Archives of Psychiatric Nursing xxx (xxxx) xxx–xxx

Contents lists available at ScienceDirect

Archives of Psychiatric Nursing

journal homepage: www.elsevier.com/locate/apnu

Pathological Gambling among Italian Nursing Students

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ARTICLE INFO

Keywords:
Gambling
Nurse
Addiction
Students
Dependence

ABSTRACT

Purpose: To investigate the role of psychiatric dimensions, behavioral or substance addictions and demographical variables as determinants of pathological gambling among nursing students.
Design: Multicenter cross-sectional study.
Methods: From June to October 2015 a survey was carried out among Italian Nursing students. Data were collected using a six-section tool.
Findings: Nursing students who completed the survey numbered 1083, 902 (83.3%) had some problems with gambling and 29 (2.7%) showed pathological gambling. Percentage of pathological gambling was significantly associate with illicit drug/alcohol use (65.5%; $p = 0.001$) and with male gender (58.6%) comparing to student nurse with non-pathological gambling (20%) and those with some problem (24.2%). Significant main effect was observed for IAT score (Beta = 0.119, $t = 3.28$, $p = 0.001$): higher IAT scores were associated with higher SOGS scores.
Conclusions: Italian nursing students have some problems with gambling and pathological gambling problem, and males are those who have more problems. Results might be useful for faculties of health professionals to identify students at risk in an early stage, to direct prevention tailored interventions.
Clinical relevance: Nursing faculties should be aware of the prevalence of Gambling among students.
Prevention interventions should be planned to minimize the risk of gambling behavior in the future nurses' health care workers.

Introduction

Approximately from 0.5% to 7.6% of a country's population has a gambling disorder (Williams, Lee, & Back, 2012). Gambling behaviors range from non-pathological to pathological, and Pathological Gambling (PG) is defined as a "persistent and recurrent maladaptive gambling behavior that disrupts personal, family, or vocational pursuits" (APA, 2000). It is closely related to other compulsive disorders such as anxiety, phobias, personality disorders (Hodgins, Stea, & Grant, 2011; Kim & Grant, 2011; Hwang et al., 2011; Soberay, Faragher, Barbash, Brookover, & Grimsley, 2014; Lorains, Cowlishaw, & Thomas, 2011), and risky behaviors such as suicide attempts or alcohol abuse (Martins, Tavares, Sabbatini da Silva Lobo, Galetti, & Gentil, 2004), impulsivity and cognitive distortions (Michalczuk, Bowden-Jones, Verdejo-Garcia, & Clark, 2011), and other behavioral addictions such as Internet Addiction Disorders (IAD) (Kuss & Griffiths, 2012; Lee, Choi, Shin, Ung, & Kwon, 2012; Lloyd et al., 2010). PG usually affects adults who show related comorbidity as substances dependence (El-Guebaly et al., 2006) and are more likely to commit crimes (Blaszczynski & McConaghy, 1994). Furthermore, PG seems to be a predictor of future substances' abuse (Kessler et al., 2008), and this implies the need for early identification of those who may be at risk: adolescents (Colasante et al., 2014; Rahman et al., 2012) and college students (Nowak & Aloe, 2013). Recent studies have explored the correlation between PG, IAD and compulsive disorders in adolescents, because of their high level of impulsivity, sense of risk and vulnerability to dependence that are typical of this time of life (Amorosi, Ruggieri, Franchi, & Masci, 2012; Park, Hong, Park, Ha, & Yoo, 2012; Poli & Agrimi, 2012).

However, college students seem to have the highest prevalence rates of Pathological Gambling and Internet Addiction, and are considered at risk of developing a behavioral addiction (Blinn-Pike, Lokken Worthy, & Jonkman, 2007; Martin, Nelson, Usdan, & Turner, 2011; Stuart,

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https://doi.org/10.1016/j.apnu.2017.11.020
Received 16 March 2017; Received in revised form 14 November 2017; Accepted 18 November 2017
0883-9417/ © 2017 Published by Elsevier Inc.

2011). As college students are supposed to be more prone to suffer for psychiatric disorders (ACHA, 2009; Blanco et al., 2008; Hunt & Eisenberg, 2010) they should be considered as at risk of developing behavioral dependences (Martin, Usdan, Creemens, & Vail-Smith, 2014).

Literature examining the role of comorbidities related to PG and IAD among college students is lacking, and suggests a correlation between PG and alchool or other substances use/abuse (Engwall, Hunter, & Steinberg, 2004; La Brie, Shaffer, LaPlante, & Wechsler, 2003; Martens et al., 2009), depression (Stuhldreher, Stuhldreher, & Forrest, 2007; Martin et al., 2014), and other behavioral dependences (Ruiz-Olivares, Lucena, Pino, & Herruzo, 2010).

To date, to our current knowledge, no studies examine at the same time, the correlation between Pathological Gambling, Internet Addiction and cognitive-behavioral disorders (impulsivity, anxiety, and depression) among college students.

Aims

The aims of the study were to investigate the role of psychiatric dimensions, behavioral or substance addictions and demographical variables as determinants of Pathological Gambling among Nursing students.

Design

A multicentric, cross-sectional study was carried out from June to October 2015.

Sample size

The primary end point of the study was to evaluate the prevalence of Pathological Gambling and Internet Addiction among University nursing students. We used multiple regression models needing 20–40 respondents for each analized variable. As we considered 10 variables (gender, age, alcohol use, substances use, SOGS, IAT, BIS-11, BDI, STAI-1, STAI-2) the estimated sample size was at least 400 students.

Inclusion - exclusion criteria

Students from seven different Italian Universities from Northern, Central and Southern Italy, attending the first, second and third year of University School of Nursing, were enrolled. To ensure data anonymity, the faculties were referred in the text as University A, B, C, D, E, F and G.

Ethical considerations

The study was approved by the Independent Ethics Committee of coordinating centre (May, 15th, 2014).

Data collection

A trained pool of nurse researchers were responsible for participant recruitment. To be enrolled, students were informed about the study purposes, and those who voluntarily agreed to participate in the research were asked to sign a written consent. After enrollment, the researchers administered a self-reported questionnaire to each participant. Personal identifiers were directly collected by the researchers and were kept separate from the survey results. The researchers asked the students to fill out and return the questionnaire within 30 min. To guarantee the confidentiality and anonymity, participants re-submitted the questionnaire in an envelope inside a closed box.

Instrument description

In this study, we used a data collection tool made of six sections. The first one explains the research's purpose and is aimed to collect demographic characteristics of participants. The second section is the Italian version of the South Oaks Gambling Screen (SOGS), translated by Guerreschi and Gander (2000) which showed a good internal consistency (Cronbach's $\alpha = 0.81$). The SOGS has 16 questions, comprising 37 items, asking respondents about their gambling activity and associated behavior throughout their lifetime. There are 20 scoring items, all with equal weight, and requiring a 'yes' or 'no' answer. To score, each 'yes' answer is given one point: a score of five or more indicates 'probable' pathological gambling. In our study, Cronbach's α was 0.75. The third section is the Italian version of the the Internet Addiction Test (IAT) a 20 item questionnaire aimed to measure the symptoms and the severity of IA, through two factors: "Emotional and cognitive preoccupations with the Internet and social consequences" and "Loss of control and interference with daily duties" (Fioravanti & Casale, 2015), which showed a good internal consistency (Cronbach's α ranged from 0.81 to 0.86). When answering, respondents have to consider only the time spent online for non-job or non-academic purpose. The response set is based on a 5-point Likert scale, ranging from "rarely" to "always": the higher the scores, the greater the levels of IA. In our study, we found a higher internal consistency, with Cronbach's $\alpha = 0.91$. The fourth section is the Barratt Impulsiveness Scale (BIS-11) in its Italian version translated and tested by Fossati, Di Ceglie, Acquarini, and Barratt (2001) which showed a fairly good Cronbach's α (0.79). It is a 30-item self-report questionnaire designed to measure impulsiveness, with a response set based on a 4-point Likert scale, ranging from "rarely to "always". The higher the BIS-11 total score, the higher the impulsiveness level. In our study, internal consistency was similar ($\alpha = 0.76$). The fifth section is the Italian version (Baggio, Ferrari, Partinico, Vidotto, & Visentin, 1997) of the Beck Depression Inventory-II (BDI-II), a 21-items questionnaire to measure depression. Respondents are asked to indicate how they felt, during the past two weeks, regarding some statements. The response set is based on a scale ranging from 0 (absence of bad feelings) to 3 (the worst feeling ever). The higher the scores, the higher the depression. We are not aware of the internal consistency of the BDI-II Italian version, although in our study it is very good (Cronbach's $\alpha = 0.91$). The last section is the Italian version of the State Trait Anxiety Inventory in its Y form (STAI-Y) adapted from the original by Pedrabissi and Santiniello (1996). It has 20 items for assessing trait anxiety (STAI 1) and 20 for state anxiety (STAI 2). All items are rated on a 4-point Likert scale ranging from "almost never" to "almost always", with higher scores indicating greater anxiety. Internal consistency of the original version ranged from 0.86 to 0.95. In our study, internal consistency was 0.93 for the STAI 1, and 0.91 for the STAI 2.

As the used tools and their factor components are well known in the literature, and since for our study we used only their total scores, and not their subscales, we did not perform any factorial confirmatory analysis.

Data analysis

Statistical analysis was performed using Statistica 6.1 software (Statsoft Italia Srl., Vigonza, Padova, Italy).

The following variables were considered in the analysis: Continuous variables (presented as mean and standard deviation): Age, High school final score, University examination score (for students attending 2nd and 3rd year), University year, SOGS score, IAT score, BIS 11 score, BDI score, STAI 1 and STAI 2 scores. Categorical variables (presented as frequency and percentage), Gender (male/female), University site, Alcohol or illicit substances use (yes/no), Cigarette smoking (yes/no), Caffeine use (i.e., coffee, energy drinks, cola) (yes/no), Past or present psychiatric disorders (yes/no), Family history of drug/alcohol use (yes/no), Family history of psychiatric disorders (yes/no), Family history of

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