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A Study of Therapeutic Attitudes Towards Working With Drug Abusers: Reliability and Validity of the Japanese Version of the Drug and Drug Problems Perception Questionnaire

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A B S T R A C T

Positive therapeutic attitudes from healthcare professionals are important when providing medical services. The Drug and Drug Problems Perception Questionnaire (DDPPQ) measures healthcare professionals' attitudes towards working with drug abusers. We developed a Japanese version (J-DDPPQ) and examined its reliability and validity among Japanese nurses. The J-DDPPQ showed good internal consistency (Cronbach's alpha = 0.92). Using exploratory factor analysis, the five-factor structure was found to be identical to the original structure. Construct validity was supported by significant positive correlations with experience working with drug abusers, a high level of knowledge and skills, receiving education and training, and optimistic perception about people with drug dependence. The results show that the J-DDPPQ has acceptable reliability and validity and will contribute to investigating the effect of education and training on drug abuse.

The therapeutic attitude of healthcare professionals towards people with substance use disorders is an important predictor of treatment outcome (Allsop & Stevens, 2009; Gorman & Cartwright, 1991; Roche, Pidd, & Freeman, 2009). Negative attitudes and a stigma among healthcare professionals can lead to poor treatment outcomes; a lack of or delay in diagnosis and treatment (Edward & Munro, 2009; Friedmann, McCullough, Chin, & Saitz, 2000; Kelleher, 2007); delay in seeking health care and information (Berger, Wagner, & Baker, 2005); and result in poor adherence to treatment, and a low quality of life and low self-esteem among patients (Link, Castille, & Stuber, 2008). Drug dependence often follows a chronic course of relapse and remission, but is considered preventable and treatable (McLellan, Lewis, O'Brien, & Kleber, 2000). However people with substance use disorders, especially drug users, are often stigmatized (Room, 2005), even by healthcare professionals (Rao et al., 2009; Ronzani, Higgins-Biddle, & Furtado, 2009).

Drug dependence is a major public health and social concern (World Health Organization, 2010a), with an estimated 205 million people in the world using illicit drugs and 25 million suffering from drug dependence (World Health Organization, 2008). While the number of illicit drug users is lower in Japan than in western countries, lifetime prevalence rates of any illicit and non-medical use of drugs have increased slightly and is estimated at 2.9% and 6.4%, respectively (Tominaga, Kawakami, Ono, et al., 2009; Wada, 2009). Moreover, the abuse of new psychoactive substances has raised serious social and health problems for several years. Compared to drug problems, alcohol abuse/dependence is more frequent in Japan, and the 12-month prevalence was reported as 2.0% (Kawakmi, Takeshima, Ono, et al., 2005), which is comparable to that in other countries. Although alcohol abuse/dependence has been given more attention in health care settings, aggressive interventions for drug abusers have not been conducted because of stigma and a dearth of clinical experience among healthcare professionals in Japan. Only 43% of patients received any treatment specialized for substance-related disorders, e.g., educational program or participation in a 12-step meeting, among patients with substance-use disorders other than alcohol who received medical care in psychiatric hospitals. Further, only about 12% received cognitive–behavioral therapy (Wada, 2009). Because more than half of these patients were hospitalized and received medication for psychopathic symptoms only for a short time, health care professionals do not have many opportunities to acquire knowledge and experience in working with drug users in the community and to gain knowledge about recovery process of drug dependence. Moreover, many people in Japan, including some healthcare professionals, are critical of drug users and consider drug abuse/dependence as a crime, rather than a disease. Along with poorly developed therapeutic attitudes, these perceptions might negatively influence motivation to be involved in working with drug users. Therefore, it is important to evaluate the therapeutic attitudes of professionals working with drug users in Japan in order to improve healthcare for patients with drug dependence.

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Several questionnaire scales have been developed to measure healthcare professionals' attitudes towards people with substance dependence problems (Adams, 2008; Kelleher, 2007). The Substance Abuse Attitude Survey scale was developed to measure moral attitudes towards people misusing alcohol and drugs in the U.S. (Chappel, Veach, & Krug, 1985). However, some of the items depend on the alcohol-/drug-related culture of the 1970s or earlier in the U.S. and are not applicable in a contemporary context or in other countries. The Adapted Attitudes about Drug Abuse in Pregnancy scale only assesses professionals' attitudes towards pregnant women who abuse drugs (Selleck & Redding, 1998). Other scales, such as the Attitudes Towards Acute Mental Health Scale (Baker, Richards, & Campbell, 2005), Attitudes Towards Mental Illness (Weller & Grunes, 1988) and Community Attitudes Towards Mentally Ill (Taylor, Dear, & Hall, 1979), have also been used to measure healthcare professionals' attitudes; however, their target conditions/problems are not limited to alcohol and drug dependence.

The Drug and Drug Problems Perception Questionnaire (DDPPQ) was developed to measure the therapeutic attitudes of mental healthcare professionals who work with drug abusers (Watson, Maclaren, & Kerr, 2007). The structure and original items of the DDPPQ were derived from the 30-item Alcohol and Alcohol Problems Perception Questionnaire (AAPPQ), a therapeutic attitude scale geared towards people with alcohol-related problems (Cartwright, 1980; 2000), by replacing the words 'alcohol/drinkers' with 'drugs/drug users'. The expression of these two items was also changed to reflect conditions specific to drug-related problems (Watson et al., 2007). Ten of the original items were deleted because of their poor test–retest reliability and/or lower factor loading in principal component analysis. The final version of the DDPPQ consisted of 20 items with five subscales: 'role adequacy' (feeling of adequate knowledge and skills to work with drug users), 'role legitimacy' (extent of feeling the right to work with drug users), 'job satisfaction' (job satisfaction expectations when working with drug abusers), 'role-related self-esteem' (self-esteem when working with drug abusers) and 'role support' (availability of help from colleagues to perform the role) (Watson et al., 2007). The first four subscales are concordant with the theoretical dimensions of therapeutic attitudes of professionals towards people with alcohol and drug dependence problems (Cartwright, 1980; Gorman & Cartwright, 1991; Lightfoot & Orford, 1986); the last subscale is a factor influencing therapeutic attitude (Cartwright, 1980; Ford, Bammer, & Becker, 2008; Gorman & Cartwright, 1991). The DDPPQ has good internal consistency reliability (Cronbach's alpha = 0.87) and factorial validity (Watson et al., 2007). It has been applied to mental health professionals, social workers and rehabilitation staff in the U.K. and U.S. (Howard & Holmshaw, 2010; Loughran, Hohman, & Finnegan, 2010; Roe, 2010). However, it is unclear whether the DDPPQ is a reliable and valid scale of therapeutic attitudes of professionals towards people with drug dependence problems in Japan, where cultural, social and health care system backgrounds are different from those of other countries.

As such, we tested internal consistency reliability and factorial and construct validity of the Japanese version of the DDPPQ (J-DDPPQ), which was newly developed for this study among nurses in Japan.

METHODS

Participants

Nurses with possible opportunities to work with drug abusers were recruited from six psychiatric hospitals and four general hospitals in Japan from June to September 2010. Nurses who worked for general hospitals served in the department of internal medicine or emergency department. All nurses (n = 503; 381 and 122 from psychiatric and general hospitals, respectively) were asked to voluntarily complete the anonymous questionnaire, including the J-DDPPQ, some scales and demographic variables. To protect personal information confidentiality, the completed written questionnaire was sealed by the respondent. Nursing department managers collected questionnaires and returned them to researchers.

In total, 402 questionnaires were returned (response rate, 79.9%). Fifty were excluded because of one or more missing responses to the J-DDPPQ or important variables (sex, age or years of experience as a nurse). The remaining 352 (267 and 85 from psychiatric and general hospitals, respectively) were used for analyses.

Letters sent to nurses with the questionnaire explained the purpose and procedures of this study, that participation was totally voluntary, and that data collected would be used only for this study. The Ethical Committee of the Graduate School of Medicine, the University of Tokyo approved the study protocol.

Measures

Development of the J-DDPPQ

The DDPPQ includes 20 items measuring therapeutic attitudes of professionals working with drug abusers on a seven-point Likert scale, ranging from strongly disagree to strongly agree (Watson et al., 2007). A lower score indicates a positive attitude, whereas four of the items (#13, #15, #16 and #17) were scored in reverse. The reliability and validity of the DDPPQ has been confirmed among mental health professionals including medical staff, clinical psychologists, occupational therapists and nurses in the U.K. (Watson et al., 2007).

In our project, the original English version of the DDPPQ was translated into Japanese, referring to the following guidelines for the translation and adaptation of psychometric scales (Wild et al., 2005):

1. Preparation and forward translation: After the author contacted the developer of the DDPPQ and obtained her permission, the author who is a registered nurse and an experienced researcher in the field of psychiatric nursing did an independent translation of the DDPPQ from English to Japanese.
2. Reconciliation: A translation team (the two researchers who performed the forward translation, a psychiatrist and a researcher who had scale development experience) discussed the draft Japanese translation. We discussed individual word meanings that we interpreted differently and reconciled the translation for that word, for example the words "the right" in items # 8 and 9. When the team found it difficult to translate a word or statement, we asked the developer to clarify the original meaning. Finally, all team members agreed on the modified translation because it reflected well the literal and conceptual content of the DDPPQ.
3. Cognitive debriefing and review of its results: Six mental health and psychiatric nursing graduate students and eight mental health professionals who had long-term experience working with substance use disorder tested the translation of the DDPPQ. Some unfamiliar terms were reworded based on discussion. Specifically, the translation of the words "professional responsibilities" of item #11 was confusing for them, so we clearly classified the meaning as work obligation. A final draft of the Japanese version was prepared.
4. Back translation: Two native English-speaking professional translators who did not know the original DDPPQ items performed the back translation of the Japanese final draft into English.
5. Back translation review and finalization: The developer and author reviewed the back translation and ensured the literal and conceptual equivalence between the back translated and original scales. This version was finalized as the J-DDPPQ, in which scale scores were calculated with a high score being indicative of a more positive attitude, which was different from the original DDPPQ scoring method. This was done because people in Japan could more easily understand the question when a high score indicated a positive attitude.

Other Scales and Variables

To test the construct validity of the J-DDPPQ, the following variables were also measured in the questionnaire.