



Comparisons between the attitudes of student nurses and other health and social care students toward illicit drug use: An attitudinal survey

Martyn R Harling

The University of Nottingham, Division of Medical Sciences and Graduate Entry Medicine, The School Of Medicine, Royal Derby Hospital Centre, Room 3020, Utttoxeter Road, Derby DE22 3DT, United Kingdom

ARTICLE INFO

Article history:

Received 21 April 2016

Received in revised form 25 September 2016

Accepted 18 October 2016

Available online xxxx

Keywords:

Student nurses

Social work students

Midwifery students

Clinical psychology trainees

Attitudes

Drug use/misuse

Interprofessional education

ABSTRACT

In the context of a recent emphasis on compassion in the delivery of health care, the current study set out to measure the attitudes of different groups of health and social care students toward illicit drug users. Previous research has identified variations in the attitudes of different groups of health and social care professionals toward working with illicit drug users. Nurses, in particular, have been reported as holding moralistic or stereotypical views of illicit drug users. However, few studies have measured the attitudes of student nurses or compared their attitudes to other health and social care students. This article describes the use of a bespoke attitude scale to measure the attitudes of cohorts of student nurses, clinical psychology trainees, health and social care, social work and midwifery students at the start of their course ($N = 308$). Results indicated that student nurses had the least tolerant attitudes, reinforcing the need for a specific educational focus on working with illicit drug users in nurse education. Variations between student groups indicate that Interprofessional Education can provide an opportunity to improve attitudes toward illicit drug users, particularly amongst student nurses.

© 2016 Elsevier Ltd. All rights reserved.

1. Introduction

The Francis Report (Francis, 2013) emphasised the need for 'effective care from caring, compassionate and committed staff, working within a common culture' (Francis, 2013, p. 67). Despite sporadic reports to the contrary (e.g. Kelleher and Cotter, 2009) there have been consistent suggestions that qualified nurses may hold negative attitudes toward individuals who misuse illicit drugs (Moodley-Kunnie, 1988; Carroll, 1995; Howard and Chung, 2000; Peckover and Chidlaw, 2007; Monks et al., 2012).

van Boekel et al. (2013) acknowledged the commonality of negative attitudes amongst health professionals and noted the contribution of such attitudes to 'suboptimal health care' (p. 23). Negative attitudes can result in drug misuse being inadequately managed within healthcare settings (Happell et al., 2002) or lead to differences in the way nurses interact with individuals identified as drug users who are seeking treatment for other health issues (Monks et al., 2012). When exploring the views expressed by district nurses Peckover and Chidlaw (2007) found that 'accounts of clients who misuse substances were heavily interwoven with notions of 'prejudice' and 'stigma' (p. 240).

Previous studies have also identified differences between the attitudes of a range of health and social care workers toward working

with illicit drug users, which have been ascribed to differing professional background (Richmond and Foster, 2003; Watson et al., 2006; Raistrick et al., 2007; Raistrick et al., 2015). Raistrick et al. (2007) compared healthcare assistants, nurses and medics, and found that healthcare assistants had the most positive attitudes toward working with illicit drug users. Raistrick et al. (2015) repeated their survey (reported in Raistrick et al., 2007) and concluded that commitment to working with substance misusers had diminished in a general hospital setting. Richmond and Foster (2003) surveyed nurses, occupational therapists, support workers, psychologists, medics and social workers, and concluded that social workers demonstrated more tolerant attitudes toward working with illegal drug users than did nurses. Richmond and Foster (2003) attempted to provide possible explanations for the observed disparities, and focused on differences in the emphasis of the different professions. Professions allied to medicine may be seen as holding bio-medical perspectives on illicit drug use, whereas social workers may consider illicit drug use from more sociological viewpoints.

Interprofessional Education [IPE] defined as 'when two or more professions learn with, from and about each other to improve collaboration and the quality of care' (Centre for the Advancement of Interprofessional Education [CAIPE], 2002), provides a way to address such differences between professional groups. However, it is important to consider 'how' and 'when' such a learning experience should be introduced (The Interprofessional Curriculum Renewal Consortium, Australia [ICRCA], 2013).

E-mail address: m.harling@nottingham.ac.uk.

Whilst there is a body of evidence associated with the attitudes of qualified nurses and other health and social care professionals, fewer studies have focused on the attitudes of students. Amongst the few that have focused on students, [Rassool \(2006\)](#) reported positive attitudes toward working with substance-using patients in a study of student mental health nurses, and [Harling and Turner \(2012\)](#) described a range of factors, from individual experience to societal responses to drug users, influencing the attitudes of student nurses.

The aim of the research described in this article was to extend existing knowledge by measuring the attitudes of student nurses toward illicit drug users and comparing their attitudes to other health and social care students at the point of entry to education/training.

2. Research Tool

Questionnaires have been developed which aim to measure the attitudes of health and social care workers toward substance misuse. [Watson et al. \(2003\)](#) developed their Drug and Drug Problems Perceptions Questionnaire [DDPPQ] in order to evaluate the attitudes of a range of healthcare professionals toward working with drug users. The Standardized Substance Abuse Attitude Survey [SSAAS] was developed in the USA by [Chappel et al. \(1985\)](#) as a tool for assessing the attitudes of physicians and medical students toward working with substance misusers.

There are several issues with the DDPPQ and SSAAS, which rendered them inappropriate for use within the current study. The DDPPQ focuses rather heavily on attitudes around treatment efficacy and considers illicit drug users as a homogenous group separate to the healthcare worker. The SSAAS focuses on the three more general factors of Permissiveness, Nonstereotypes and Nonmoralism, linked to general attitudes toward substance misuse, but it has been criticised for use in the UK due to its bias toward terminology and perspectives from the USA and the fact that it is now rather dated ([Watson et al., 2006](#)). A further difficulty in using either of these tools related to the volume of questions and hence the time commitment in completing the questionnaire. The method of questionnaire delivery adopted in the current study, meant that it was not feasible to use a survey tool requiring more than 15 min completion time since this would impact upon the students' educational experience.

[Rassool \(2006\)](#) developed a 21-item tool, named the Attitude Towards Substance Misusers [ATSMQ-21] scale, from the SSAAS. The ATSMQ-21 was used with a sample of 110 mental health nursing students, who had completed their common foundation programme. The questionnaire received favourable validity and reliability test results ([Rassool, 2006](#)). However, items in this questionnaire relating to treatment optimism were considered less appropriate to neophyte students and some statements referred to alcohol misuse, rendering the questionnaire unsuitable for the focus of the current study.

[Raistrick et al. \(2007\)](#) used a modified version of the Alcohol and Alcohol Problems Perceptions Questionnaire [AAPPQ] ([Cartwright, 1980](#)) to investigate the attitudes of health care professionals to drug using patients. This questionnaire was limited in length, allowing participants to complete it within approximately 10 min ([Raistrick et al., 2007](#)), but was designed to consider therapeutic attitudes to patients in the practice setting. This rendered it unsuitable for use with new entrants to professional education who were yet to undertake their first practice placements.

The questionnaire developed for the current study ([Appendix A](#)) used a 10-item Likert scale, constructed with a focus on the concepts of permissiveness, stereotypical views and moralistic perspectives, identified in the SSAAS ([Chappel et al., 1985](#)). Likert statements were adapted to solely focus on illicit drug use and the terminology was adjusted for a contemporaneous, UK based sample.

2.1. Summative Attitude Score

A summative score, encompassing responses to all 10 questions, was calculated for each participant. A score of 1 was allocated for each response indicating a positive attitude toward illicit drug users and a negative score (-1) for each response which indicated a negative attitude. Participants who answered 'don't know' were felt to fall between a positive and negative view and were hence given a score of zero and those who indicated 'don't want to comment' were treated as missing data. Thus the score for each participant consisted of a figure between -10 and $+10$ representing their overall tendency toward positive or negative responses. A participant receiving a score of -10 would indicate the maximum number of negative responses to the statements and a score of $+10$ the maximum number of positive responses. Whilst such an approach clearly retains the basic premise of an ordinal scale, with a higher number representing an increasingly positive response, the number generated for each respondent also represents an incremental increase in the actual number of negative to positive responses for each respondent. Hence the score for each participant was considered to be 'sufficiently close to an interval scale' ([Miles and Shevlin, 2001, p. 62](#)) to perform analysis appropriate for interval data.

2.2. Piloting the Attitudinal Scale

Despite developing elements of the attitudinal scale from existing questionnaires, such as the SSAAS, there were sufficient dissimilarities to any existing tool to warrant pilot testing. The questionnaire was issued twice, with a two-week gap between each completion, to the same group of social work students in order to consider test-retest reliability. This was undertaken in a classroom environment matching how the questionnaire would be delivered in the actual study. Social work students were involved in this testing due to the fact that it was possible to test and retest the same cohort of students in a reasonable timeframe, without impacting on their curriculum, and they were a sufficiently large cohort ($N = 85$) for the process. The purpose of this exercise was clearly stated to all of the students involved and the exercise was integrated into an evidence based practice module.

Completed questionnaires were checked for reliability by comparing differences between the two sets of completed questionnaires. Three unique identifying questions (such as 'what was the name of your first pet?'), allowed data to be matched at an individual level. A Wilcoxon signed-rank test was used to compare responses to the attitude scores at the two time points. The results of this test indicated that there was no significant difference between the scores at the two time points ($z = -0.47$, $p = 0.64$ two-tailed), thus test-retest reliability was established.

Participants in the pilot were also asked to comment on the mode of delivery of the questionnaire. A group discussion was facilitated focusing on the students' views and experience around completing the questionnaire within a classroom environment. All of the students found this to be acceptable, on the proviso that voluntary participation, along with the participant's right to opt out of completing any elements of the questionnaire that made them feel uncomfortable, was reinforced. This point was subsequently verbally reinforced with each of the groups of students involved in the actual study. The data generated whilst piloting the questionnaire were not included in the analysis of the data set discussed later in this article.

2.3. Principal Component Analysis [PCA] of the Likert Scale

An exploratory PCA was conducted on the ten elements of the Likert scale in order to investigate the properties of the scale. Since the Likert scale was not an established survey tool and the concept of interest (attitudes toward illicit drug use) is not directly measurable, it was important to gain some indication that the individual elements of the scale

Download English Version:

<https://daneshyari.com/en/article/4940801>

Download Persian Version:

<https://daneshyari.com/article/4940801>

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