



Self-assessment of alcohol consumption as a health-education strategy in nursing students



Joseba Rabanales Sotos^{a,*}, Ángel López Gonzalez^a, Ignacio Párraga Martínez^b, Monchi Campos Rosa^c, María J. Simarro Herraiz^d, Jesús López-Torres Hidalgo^e

^a Albacete Faculty of Nursing, University of Castilla-La Mancha (Universidad de Castilla-La Mancha/UCLM), Spain

^b La Roda Health Centre (Albacete), Castilla-La Mancha Health Service (Servicio de Salud de Castilla-La Mancha/SESCAM), Spain

^c Albacete Integrated Healthcare Management (SESCAM), Spain

^d Villarrobledo-Albacete Integrated Healthcare Management (SESCAM), Spain

^e Albacete Faculty of Medicine (UCLM), Albacete Zone IV Health Centre (SESCAM), Spain

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SUMMARY

Background: In the field of preventive activities, early identification of excessive alcohol consumption is essential. The simplicity of existing instruments for detecting hazardous drinking makes for ready assimilation in university students.

Objective: To ascertain nursing students' level of knowledge about alcohol prevention activities and assess their skills, acquired through self-assessment of their own alcohol consumption, in managing tools designed to detect hazardous drinkers.

Design: Before and after intervention study.

Material and Methods: We assessed 1060 nursing students and ascertained their level of knowledge about excessive alcohol consumption. Following an educational intervention in which students were taught to use the recommended screening instruments in clinical practice through self-assessment of their own consumption (Systematic Interview of Alcohol Consumption and Alcohol Use Disorders Inventory Test), we tested the skills acquired in detecting hazardous drinkers and their knowledge of alcohol prevention activities.

Results: Initially, the concept of hazardous drinker was known by only 24.1% of students and the method of quantifying alcohol consumption by only 3.1%. The prevalence of hazardous drinkers was 17.9% (95% CI: 15.5–20.3). After the educational intervention, 95.8% of students stated that they understood the concept of hazardous drinker and 92.5% stated that they understood how to quantify alcohol consumption, with these proportions being significantly higher than those obtained at baseline ($p < 0.001$). When asked about the intervention's usefulness, 91.3% viewed it favourably.

Conclusion: By using a simple educational intervention, nursing students can improve their knowledge and skill detection of hazardous drinkers and quantification of alcohol consumption. These concepts allow for students to be satisfactorily introduced into the prevention activities during their university education. After assessing their own consumption, a considerable proportion of students realise that they are indulging in excessive alcohol consumption, which could in turn make for greater awareness of the problem among future health professionals.

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Introduction

Alcohol consumption is regarded as an important public health problem world-wide, having been identified as the second largest disease risk factor in Europe and the leading disease risk factor in the Western Pacific and the Americas (WHO, 2011). In general, excessive alcohol consumption is common among young adults in industrialised countries, both in and outside Europe, and poses a problem of great magnitude in this population. According to some previous studies, the

proportion of hazardous drinkers stands at 37.1% among Spanish university students (Caamaño-Isorna et al., 2008).

Prevention is a fundamental tool for reducing excessive alcohol consumption. There are different hypotheses that might explain why preventive activities targeting excessive alcohol consumption are not present in the clinical and other spheres where healthy lifestyles should be fostered, as is the case of university students (Salcedo et al., 2011). The Association of American Medical Colleges (AAMC) indicates that new graduates regard education in the fields of alcohol prevention and screening as inadequate, and up to 22.8% of all new graduates state that they do not feel sufficiently prepared in this respect (Stine et al., 2000). It has also been said (Frost-Pineda et al., 2004) that the

* Corresponding author at: CalleHermanos Grimm 12, 02005 Albacete, Spain.
E-mail address: rabanalessotos@hotmail.com (J. Rabanales Sotos).

problem is not only the lack of time or interest on the part of health professionals, but also the incomplete curricular education received on this subject. It is suggested that educational requirements should be higher, providing students with more information that would make them feel competent in this area. Another recent study undertaken in the United Kingdom (Holloway and Webster, 2013) underscores “the need for a greater and more relevant focus of alcohol education” to nursing students.

The literature shows that gaps have been identified in knowledge about alcohol consumption at university (Boyd et al., 2005), that there is no solid theoretical framework for its assessment (Devos-Comby and Lange, 2008), and that this aspect has not been studied in all countries (Karam et al., 2007), all of which renders it advisable for research to be targeted at singling out the aspects of most interest and protective factors in the university environment, along with the most effective interventions for reducing consumption (Velázquez et al., 2001).

Organisations such as the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and Centre for Addiction Research and Education (CARE) have developed training programmes of an international nature which seek to cater for physicians and nurses from different countries (Murray and Fleming, 1996). These programmes focus health professionals' attention, not only on patients who are addicts, but also on those who are at risk, a population that is more numerous and has the possibility of responding to preventive actions. This model has shown itself to be an effective strategy for enhancing health-staff skills in the prevention and treatment of alcohol-related problems (Gaskin de Urdaneta et al., 2002). In this regard, a number of academic authorities and associations have also initiated efforts in recent years targeted at improving student training in fields linked to substance prevention and abuse.

In the sphere of health sciences, and specifically in the field of preventive activities, it is of great importance to know how to identify excessive alcohol consumption early and accurately, since this makes it possible to intervene in the early stages of the problem. The simplicity of existing instruments for detecting hazardous drinking makes for ready assimilation in the initial stages of students' education, thereby enabling them to be initiated into the tasks of prevention and ensuring a higher state of alert with respect to risk behaviours, both their own and of others. Students can acquire skills in the management of instruments designed to identify hazardous drinkers, and also ascertain to what extent their own alcohol-related habits approach what is regarded as at-risk or hazardous drinking. Assessment of their own behaviour allows students to perceive problematic alcohol consumption as something much closer to their own lives, and to form a more realistic view of what is considered healthy and what is considered harmful. Such self-assessment presumably makes students more sensitive when it comes to detecting problematic alcohol-related behaviours, a very important skill in those who are going to devote themselves to health care in the

future. Moreover, the experience of self-assessment could well facilitate moderation in alcohol consumption, a trait that is very desirable for future professionals who, in terms of healthy habits, should serve as a role model for their patients.

Accordingly, the aim of this study was twofold: firstly, to ascertain nursing students' level of knowledge about preventive activities targeting excessive alcohol consumption; and secondly, to assess their skills – acquired through self-assessment of their own alcohol consumption – in managing tools designed to detect hazardous drinkers.

Material and Methods

We conducted a before–after intervention study among undergraduate students enrolled in the nursing degree programme at the University of Castilla-La Mancha during the 2012/2013 academic year. The criterion for inclusion was defined as follows: any person registered as a student at any of the university's five nursing faculties in the above academic year that consented to take part in the study. The sole exclusion criterion was refusal to participate after being informed of the study's designated objectives. Out of the total 1265 registered students invited to participate, 1060 (83.8%) responded.

The intervention consisted of a one-hour-long teaching workshop on alcohol prevention activities given to the participants by three lecturers. To this end, the students were called together in groups of 20 to 25 and informed of the study's goals. To gather the information, a pre-coded, self-administered, anonymous data-collection form was designed. This training does not form part of the study plan of the nursing faculties where the study was undertaken. The study was approved by the Clinical Research Ethics Committee of the Albacete University Teaching Hospital (Spain).

We firstly assessed participants' prior knowledge of concepts relating to hazardous drinking, i.e., the concept of “hazardous drinker”, the consumption limits defined as “hazardous”, the tools used for detection purposes, and how to quantify alcohol consumption in standard drink units (SDUs).

Following this, the participants were administered the instruments routinely used for detection of hazardous drinking, specifically the Alcohol Use Disorders Inventory Test (AUDIT) (Rubio et al., 1998) and Systematic Alcohol Consumption Interview (*Interrogatorio Sistematizado de Consumos Alcohólicos/ISCA*) (Gual et al., 2001).

The AUDIT is a self-administered questionnaire made up of 10 questions which assess events that have taken place in the preceding year and make it possible to detect mild and moderate alcohol-related problems, with the focus on hazardous consumption or alcohol abuse. It is an internationally-used instrument for detecting non-severe alcohol-related problems and has been previously validated in Spain (Rubio et al., 1998). The ISCA, for its part, consists of three questions that address the quantity and frequency of alcohol consumption

Table 1
Level of knowledge about excessive alcohol consumption.

Characteristics	Before the intervention			After the intervention		
	Men no. (%)	Women no. (%)	Total no. (%)	Men no. (%)	Women no. (%)	Total no. (%)
Are you familiar with the concept of hazardous drinker?						
Yes	53 (24.2)	202 (24.0)	255 (24.1)	210 (95.9)	806 (95.8)	1016 (95.8)
No	166 (75.8)	639 (76.0)	805 (75.9)	9 (4.1)	25 (3.0)	34 (3.2)
Not shown	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	10 (1.2)	10 (0.9)
Do you know the limits of what is regarded as hazardous alcohol consumption?						
Yes	32 (14.6)	104 (12.4)	136 (12.8)	207 (94.5)	805 (95.7)	1012 (95.5)
No	187 (85.4)	736 (87.5)	923 (87.1)	12 (5.5)	29 (3.6)	41 (3.8)
Not shown	0 (0.0)	1 (0.1)	1 (0.1)	0 (0.0)	7 (0.7)	7 (0.7)
Do you know how to quantify alcohol consumption in SDUs? ^a						
Yes	7 (3.2)	26 (3.1)	33 (3.1)	201 (91.8)	779 (92.6)	980 (92.5)
No	212 (96.8)	810 (96.3)	1022 (96.4)	16 (7.3)	51 (6.1)	67 (6.3)
Not shown	0 (0.0)	5 (0.5)	5 (0.5)	2 (0.9)	11 (1.3)	13 (1.2)

^a SDUs: standard drink units.

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