Using the Theory of Planned Behaviour to examine enrolled nursing students' intention to care for patients with alcohol dependence: A survey study

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SUMMARY

Background: Nurses are often the first point of contact for patients hospitalized due to alcohol-related causes. Alcohol dependence is highly stigmatized and as a result healthcare professionals often have low behavioural intentions, meaning low willingness to care for these patients. This can have a direct influence on quality of care.
Objectives: The purpose of this study was to explore enrolled nursing students' intention to care for patients with alcohol dependence and the antecedents, preliminary factors, that predict this within the Theory of Planned Behaviour; specifically attitudes, subjective norms, self-efficacy and controllability.
Design: The study was a cross-sectional survey using the Theory of Planned Behaviour.
Setting: Two Technical and Further Education South Australia campuses across metropolitan Adelaide.
Participants: $n = 86$ enrolled nursing students completed the survey (62% response rate).
Methods: Enrolled nursing students' intention, attitudes, subjective norms, self-efficacy and controllability were measured using a Theory of Planned Behaviour Questionnaire. The Short Alcohol and Alcohol Problems Perception Questionnaire investigated attitudes in more detail and a short knowledge scale assessed alcohol-related knowledge.
Results: Subjective norms and attitudes had a significant, positive effect on intention to care within the final model, accounting for 22.6% of the variance, $F_{2,83} = 12.12$, $p < 0.001$. Subjective norms were the strongest predictor. External factors such as age, previous alcohol training and alcohol-related knowledge held direct paths to antecedents of intention.
Conclusions: Subjective norms were the strongest predictor of intention to care for patients with alcohol dependence, followed by attitudes. The study provides an understanding of enrolled nursing students' intention to care for alcohol dependent patients. These findings can assist in developing tailored alcohol training for students, to increase attitudes and foster behavioural change, in order to improve the quality of care for these patients.

Introduction

In Australia, alcohol is the second largest preventable cause of drug-related death and hospitalization (NHMRC, 2009), accounting for 3.3% of the total disease burden in 2008 (AIHW, 2008). It is a causal factor for high-risk injuries and for more than sixty chronic illnesses (Dorrian, 2012; WHO, 2011). Consequently, patients with alcohol dependence are found within hospital settings, where nurses are at the forefront of care (Allen, 1993).

Alcohol dependence is surrounded by much stigma, prejudice, anger and misunderstanding, these factors that can cause significant ramifications for treatment and recovery (van Boekel et al., 2013; Williamson, 2012; Yang et al., 2007). Constant debate surrounds whether alcohol dependence is a legitimate disease, however, regardless of its' nature, it often provokes negative stigma (Chung et al., 2003). Advances in neuroscience support the disease status that can be seen as a weapon against stigma (Speerforck et al., 2014; Williamson, 2012).

Research shows that negative stereotypical views towards these patients are often prevalent in nurses, resulting in reduced behavioural intention and a general unwillingness to provide care (Ajzen, 1991; Chung et al., 2003; Skinner et al., 2009). This can have a direct influence on quality of care (Kelly et al., 2012; Pillon and Laranjeria, 2005). Understanding nurses' intentions, and influencing factors, could help to improve the quality of care for alcohol-dependent patients.

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Background

Research has investigated one antecedent of behavioural intention: personal attitudes (Kelly et al., 2012; MacFarlane and Woolfson, 2013; McKinlay et al., 2001; Speerforck et al., 2014; Werner, 2012). Research dating back to late 1960s suggests that healthcare professionals can have negative attitudes towards caring for patients with alcohol dependence (Allen, 1993; Chung et al., 2003; Ferneau and Morton, 1969; Manohar et al., 1976; Skinner et al., 2009; van Boekel et al., 2014; van Boekel et al., 2013; Vergas and Luis, 2008). In contrast, Allen (1993) found positive attitudes towards patients with alcohol dependence in a sample of registered nurses ($N = 66$). A distinguishing characteristic of this sample was an inpatient drug and alcohol programme within the hospital, suggesting that providing nurses with training can improve attitudes. In a recent survey study by Crothers and Dorrian (2011), enrolled and registered nurses ($N = 49$) from a metropolitan hospital held neutral to positive attitudes towards alcohol-dependent patients and therapeutic care. Findings showed that attitudes were related to personal and professional experiences. In addition, the study also demonstrated a lack of alcohol training for nurses.

Additional antecedents of behavioural intention to care for patients with alcohol dependence have been largely overlooked. The Theory of Planned Behaviour (TPB, Ajzen, 1991) provides a theoretical framework to systematically investigate antecedents of intention. The TPB states that intention is influenced by three components: personal attitudes, subjective norms and perceived behavioural control (PBC) (Ajzen, 2011). The TPB has been used to investigate patient (Webb et al., 2010) and professional behaviour (Kelly et al., 2012; MacFarlane and Woolfson, 2013; McKinlay et al., 2001; Werner, 2012) in the health context. This study is applying the TPB as a framework to predict nurses' intentions to care for patients with alcohol dependence. The TPB is described below.

Within the TPB, attitudes are an individuals' personal evaluation of performing the behaviour (Ajzen, 2011). Subjective norms are the degree an individual reports subjective pressure to perform the behaviour from significant others (McKinlay and Cowan, 2003). Lastly, PBC is an individuals' perception of control over performing the behaviour and an evaluation of its difficulty (Werner, 2012). Previous studies have divided PBC into two subscales: self-efficacy and controllability (Rhodes and Courneya, 2003; Vallance et al., 2011; Werner, 2012; Werner and Grayzman, 2011). Self-efficacy is confidence in ability to perform the behaviour (Bandura, 1977). Controllability is the extent an individual feels the behaviour is up to them (Werner, 2012). External factors can influence components within the TPB (Werner and Grayzman, 2011). Research has identified several external factors including age (Crothers and Dorrian, 2011), personal alcohol use (Crothers and Dorrian, 2011), personal and professional experiences with patients (Chung et al., 2003; Giannetti et al., 2002) and support (Chung et al., 2003).

Werner (2012) was one of the few researchers to utilize the TPB in this area, investigating social work, special education, nursing, occupational therapy and speech therapy students ($N = 476$) intention to care for individuals with dual diagnosis (co-morbid mental illness and substance abuse problem). Findings showed that intention was best predicted by subjective norms followed by attitudes, explaining 40% of the variance. Kelly et al. (2012), and Werner and Grayzman (2011) found similar results. However, in contrast to the hypothesis, Werner (2012) found that controllability negatively predicted intention. This was interpreted as those students who believed that the decision to work with individuals was up to them reported lower intention to do so. Werner concludes that these findings may be related to negative attitudes and lack of alcohol training.

Whilst researchers have studied, enrolled and registered nursing students', and nurses' intention to care for other types of patients (McKinlay et al., 2001; Werner, 2012), to our knowledge, no study across the globe has used the TPB to investigate enrolled nurses'

intention to care for patients with alcohol dependence. Students' are an imperative cohort for research as it is important to determine antecedents of intention to care for these patients prior to nursing employment. Research has identified a lack of alcohol training for nurses and nursing students (Crothers and Dorrian, 2011; Giannetti et al., 2002; Pillon and Laranjeria, 2005), despite the positive influence training can have on components within the TPB (Chung et al., 2003; Pillon and Laranjeria, 2005). Findings from the TPB can help develop alcohol training programmes for changing attitudes, increasing self-efficacy, promoting behavioural change and ultimately improving the quality of care alcohol-dependent patients receive (Werner, 2012). In addition, little research to date has focused on enrolled nursing (EN) students.

In light of the above, the aim of the current study was to investigate EN students' intention to care for patients with alcohol dependence and the antecedents that may predict this within the TPB. In line with previous research (Kelly et al., 2012; McKinlay et al., 2001; Werner, 2012; Werner and Grayzman, 2011) it was hypothesized that personal attitudes, subjective norms and self-efficacy will positively predict EN students' behavioural intention to care for patients with alcohol dependence, and subjective norms will be the strongest predictor. In line with Werner (2012), it was hypothesized that controllability will negatively predict intention. Finally, it was hypothesized that previous alcohol training will predict attitudes, subjective norms, self-efficacy and controllability.

Fig. 1 (adapted by Ajzen, 1991) presents the hypothesized pathway of EN students' intention to care for patients with alcohol dependence. Behavioural intention was the dependent variable and predictors were attitudes, subjective norms, self-efficacy and controllability. In addition, research has shown that there may be relationships between predictor variables themselves (Werner, 2012; Werner and Grayzman, 2011).

Method

Participants and Procedure

Participants were EN students ($n = 86$, 14 m, 75f, 17–59 y, mean = 31.26 ± 11.33 y) at two metropolitan Technical and Further Education sites in South Australia (TAFE SA) enrolled in Diploma of Nursing (enrolled − division 2). Study approval was obtained from the University of South Australia Human Research Ethics Committee, and TAFE SA Educational Manager of Community Services and Health. The questionnaire was introduced and distributed to TAFE SA EN students in class by teachers. Ethical considerations were outlined to participants in the information sheet. It was acknowledged that despite the inclusion of questionnaires during lesson time, student participation was voluntary and decision to participate would have no bearing on their grades or future employment. Paper questionnaires were distributed to each student and returned to the researcher or TAFE SA staff. Of the 140 questionnaires distributed ($N = 140$) to a convenience sample, 89 were returned. Three questionnaires were removed following data screening (detailed in the Results section), making the final questionnaire response rate 62% ($n = 86$).

Measures

A questionnaire with a total of 62 questions, on a seven page self-administered hard copy A4 booklet was developed, handed out one-by-one, taking 15–20 min to complete. Questionnaires combined demographic questions, an alcohol knowledge scale, TPB questionnaire and the Short Alcohol and Alcohol Problems Perception Questionnaire, described below.

Personal Characteristics

Demographic questions were based on previous research (Crothers and Dorrian, 2011), and assessed age, sex, campus location, time spent studying, nature of study, past placement experience, previous alcohol