



# A cross-sectional study of drinking patterns, prelicensure nursing education, and professional identity formation



Desiree Hensel<sup>a,\*</sup>, Mary Jean Middleton<sup>b</sup>, Ruth C. Engs<sup>c</sup>

<sup>a</sup> Indiana University School of Nursing, SY 444, Bloomington, IN 47405, USA

<sup>b</sup> Gateway Medical Center, 651 Dunlop Lane, Clarksville, TN 37040, USA

<sup>c</sup> Indiana University School of Public Health, Room 116, Bloomington, IN 47405, USA

## ARTICLE INFO

Article history:  
Accepted 30 August 2013

### Keywords:

Nursing education  
Baccalaureate nursing education  
Professional identity  
Professional self-concept  
Substance abuse  
Alcohol abuse

## SUMMARY

**Background:** Professional identity has been described as being an important outcome of nursing education, but how this identity forms is not well understood. Even less is known about how students' personal substance use/abuse patterns factor into their professional identity formation.

**Objectives:** The purpose of this study was to describe drinking behaviors and professional identity formation among baccalaureate of nursing students.

**Design:** This cross-sectional, descriptive study used a survey design.

**Setting:** The study took place on three campuses of a large system university in the Midwestern United States.

**Participants:** The convenience sample consisted of 333 students enrolled in the first semester of the second, third, and last year of a traditional baccalaureate of nursing program.

**Methods:** Data were collected using the Nurse Self-Concept Questionnaire and the Student Alcohol Questionnaire. ANOVA and Pearson *r* statistical tests were used to analyze data.

**Results:** Self-perceptions related to leadership were found to be the weakest aspect of the students' self-concepts, and the only dimensions of professional self-concept that differed significantly among students enrolled at varying program levels were knowledge and communication. A negative relationship was found between increased alcohol use and general self-concept and communication, but the associations were very weak.

**Conclusions:** More research is needed to understand how best to facilitate the acquisition of an identity consistent with the profession's values and how to recruit candidates that embody nursing's preferred future.

© 2013 Elsevier Ltd. All rights reserved.

## Background

Professional identity may be defined as “one's professional self-concept based on attributes, beliefs, values, motives, and experiences” (Slay and Smith, 2011, p. 86). Professional identity has been theorized to be a key factor in providing high-quality care to improve patient outcomes (Benner et al., 2010; Cronenwett et al., 2007) and is thought to mediate the negative effects of a high-stress workplace (Arthur and Randle, 2007; Hensel, 2011; Siebens et al., 2006), to improve clinical performance (Jahanbin et al., 2012), and to improve job retention (Cowin and Hengstberger-Sims, 2006; Cowin et al., 2008). Professional identity formation is so important that the National League for Nursing (NLN, 2010) has declared that it should be a universal outcome of all curricula from vocational nursing to research doctorate programs. Thus, understanding how this identity is acquired is important.

Professional identity is intertwined with and arises from professional self-concept, defined as how nurses think and feel about their abilities

(Johnson et al., 2012). Both professional identity and self-concept formation are thought to be developmental processes that begin before prelicensure education and continue throughout a career, often becoming more stable with time (Cowin, 2001; Cowin et al., 2006; Hensel and Stoelting Gettlefinger, 2011; Johnson et al., 2012; Cronenwett et al., 2007; Ware, 2008). Through the process of internalizing professional values, one's professional identity becomes self-evident in the nurse's lived experience and creates the foundation for promoting the ideals of the profession (NLN, 2010).

One such professional value identified in the *International Code for Nurses* (International Council of Nurses [ICN], 2000) is that nurses maintain a personal health status does not compromise their ability to provide safe patient care. The *American Nurses Association (ANA) (2001) Code of Ethics* further specifies that nurses have an ethical responsibility to practice unimpaired and safely. However, substance abuse is a significant problem within the profession that impairs nurses' ability to perform essential job functions and threatens both self-concept and safe practice (Lillibridge et al., 2002; Kenward, 2009; Monroe and Pearson, 2009). It is estimated in the United States that perhaps 6% of nurses have a problem severe enough to impair practice (Dunn, 2005). Although the prevalence of nurses identified with substance abuse

\* Corresponding author. Tel.: +1 812 855 7089; fax: +1 812 855 6986.

E-mail addresses: [dehensel@indiana.edu](mailto:dehensel@indiana.edu) (D. Hensel), [mmklein@umail.iu.edu](mailto:mmklein@umail.iu.edu) (M.J. Middleton), [Engs@indiana.edu](mailto:Engs@indiana.edu) (R.C. Engs).

problems approximates or may be lower than the general population, the percentage of such nurses who receive treatment for their substance abuse remains lower than the general population, placing patients at risk (Monroe et al., 2013).

Meeting the public's health and social needs is one of nursing shared professional responsibilities (ICN, 2000), and personal lifestyles have been linked to nurses' perceptions of professional adequacy (Hensel, 2011; Riley and Yearwood, 2012). Yet unhealthy lifestyle patterns that may start during prelicensure education may have serious consequences for professional careers and health in later life (Watson et al., 2006). Specifically, alcohol and other drug abuse often begin during undergraduate education (Baldwin et al., 2009; Chaname et al., 2009). Although alcohol use among nursing students has been found to be comparable with other undergraduate college students, it is of concern that perhaps 4% of nursing students engage in patient care while under the influence (Baldwin et al., 2006, 2009).

Some prelicensure educational programs have been found to increase knowledge and the confidence to address substance abuse, but nursing students frequently perceive their education on this topic as being inadequate (Baldwin et al., 2009; Rassool and Rawaf, 2008). Students' understanding of substance abuse is often simplistic, and educational efforts frequently fail to adequately address how to drink responsibly or deal with impaired colleagues (Cadiz et al., 2012; Gill and Fiona, 2011; Murphy-Parker and Martinez, 2005).

If the profession of nursing exists to promote health and has a professional value to practice unimpaired, one question that arises is about how students' personal substance use/abuse patterns factor into their professional identity formation. Framed within Cowin's (2001) model of nurse self-concept, the purpose of this study was to describe patterns of substance abuse in the form of drinking behaviors and professional identity among BSN nursing students. The specific aims of this study were to describe patterns of drinking and associated problems among BSN students at the study university and to explore relationships between professional identity in terms of nurse self-concept and alcohol use.

## Methods

Institutional review board approval was obtained to conduct this cross-sectional, descriptive study on three campuses of a large university in the Midwestern University. The convenience sample of 333 students was drawn from approximately 420 eligible students enrolled in the first semesters of the 2nd, 3rd, and 4th years of a traditional 4-year, undergraduate BSN program that admitted students in the second year of study. Inclusion criteria were (a) being a traditional undergraduate BSN student, (b) enrollment at the study institution, and (c) willingness to participate.

Participants were recruited through a class visit from the investigators. Students were advised of their rights and assured that participation was voluntary, confidential, and would not affect their grade. Survey data were collected in the fall semester of 2011 using the Nurse Self-

Concept Questionnaire (NSCQ) and the Student Alcohol Questionnaire (SAQ). Created in Australia, the NSCQ has 36 items on 8-point ordinal response scales that measure the six dimensions of a nurse's professional self-concept described by Cowin (2001). The NSCQ has theoretical and construct validity. In the current study, the tool had good internal consistency with Cronbach's alpha scores for the subscales as follows: Nurse General Self-Concept, 0.90; Caring, 0.82; Staff Relations, 0.88; Knowledge, 0.79; Communication, 0.82; and Leadership, 0.89.

The SAQ was designed to assess college students' knowledge, behaviors, and drinking patterns (Engs, 1977). For this study, only subscales related to drinking patterns (quantity/frequency) and problems resulting from drinking were utilized. The 6-item drinking pattern scale has evidence of face validity and good reliability, with a reported Spearman-Brown reliability coefficient of 0.84 and a Cronbach's alpha of 0.86 (Engs and Hanson, 1994). Cronbach's alpha was also 0.86 in the current study. Mean weekly alcohol consumption was calculated using the method described by Engs (1977), which involved recoding of quantity in drinks per session (over 6 drinks = 7.50; 5–6 = 5.50; 3–4 = 3.50; 1–2 = 1.5; <1 = 0.50; 0 = 0) and frequency (every day = 7.0; at least once a week, but not every day = 3.5; at least once a month but less than once a week = 0.5; at least once a year but less than once a month = 0.12; once a year or less = 0.02; none = 0).

The SAQ 18-item scale measuring problems resulting from drinking has a reported Spearman-Brown reliability coefficient of 0.89 and Cronbach's alpha of 0.92 (Engs and Hanson, 1994). In the current study, Cronbach's alpha for the scale was 0.87. A mean problem score was calculated by assigning one point for each of the 19 drinking-related problems experienced at least once during the previous year (Engs, 1977).

## Results

Data analysis was done using SPSS statistical software version 20. Initially, 347 questionnaires were returned. Fourteen were excluded because of missing data, leaving a total of 333 questionnaires for analysis. Mean age was 22.9 years ( $SD = 5.97$ ) and mean GPA was 3.65 ( $SD = 0.50$ ). Class level was reported as 2nd year nursing ( $n = 113$ , 34%), 3rd year ( $n = 72$ , 22%), or 4th year ( $n = 148$ , 44%). There were 28 male (8%) and 305 female (92%) participants. Racial background was reported as white or Caucasian (294, 88%), black or African American (13, 4%), Hispanic Latino (10, 3%), Asian Pacific Islander (8, 2%), Native American (0%), other (7, 2%), and not specified (1, <1%).

Table 1 displays drinking patterns by year of study in the nursing program. Dietary guidelines define moderate alcohol consumption as up to one drink per day for women and up to two drinks per day for men (United States Department of Agriculture [USDA], 2010). Heavy or high-risk drinking is defined as exceeding seven drinks per week for a woman, or 14 drinks per week for men. Based on those definitions, students were classified as abstainers, moderate drinkers, or heavy drinkers. Final analysis revealed that the sample was abstainers, 26 (7.8%); moderate drinkers, 197 (59.1%); and heavy drinkers, 110 (33%).

**Table 1**  
Drinking patterns by class ( $N = 333$ ).

Class	Type of drinker* male/female, $n$ (%)			Drinks per Week, $M$ ( $SD$ )			
	Abstainer	Moderate	Heavy	Total	Beer	Liquor	Wine
All $n = 333$	M2/F24 26 (7.8%)	M15/F182 197 (59.1%)	M11/F99 110 (33%)	8.5 (11.4)	2.6 (5.1)	4.3 (7.3)	1.5 (3.5)
2nd year $n = 113$	M0/F 4 4 (3.5%)	M5/F54 59 (52.2%)	M5/F45 50 (44%)	11.3 (12.6)	3.8 (5.9)	5.3 (7.7)	2.1 (4.0)
3rd year $n = 72$	M1/F3 4 (5.5%)	M2/F41 43 (59.7%)	M2/F23 25 (34.7%)	8.5 (10.5)	2.7 (4.6)	4.5 (7.5)	1.3 (2.5)
4th year $n = 148$	M1/F17 18 (12%)	M8/F87 95 (64%)	M6/F31 37 (25%)	6.5 (8.6)	1.6 (4.5)	3.6 (6.8)	1.1 (3.5)

\* Note: Abstainers reported no alcohol use. Moderate drinkers were defined as 1 to 14 drinks/week for men and 1 to 7 drinks/week female; heavy drinkers were defined as >14 drinks/week for men and >7 drinks/week female.

Download English Version:

<https://daneshyari.com/en/article/368313>

Download Persian Version:

<https://daneshyari.com/article/368313>

[Daneshyari.com](https://daneshyari.com)