



Knowledge and Perceptions of Undergraduate Nurses towards the Use of Cocaine (Smoked) in a Brazilian Context^{☆, ☆ ☆}



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ARTICLE INFO

Keywords:

Drug abuse
Cocaine (smoked)
Students
Nursing, attitudes, education

ABSTRACT

The aim of the study was to evaluate the perceptions and knowledge of nursing students on the identification and intervention care among users of cocaine (smoked) patients. A cross-sectional survey design was conducted with 164 undergraduate nursing students of two nursing school from Northeast of Brazil. A questionnaire on knowledge and attitudes and therapeutic commitment towards the use of cocaine (smoked) were used. The students stated that they received contents of substance misuse in the curriculum of nursing. Only 10% of the students reported that they had adequate knowledge on addiction to dealing with cocaine (smoked) users and wish to work with these users. There are positive perceptions on motivation, task specific self-esteem and work satisfaction among students.

Introduction

The use of cocaine (smoked and sniffed), even though it is not the drugs most prevalent in Brazil, has reached alarming proportions in certain cities, characterizing a public health and social problem, and generating a high demand for services in various health care settings (National Institute of Research on Alcohol and Drug [INPAD], 2012; United Nations Office on Drugs and Crime [UNODC], 2012). This demands have provided new challenges for educators and service providers in the preparation of generic nurses in screening, brief intervention, and referral to treatment for alcohol and other drugs (Burns et al., 2012; Cund, 2013; Mabood et al., 2012; Mills, Jenkis, & Walts, 2000).

Despite the proliferation of psychoactive substance and synthetic drugs worldwide, there is limited amount of time is devoted to the integration of substance misuse in the undergraduate nursing curriculum. This state of affairs is not on common in the Brazilian context but universally (Junqueira, Rassool, Santos, Pillon, 2015; Burns et al., 2012; Cund, 2013; Crothers & Dorrian, 2011; Rassool & Rawaf, 2008; Mendonza & Pillon, 2005).

The assistance provided by the nurses is vital in the process of recovery from drug addiction. In many health services, nurses play an important role in direct assistance to drug users. Their prime responsibility, in primary health care, is to identify and recognise those who misuse drug, provide brief interventions and referral to special services, if appropriate.

There is an urgent need for the integration of substance misuse and addictive behaviours in the nursing curriculum. There is evidence to suggest that the barriers to the involvement of nurses in the care to the substance users include the lack of educational preparation, negative attitudes and beliefs, the lack of confidence, and the uneasiness in working with these patients (Holloway & Webster, 2013).

The negative attitudes towards substance misusers have been largely responsible for the reluctance of nurses in working with substance misusers. Studies suggest that health professionals who use practices based on evidence has helped a lot to manage the health needs of these formal education is a key element for global that the future nurse can direct their practice on users of drug patients (Burns et al., 2012; Crothers & Dorrian, 2011; Cund, 2013). However, study showed that

[☆] Financial support: None.

^{☆☆} No conflicts of interest.

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health care professionals have limited knowledge about drug and have deficits in skills in the management of care for these patients (Ford, Bammer, & Becker, 2008). There are only a few studies on the positive effects of training and education on the attitudes and perceptions about the theoretical knowledge and clinical skills in working with drug users (Junqueira et al., 2015).

A systematic review on attitudes and beliefs towards patients with hazardous alcohol use reported results from two studies, which show that 50% and 100% of nurses believe that screening was worthwhile for identifying the problem related to drug use and 39 and 64% of nurses support of intervention provision (Mabood et al., 2012).

Attitudes have been found to be an important predictor in the effective engagement of professional in dealing with substance misuse patients (Mabood et al., 2012; Munro, Watson, & McFadyen, 2007; van Boekel, Brouwers, van Weeghel, & Garretsen, 2013). Working with drug users is influenced by role adequacy, role legitimacy and support mechanisms (Munro et al., 2007).

Role adequacy is referred the professional competence in that role while that, role legitimacy refers to the extent which people regard particular aspects of their work as being their responsibility (Albery et al., 2003). The support of colleagues was one factor that most influence the levels of therapeutic commitment. The presence of these factors enhances motivation to work with drug users, expectations of satisfaction, and professional self-esteem (Munro et al., 2007). Evidence shows the importance of the role adequacy, role legitimacy in the development of nurses' skill and confidence in their ability to provide appropriate and effective care (Skinner, Roche, Freemam, & Addy, 2005). Furthermore, the literature highlights that role adequacy and legitimacy were enhanced following attendance on an educational programme on working with drug users (Munro et al., 2007). Also, the literature points to the need to improve knowledge and skills for working with drug users (Cund, 2013) and that the identification and intervention of problems related to drug use are fundamental elements for which the therapeutic commitment is effective by the nurse (Crothers & Dorrian, 2011; Cund, 2013). There is scarcity in nursing studies in Brazil the literature on this theme.

The aim of the study was to evaluate the perceptions and knowledge of nursing students on the identification and intervention care among users of cocaine (smoked) patients.

Material and method

Design

Study design is descriptive research.

Setting

One hundred and seventy (100%) undergraduate nursing students at two nursing school from public and private university in the state of Pernambuco, Brazil were recruited. In both schools of nursing, the issues related to substance misuse are offered in the nursing curriculum.

Sampling

The sample was composed by 164 (96.4%) undergraduate, of which 97 (94.1%) of the 103 students of School of Nursing 1 (SN-1) and 67 (100%) of School of Nursing (SN-2). The criteria for exclusion were absence of students in the classroom, after two attempts to data collection. Only six students of SN-1 did not participate in the study. The data collection occurred in the period between October 2012 and February 2013. For the development of this research in both school of nursing, the main researcher requested a formal authorization. The course co-ordinators gave support to the implementation of the collection of data, in accordance with the guidelines of each institution. Information was also given to all participants on how to complete the

questionnaire. Anonymity of the data was conveyed to the participants. All students who voluntarily agreed to participate in the study e signed the Informed Consent Form (ICF).

Data collection

The data collection instrument was a questionnaire consisting of three parts, a) the socio-demographic information, b) Information about the theoretical-practical knowledge about the identification and care for people with problems related to drugs use (Nursing Education in Alcohol and Drug Education [NEADA, 1985]) and, c) Nurses' perceptions about care for users of cocaine (smoked) patients.

The validated NEADA questionnaire contains 11 items divided into two groups. One group consists of six items that identify problems of user of cocaine (smoked) (for example, epidemiological aspects, signs and symptoms). The other group consists of five items related to nursing interventions (care) (for example, motivational techniques, brief interventions, counselling, and barriers in treatment). These responses range according to the number of items marked: (0) no and (1) yes. In the category of 'knowledge on problem identification' and the 'Knowledge on the nursing intervention, the higher the value, means more number of items marked on content'. c) Nurses' perceptions about care with cocaine (smoked) patients were assessed using the adapted version of Alcohol and Alcohol Problems Perception Questionnaire (SAAPPQ) (Anderson & Clement, 1987). This questionnaire has been subjected to Back-to Back translation, validated and adapted for the Brazilian context (Maciel, 2011). This demonstrates that the scale had initial face validity. The Brazilian version has been tested for the inter-item reliability had a Cronbach's alpha. 0.87. (Maciel, 2011).

The SAAPPQ was adapted to include questions on the knowledge and perception towards cocaine (smoked) problems perception. Thus, it was necessary to assess its psychometric properties. Thus, first, the questionnaire was analysed by a group of three experts, to check for possible inconsistencies in the content and the language. Ten students (not included in the sample), completed the questionnaire to evaluate potential difficulties of understanding. Students of the SN-1, the value of the coefficient of Cronbach's alpha was 0.705 and with the students of SN-2, the coefficient of Cronbach's alpha was 0.709. For both groups, the coefficient of Cronbach's alpha was 0.719, which is quite acceptable for use of this questionnaire.

The questionnaire contains 10 items divided in five subscales: (a) role adequacy (for example, I feel I can appropriately advise my patients on cocaine (smoked) and its effects) (items 1 + 2); (b) role legitimacy (for example, I feel I have the right to ask patients questions about their use of cocaine (smoked) when necessary); (c) motivation (for example, pessimism is the most realistic attitude to take towards cocaine (smoked) users') (items 5 + 6); (d) task specific self-esteem (for example, I am inclined to feel, I am a failure with users of cocaine (smoked)) (items 3 + 4); (e) work satisfaction (for example, in general, it is rewarding to work with users of cocaine (smoked)) (items 9 + 10) (Anderson & Clement, 1987).

For final reading, the subscales were again recoded into two general domains: (1) role security: a) role adequacy and b) Role legitimacy. (2) Therapeutic commitment: c) Motivation, d) task specific self-esteem, e) work satisfaction (Gorman & Cartwright, 1991; Maciel, 2011). The questionnaire was Likert-scale type, ranging from 1 = strongly agree to 5 = strongly disagree. Participants receiving a low the score mean more negative attitudes. A recoding of items of response is required on items that have negative phrases. For this, each item of the instrument is recoded (for example, 5 = 1; 2 = 4). The answers recoded are summed to produce scores for each subscale, and subsequently, the two general domains (Gorman & Cartwright, 1991; Maciel, 2011).

Data analysis

Data were analysed using Statistical Package for Social Sciences

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