frequencies.

Descriptive statistics were computed on the data obtained from the demographic data sheet. The data were analyzed using t-tests to test for differences between those nurses exposed to the disease concept theory vs. those not exposed to the theory. One way analysis of variance (ANOVA) was used to test for differences in mean attitudes across the five subscales in the Seaman-Manello Scale, Form B. The probability level of 0.05 was selected as the criterion of statistical significance. Because the two groups (those exposed to disease concept and those not exposed) were unequal in size, the SAS programs for unequal n were utilized.

CHAPTER IV

RESULTS

The results of the study are discussed as they relate to each hypothesis. Each hypothesis is presented along with the test and appropriate data. Other variables for which data were collected are described.

Description of Results

The overall scores for all subscales of the Seaman-Manello Scale, Form B, ranged from 8 to 30 with a mean of 19.75. Subscale I attitudes, Case Disposition: Therapy vs Punishment, ranged from 19 to 30 with a mean of 23.63 and normal distribution of scores. Subscale II attitudes, Professional/Personal Satisfaction in Work with Alcoholics, showed a range of 13 to 30 with a mean of 18.83. Scores were distributed normally for this subscale also. The attitude scores in subscale III, Inclination to Identify: Ability to Help Alcoholics, ranged from 10 to 28 with a mean of 19.28. This subscale also showed a normal distribution. Subscale IV attitudes, Perceptions of Personal Characteristics of Alcoholic Persons, ranged from 16 to 29 with a mean of 21.03. The distribution was normal. The attitudes in subscale V, Personal Attitudes Toward Drinking, ranged from 8 to 24 with a mean of 15.88 and a slightly positive skew.

The primary hypothesis of the study stated that nurses who have had courses on the biogenetic disease concept of addiction will have significantly more positive attitudes toward alcohol-dependent patients than those who have not had these courses. The variable, knowledge of the biogenetic disease concept of addiction theory, was considered the best measure of alcohol related education. Differences between attitudes of persons exposed to the theory and those not exposed were examined by *t*-tests. The subscale II attitudes, Personal/Professional Satisfaction in Work with Alcoholics, were the only attitudes significantly different with $p = 0.045$, two-tailed, between the group who had knowledge of disease concept and the group that did not have this knowledge. All other subscale attitude categories showed no statistical differences (see Table II). Thus there was only partial support for the primary hypothesis as demonstrated by scores on subscale II.

The first of three subsidiary hypotheses stated that nurses who have had personal and/or professional life experiences with alcohol-dependent persons will have significantly different attitudes from those who have not had these experiences. In the professional and personal contacts categories on the questionnaire the "none" and "rare" categories were combined, as were the "often" and "daily" groups in order to permit statistical testing. Descriptive statistics are presented in Table III. One way

Table II. t-test Scores of Attitudes of Nurses Exposed to Biogenetic Disease Concept of Addiction vs Those Not Exposed.

		Subscales									
		Therapy vs Punishment I		Satisfaction II		Ability to Help III		Personal Characteristics IV		Alcohol per se V	
Data Category:	n	M	SD	M	SD	M	SD	M	SD	M	SD
Knowledge of Disease Concept:											
No	12	23.75	2.01	17.00	2.22	17.92	3.09	20.83	2.04	14.92	3.29
Yes	28	23.57	2.44	19.61	4.09	19.86	4.05	21.11	2.97	16.29	4.28
t-test											
	t =	.223		-2.073*		-1.481		-.290		-.988	
	p =	.829		.045		.158		.779		.343	

* p = 0.05

Table III. Means and Standard Deviations of Attitudes by Professional/ Personal Contacts with Alcohol-Dependent Persons

Data Category:	n	Subscales: Therapy vs Punishment I M	I SD	Satisfaction II M	II SD	Ability to Help III M	III SD	Personal Characteristics IV M	IV SD	Alcohol per se V M	V SD
Professional Contacts											
None/rare	9	21.19	2.13	18.9	3.27	20.12	5.04	19.06	1.81	16.19	3.20
Occasional	15	24.27	2.43	18.67	3.50	19.20	4.00	21.33	3.44	15.87	4.29
Often/Daily	16	24.33	1.98	19.83	5.13	20.16	3.48	22.00	1.99	15.50	4.06
Personal Contacts											
None/rare	20	23.98	2.55	17.45	4.07	19.27	4.49	21.87	2.68	13.16	3.33
Occasional	11	24.18	1.08	17.64	3.80	18.81	4.07	22.09	2.74	18.18	4.58
Often/Daily	9	22.5	3.31	19.93	2.35	19.40	3.74	20.97	1.64	13.97	7.84

ANOVA was used to test for differences in the mean scores of attitudes across the five subscales (see Tables IV - VIII). No significant differences were noted in any of these attitude categories. Therefore, this hypothesis was not supported. There appeared to be a trend in subscale I, Case Disposition: Therapy vs. Punishment, attitudes by professional contacts, but differences in scores were not significant.

The second subsidiary hypothesis stated that there are differences in nurses' attitudes toward alcohol-dependent patients among graduates of Diploma, Associate Degree, and Baccalaureate nursing programs. Table IX shows the means and standard deviations across the five subscales. The results of the ANOVA are shown in Table X - XIV. No statistical differences appeared between any of the attitude categories when compared to the nurses' basic education. Thus, there was no support for the second subsidiary hypothesis.

The final subsidiary hypothesis stated that younger nurses would have significantly different attitudes toward alcohol-dependent persons than older nurses. Descriptive statistics were obtained and are presented in Table XV. The ANOVA to test for differences in the mean scores across the five subscales by age is shown in Tables XVI - XX. Because only one respondent was in the <20 age group, this group was combined with the 21-30 age group to provide more balanced

Table IV. Analysis of Variance for Nurses' Attitudes Regarding Case Disposition Related to Professional/Personal Contacts

Category	Groups	n	Sub-scale	Source	df	SS	MS	F	p
Professional Contacts:	None/Rare	9	I	Between Groups	2	27.80	13.90	2.90	0.068
	Occasional	15		Within Group	37	177.57	4.80		
	Often/Daily	16		Total	39	205.38	4.90		
Personal Contacts:	None/Rare	20	I	Between	2	23.23	11.62	2.36	0.109
	Occasional	11		Within	37	182.14	4.92		
	Often/Daily	9		Total	39	205.38			

p = 0.05

Table V. Analysis of Variance for Nurses' Attitudes Regarding Satisfaction in Working with Alcoholics Related to Professional/Personal Contacts

Category	Groups	n	Sub-scale	Source	df	SS	MS	F	p
Professional Contacts:	None/Rare	9	II	Between Groups	2	9.80	14.90	0.33	0.722
	Occasional	15		Within Group	37	551.97	14.92		
	Often/Daily	16		Total	39	561.78			
Personal Contacts:	None/Rare	20	II	Between	2	39.26	19.63	1.39	0.262
	Occasional	11		Within	37	522.52	14.12		
	Often/Daily	9		Total	39	561.78			

p = 0.05

Table VI. Analysis of Variance for Nurses' Attitudes Regarding Ability to Help Alcoholics Related to Professional/Personal Contacts

Category	Groups	n	Sub-scale	Source	df	SS	MS	F	p
Professional Contacts:	None/Rare	9	III	Between Groups	2	0.35	0.18	0.01	0.989
	Occasional	15		Within Group	37	579.62	15.67		
	Often/Daily	16		Total	39	579.98			
Personal Contacts:	None/Rare	20	III	Between	2	3.34	1.67	0.11	0.899
	Occasional	11		Within	37	576.64	15.59		
	Often/Daily	9		Total	39	579.98			

p = 0.05

Table VII. Analysis of Variance for Nurses' Attitudes Regarding Personality Characteristics of Alcoholics Related to Professional/Personal Contacts

Category	Groups	n	Sub-scale	Source	df	SS	MS	F	p
Professional Contacts:	None/Rare	9	IV	Between Groups	2	15.00	7.50	1.30	0.368
	Occasional	15		Within Group	37	269.97	7.30		
	Often/Daily	16		Total	39	284.98			
Personal Contacts:	None/Rare	20	IV	Between	2	20.63	10.31	1.44	0.249
	Occasional	11		Within	37	264.35	7.15		
	Often/Daily	9		Total	39	284.98			

p = 0.05

Table VIII. Analysis of Variance for Nurses' Attitudes Regarding Alcohol and Drinking Related to Professional/Personal Contacts

Category	Groups	n	Sub-scale	Source	df	SS	MS	F	p
Professional Contacts:	None/Rare	9	V	Between Groups	2	17.09	8.54	0.52	0.601
	Occasional	15		Within Group	37	611.29	16.52		
	Often/Daily	16		Total	39	628.38			
Personal Contacts:	None/Rare	20	V	Between	2	81.39	40.69	2.75	0.077
	Occasional	11		Within	37	546.99	14.78		
	Often/Daily	9		Total	39	628.38			

p = 0.05

Table IX. Means and Standard Deviations of Attitudes According to Nurses' Basic Education

Data Category:	n	Subscales: Therapy vs Punishment I		Satisfaction II		Ability to Help III		Personal Characteristics IV		Alcohol per se V	
		M	SD	M	SD	M	SD	M	SD	M	SD
ADN	22	23.05	2.32	19.27	4.01	19.14	3.94	21.00	2.93	16.77	4.08
BSN	16	24.25	2.21	18.38	3.65	19.25	4.06	20.94	2.62	15.00	3.86
DIPLOMA	2	25.00	1.41	17.50	3.54	21.00	--	22.00	--	13.00	2.83

Table X. Analysis of Variance for Nurses' Attitudes Regarding Case Disposition Related to Basic Nursing Education

Category	Groups	n	Sub-scale	Source	df	SS	MS	F	p
Basic Nursing Education	ADN	22	I	Between Groups	2	17.42	8.71	1.71	0.194
	BSN	16		Within Group	37	187.91	5.08		
	DIPLOMA	2		Total	39	205.38			

p = 0.05

Table XI. Analysis of Variance for Nurses' Attitudes Regarding Satisfaction in Working with Alcoholics Related to Basic Nursing Education

Category	Groups	n	Sub-scale	Source	df	SS	MS	F	p
Basic Nursing Education	ADN	22	II	Between Groups	2	11.16	5.58	0.38	0.690
	BSN	16		Within Group	37	550.61	14.88		
	DIPLOMA	2		Total	39	561.78			

p = 0.05

Table XII. Analysis of Variance for Nurses' Attitudes Regarding Ability to Help Alcoholics Related to Basic Nursing Education

Category	Groups	n	Sub-scale	Source	df	SS	MS	F	p
Basic Nursing Education	ADN	22	III	Between Groups	2	6.38	3.19	0.21	0.815
	BSN	16		Within Group	37	573.59	15.50		
	DIPLOMA	2		Total	39	579.98			

p = 0.05

Table XIII. Analysis of Variance for Nurses' Attitudes Regarding Personal Characteristics of Alcoholics Related to Basic Nursing Education

Category	Groups	n	Sub-scale	Source	df	SS	MS	F	p
Basic Nursing Education	ADN	22	IV	Between Groups	2	2.04	1.02	0.13	0.876
	BSN	16		Within Group	37	282.94	7.65		
	DIPLOMA	2		Total	39	284.98			

p = 0.05

Table XIV. Analysis of Variance for Nurses' Attitudes Regarding Alcohol and Drinking Related to Basic Nursing Education

Category	Groups	n	Sub-scale	Source	df	SS	MS	F	p
Basic Nursing Education	ADN	22	V	Between Groups	2	46.51	23.26	1.48	0.241
	BSN	16		Within Group	37	581.86	15.73		
	DIPLOMA	2		Total	39	628.38			

p = 0.05

Table XV. Means and Standard Deviations of Attitudes According to the Nurse's Age

Data Category:	n	Subscales: Therapy vs Punishment I M	I SD	Satisfaction II M	II SD	Ability to Help III M	III SD	Personal Characteristics IV M	IV SD	Alcohol per se V M	V SD
Age											
≤ 30	21	23.63	2.21	18.83	3.03	19.28	3.96	21.03	2.15	15.88	3.63
31-40	11	23.55	2.21	20.18	4.79	20.18	3.74	21	3.69	17	4.60
41-50	8	24.00	2.98	18.50	4.24	19.50	4.24	21.50	2.61	15.13	3.83

Table XVI. Analysis of Variance for Nurses' Attitudes Regarding Case Disposition Related to the Nurse's Age

Category	Groups	n	Sub-scale	Source	df	SS	MS	F	p
Age	$\leq$ 30	21	I	Between Groups	2	1.41	0.71	0.13	0.880
	31-40	11		Within Group	37	203.97	5.51		
	41-50	8		Total	39	205.38			

p = 0.05

Table XVII. Analysis of Variance for Nurses' Attitudes Regarding Satisfaction in Working with Alcoholics Related to the Nurse's Age

Category	Groups	n	Sub-scale	Source	df	SS	MS	F	p
Age	≤ 30	21	II	Between Groups	2	28.33	14.17	0.98	0.384
	31-40	11		Within Group	37	533.45	14.42		
	41-50	8		Total	39	561.78			

p = 0.05

Table XVIII. Analysis of Variance for Nurses' Attitudes Regarding Ability to Help Alcoholics Related to the Nurse's Age

Category	Groups	n	Sub-scale	Source	df	SS	MS	F	p
Age	$\leq$ 30	21	III	Between Groups	2	16.05	8.03	0.53	0.595
	31-40	11		Within Group	37	563.92	15.24		
	41-50	8		Total	39	579.98			

p = 0.05

Table XIX. Analysis of Variance for Nurses' Attitudes Regarding Personal Characteristics of Alcoholics Related to the Nurse's Age

Category	Groups	n	Sub-scale	Source	df	SS	MS	F	p
Age	$\leq$ 30	21	IV	Between Groups	2	2.40	1.20	0.16	0.855
	31-40	11		Within Group	37	282.57	7.64		
	41-50	8		Total	39	284.97			

p = 0.05

Table XX. Analysis of Variance for Nurses' Attitudes Regarding Alcohol and Drinking Related to the Nurse's Age

Category	Groups	n	Sub-scale	Source	df	SS	MS	F	p
Age	$\leq$ 30	21	V	Between Groups	2	20.36	10.18	0.62	0.544
	31-40	11		Within Group	37	608.02	16.43		
	41-50	8		Total	39	628.38			

p = 0.05

categories. The results of the one way ANOVA test showed no significant differences in age or alcohol related education across any of the attitude subcategories. Therefore, the third subsidiary hypothesis was also rejected.

A multiple regression procedure was utilized to examine the relationship of the variables knowledge of disease concept, age, professional contacts, and personal contacts to nurses' attitudes regarding case disposition (Table XXI). No significance was shown in the data. However, a trend toward better attitudes pertaining to the alcoholic client was seen in nurses who had both knowledge of the biogenetic disease concept and history of professional contacts with such patients.

Because 37 out of 40 respondents were female, any consideration of the influence of gender on attitudes was essentially meaningless. The effect of nursing specialty was not considered because of the relatively small number of respondents in each category. The variable alcohol abuse education was not useful in measuring knowledge of alcohol related problems because there were only two respondents who reported no alcohol abuse education. There were no respondents in the "experience only" category, making a comparison with those reporting "theory only" impossible. Respondents with "theory and experience" represent the intermingled effect of classroom theory and practical experience.

Table XXI. General Linear Multiple Regression Model for Relationship of Knowledge of Biogenetic Disease Concept, Professional Contact, Personal Contact and Age to Nurses' Attitudes Regarding Case Disposition (Subscale I)

Source	df	SS	MS	F	p
Between Groups					
Knowledge of Concept	1	0.27		0.06	0.814
Professional Contact	2	27.94		2.93	0.068
Personal Contact	2	17.38		1.82	0.178
Age	2	7.13		0.75	0.482
Total Between Groups	7	52.72	7.53	1.58	0.178
Within Groups (Error)	32	152.64	4.77		
Total	39	205.38			

p = 0.05

Summary of Results

This study explored the relationship between the education of nurses in the biogenetic disease concept of addiction and the attitudes of nurses toward alcohol-dependent patients. The researcher hypothesized that there are significantly more positive attitudes in those nurses who have had courses on the biogenetic disease concept of addiction than in those nurses who have not had these courses. There was minimal support for this hypothesis. There were differences between groups only in scores on one subscale: Personal/Professional Satisfaction in Work with Alcoholics ($p = 0.045$).

Three subsidiary hypotheses were investigated to identify possible related factors affecting nurses' attitudes toward alcohol-dependent patients. The subsidiary hypotheses were:

1. Nurses who have had personal and/or professional life experiences with alcohol-dependent persons have significantly different attitudes from those who have not had these experiences.

2. There are differences in nurses' attitudes toward alcohol-dependent patients among graduates of Diploma, Associate Degree, and Baccalaureate nursing programs.

3. Younger nurses have significantly different attitudes toward alcohol-dependent persons than older nurses.

There was no support for any of the subsidiary hypotheses.

CHAPTER V

ANALYSIS, LIMITATIONS, IMPLICATIONS, AND RECOMMENDATIONS

Analysis

The findings of this study revealed significant differences only on subscale II, Personal/Professional Satisfaction in Work with Alcoholics, between those nurses exposed to the biogenetic disease concept of addiction theory and those not exposed to the concept. A possible trend was seen in attitudes about Case Disposition, Therapy or Punishment (subscale I), by professional contacts with alcoholics.

Almost one-third of the respondents in the current study were unfamiliar with the biogenetic disease concept of addiction. Alcohol abuse education was reported by 38 of the 40 respondents and 24 of these reported having both theory and clinical experience. This evidence seems to agree with Carter's (1983) assessment that progress has been made in including alcohol and drug content in nursing programs. However, only 28 of the respondents reported having knowledge of the disease concept of addiction. This finding may indicate the presence of a group of nurses who are in need of education regarding the newer concepts about addiction.

No significant differences appeared in any attitude categories when examined in relation to the variables of

age, basic nursing education, theory/experience in alcohol education, or professional/personal contacts (see Tables III - VIII). Thus, insufficient evidence was found to support the subsidiary hypotheses which attempted to relate the nurse's life experiences, age, and basic education with his/her attitudes toward alcohol-dependent persons. The hypothesis that nurses who have knowledge of the biogenetic disease concept of addiction will have significantly more positive attitudes than those nurses who do not have this knowledge was supported only in Subscale II attitudes, personal/professional satisfaction in work with alcoholics. There was insufficient evidence to accept this hypothesis for the remaining subscales.

Limitations of the Study

Although the study identified one area of significance, there were several limitations that must be addressed. The fact that of the 151 nurses who were invited to participate, only 40 actually participated, limits the study. These 40 nurses may not be truly representative of all the nurses in the setting and may have had a special interest in the topic. A few nurses who did not participate commented that they did not know enough about the subject to participate If this attitude could be construed as being representative of the group who did not respond, then indeed the sample was not representative.

Internal validity may have been affected by the small size of the sample (i.e. 40 nurses). The sample may not have been large enough to detect significant differences in attitudes. It is also possible that the measure of attitude used in the study was not sensitive enough to detect certain differences. The title of the instrument may have been a limiting factor because it provided an indication of what was wanted in the study.

An uncontrolled variable was the nurses' sincerity in responding to the tool and questionnaire. Honesty in the response was assumed. However, it is recognized that personal stresses and time constraints could have interfered with the sincerity of response even though participation was voluntary. Several respondents were former students of the researcher and may have been hesitant to admit negative attitudes to a former instructor. Certain variables (i.e. males, many of the specialty areas) were not well represented in the sample, thus limiting consideration of these factors.

A final limitation is that "alcohol abuse education" was left to the interpretation of the nurse. The participating nurses were not tested to determine their actual knowledge relative to alcohol dependency.

Implications for Nursing Education

Much new research in the area of alcoholism is appearing in the literature. Current findings on etiology and treatment are exciting and are giving many new insights into alcoholism. Support may be found for many theories other than the biogenetic disease concept of addiction. Nurses should be made aware of the various theories and new findings so that they can apply this knowledge in their nursing practice.

In this study nurses who reported having knowledge of the biogenetic disease concept of addiction scored higher in attitudes related to personal and professional satisfaction in work with alcohol-dependent persons ($p = 0.045$). These same nurses appear to demonstrate a tendency to believe that the alcoholic patient is physically ill and needs treatment ($p = 0.068$).

These findings imply that nurse educators should teach nurses practicing in all areas as well as student nurses the most current knowledge on addiction theory. This knowledge is seen as particularly important for nurses who have never had courses in alcohol and drug abuse that included the disease concept. Several researchers have suggested that knowledge of the disease of alcoholism should be accompanied by practical experiences with recovering alcoholics (Davidhizar & Golightly, 1983; Gurel, 1976; Grutchfield, 1979; Reisman & Shrader, 1984). Every effort should be made

to incorporate experiences with recovering alcohol-dependent persons into any courses presented. Time constraints in many basic nursing programs and inservice offerings make the practical experiences difficult to achieve but the evidence for success in promoting attitude change supports the need to find the time. Practicing nurses can be reached through continuing education programs, workshops, and hospital inservice programs. Student nurses must be introduced to newer concepts as part of their basic nursing program.

Another implication relates to professionalism and retention in nursing. Campbell (1985) stated that workers should receive more than economic benefits from their work. They should also receive personal rewards from the work itself. The current nursing shortage in hospital settings may indicate a need to focus attention on reasons why some nurses stay in the profession while others choose to leave. If knowledge of disease concept of addiction does increase satisfaction for nurses it may also be a factor in retention of these nurses for the profession.

Implications for individual nurses include the responsibility to assess personal attitudes toward alcohol-dependent patients. With the recognition of his/her level of acceptance of alcohol-dependent patients the nurse could take steps to improve personal attitudes if necessary.

Recommendations

Based on the findings of this study another study with a larger sample is recommended to lend more power to the tests performed. More differences may appear with a broader group of nurses. The sample should be more representative of certain demographic factors such as male nurses and various specialty areas.

The effect of specialty area on the nurses' attitude is a question that warrants further study. It is possible that nurses' attitudes are strongly affected by the situational encounters with alcoholics which may be different in the emergency room from those on the medical unit, etc.

This study should be replicated with different groups of nurses to determine if similar or different results would be obtained. Even though the effects of age, the type of basic nursing program, and the effect of personal and professional contacts with alcohol-dependent persons were not shown to be significant factors in nurses' attitudes in this study, they should not be ruled out as related factors. Nurses' attitudes toward their alcohol-dependent patients are important in the nurse-patient relationship and may be critical to the patient's acceptance of treatment for the disease of chemical dependency. Nurses' attitudes are also important related to personal frustration tolerance levels which may be related to job satisfaction and retention in nursing. Nurses should be aware of their personal attitudes

and attempt to become more accepting of the alcoholics in their care.

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APPENDICES

APPENDIX A

LETTER OF INVITATION TO PARTICIPATE

P. O. Box 734
Dahlonega, GA 30533

Dear Registered Nurse,

My name is Joan Burnham. I am a registered nurse and a student in the Master of Science in Nursing Program at the University of Tennessee, Knoxville. My thesis research will involve study of the attitudes of nurses toward alcoholic patients. Through this study, I hope to gain information that will help in planning educational programs for nurses in the area of alcohol abuse.

I have been given permission by the Nursing Research Committee at Northeast Georgia Medical Center to conduct the research at this facility and to invite you to participate in the study. Your name has been chosen by random selection. I will be working closely with Susan Stone, Nurse Researcher, in facilitating the study. I will conduct a short meeting for those participating in the study. At this meeting further explanation will be offered and the demographic data form and attitude survey will be completed. Following the study the results and conclusions will be shared with you at an educational program. Northeast Georgia Medical Center educational credits have been approved for those attending the program, however, NGMC will be unable to provide monetary compensation for your participation in this study.

Your participation is voluntary. I assure you that all information will be treated confidentially. Your name will not appear on any of the materials used in the study. Neither the hospital nor the individual nurse will be identified in any reports or materials and all information will remain confidential if the study is published at a later date.

Would you please participate in this research? Sign and return the enclosed form to accept or reject this invitation to participate. Your response should be directed to the office of Susan Stone on 2 Central as soon as possible. Your prompt reply will be most appreciated. Thank you for your cooperation.

If you decide to participate the data will be collected at the following times in Classroom 3 at the Medical Center.

March 11, 1987 7 - 8 a.m., 2 - 4:30 p.m.
March 14, 1987 6 - 8 p.m.

If these times are not suitable other arrangements can be made by contacting Susan Stone on 2 Central.

Sincerely,

Joan Burnham, R.N.

APPENDIX B

RESPONSE FORM

(NURSES' ATTITUDES TOWARD ALCOHOLIC-DEPENDENT PATIENTS)

Response Form

Nurses' Attitudes Toward

Alcohol-Dependent Patients

I _____ agree to participate in a nursing research study addressing nurses' attitudes toward alcoholic patients. I understand that all information on the attitude survey and demographic data form will be kept confidential and anonymity will be guaranteed. I also understand that Northeast Georgia Medical Center is unable to provide monetary compensation for my partiticipation in this study.

I _____ will not participate in the study. I understand that my decision will in no way affect my job status.

Please fold and staple this form with name and address on reverse side to the outside. Place in hospital mail or drop off on 2 Central.

Thank you,

Joan Burnham, R.N.

APPENDIX C

DEMOGRAPHIC DATA SHEET

Research Project

DEMOGRAPHIC DATA SHEET

Please circle the appropriate items below and submit this data sheet with your attitude questionnaire.

1. Sex
   a. Male
   b. Female

2. Age
   a. under 20
   b. 21 - 30
   c. 31 - 40
   d. 41 - 50
   e. 51 - 60
   f. over 60

3. Nursing Education
   a. Associate Degree
   b. Diploma
   c. BSN
   d. MSN
   e. Other

4. Specialty Area (current)
   a. Medical
   b. Surgical
   c. Pediatrics
   d. Mental Health
   e. Chemical Dependency
   f. Maternity/Newborn
   g. Emergency
   h. Orthopedics
   i. Neurology
   j. Intensive Care
   k. Coronary Care
   l. Other

5. Length of Employment in Current Specialty
   a. < 1 yr.
   b. 1 - 2 yrs.
   c. 3 - 5 yrs.
   d. > 6 yrs.

6. Alcohol Abuse Education (During Basic Nursing Program)
   a. theory only
   b. experience only
   c. theory and experience
   d. none

7. Professional contact/interaction with alcohol abusers
   a. none
   b. rare
   c. occasional
   d. often
   e. daily

8. Personal contact/interaction with alcohol abusers
   a. none
   b. rare
   c. occasional
   d. often
   e. daily

9. Have you been exposed to the disease concept (biogenetic) of addiction theory?
   a. yes
   b. no

APPENDIX D

THE SEAMAN-MANELLO SCALE

APPENDIX D: NURSES' ATTITUDES TOWARD ALCOHOL AND ALCOHOLISM

THE SEAMAN-MANELLO SCALE FORM B

There are 30 statements concerning alcohol and alcoholism. Please read each statement carefully and then decide how strongly you agree or disagree with each statement. Indicate your agreement or disagreement with each item by entering a number in the space provided according to the following scale.

1. STRONGLY DISAGREE
2. DISAGREE
3. NEITHER AGREE NOR DISAGREE
4. AGREE
5. STRONGLY AGREE

You may feel that a particular statement doesn't describe all alcoholic people. You may know an alcoholic person who isn't like other alcoholic people. Please answer the questions as they apply to most alcoholics or "alcoholic people in general." Also there may be some questions that ask about experiences you haven't had. If so, answer those questions with what you <u>believe</u> to be true. Please answer every question.

Please respond to each statement frankly. To receive the full benefit of your alcohol educational experience, you should strive to be as honest as possible in your responses to these items. Your responses will be personal and confidential.

Also, remember that there are no "right" or "wrong" answers. These statements are <u>not</u> designed to tell how good a nurse you are and no one will be judging you on the basis of your responses.

Source: National Institute on Alcohol Abuse and Alcoholism. <u>The Community Health Nurse and Alcohol-Related problems: Instructor's Curriculum Planning Guide</u>. Arlington, VA: National Center for Alcohol Education, 1978. The Seaman-Manello Scale, named for its designers, James Seaman and Timothy Manello of University Research Corporation, was developed by the National Center for Alcohol Education for the National Institute on Alcohol Abuse and Alcoholism.

Seaman-Manello-B

Indicate how much you agree or disagree with each of the following statements by entering a number on the line to the right of each statement according to the following scale:

1. STRONGLY DISAGREE
2. DISAGREE
3. NEITHER AGREE NOR DISAGREE
4. AGREE
5. STRONGLY AGREE

1.	The life of an alcoholic is not a very pleasant one.	1. _____
2.	I feel I work best with alcoholic patients.	2. _____
3.	Alcoholics are not just concerned with their own happiness.	3. _____
4.	Alcoholics are very sensitive people.	4. _____
5.	Alcohol in moderate amounts can actually be beneficial to a healthy person.	5. _____
6.	Alcoholics are usually in poor physical health.	6. _____
7.	I prefer to work with alcoholic rather than other patients.	7. _____
8.	Alcoholics respect their families.	8. _____
9.	The alcoholic suffers from feelings of inferiority.	9. _____
10.	There is nothing wrong with drinking moderate amounts of alcohol.	10. _____
11.	I think that it is unfortunate that alcoholics suffer from the delirium tremens.	11. _____
12.	Alcoholics deserve hospital space just like any other patient.	12. _____
13.	Alcoholics want to stop drinking.	13. _____

14. Alcoholics were driven to drink by other problems. 14. _____

15. Alcoholic beverages are harmless when used in moderation. 15. _____

16. Alcoholic patients need psychiatric consultation. 16. _____

17. I don't think that my patients would become angry if I discussed their excessive drinking with them. 17. _____

18. Alcoholics who do not obey the nurse's orders should be treated anyway. 18. _____

19. Alcoholics feel they are bad people because of their drinking. 19. _____

20. People should drink alcoholic beverages if they wish to. 20. _____

21. Alcoholics should receive medical treatment. 21. _____

22. I feel comfortable when working with alcoholics. 22. _____

23. Most alcoholics do not like being alcoholics. 23. _____

24. An alcoholic is lonely. 24. _____

25. When used wisely, alcoholic beverages are no more harmful to normal adults than nonalcoholic beverages. 25. _____

26. Alcoholism is an illness. 26. _____

27. It does not embarrass me to talk to alcoholics. 27. _____

28. I can help an alcoholic even if he or she will not stop drinking. 28. _____

29. Alcoholics usually have severe emotional difficulties. 29. _____

30. The consumption of alcoholic beverages cannot make normal people weak and silly. 30. _____

VITA

Joan K. Burnham was born in Milwaukee, Wisconsin on December 4, 1932. She attended schools in Milwaukee and was graduated from Pius XI High School in June, 1950. She received a Bachelor of Science in Nursing from Alverno College in June, 1954. Studies for a Master of Science in Nursing degree were begun in 1984. This degree was awarded in August, 1987.

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