



# Healthcare professionals' regard towards working with patients with substance use disorders: Comparison of primary care, general psychiatry and specialist addiction services



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## ARTICLE INFO

### Article history:

Received 11 July 2013

Received in revised form

11 September 2013

Accepted 12 September 2013

Available online 23 September 2013

### Keywords:

Substance-related disorders

Attitude of health personnel

Stigma

Medical condition regard scale

Cross-sectional study

## ABSTRACT

**Background:** Healthcare professionals are crucial in access to treatment for patients with substance use disorders. However, healthcare professionals often have negative attitudes towards this patient group. Healthcare professionals' regard for working with patients with substance use disorders was examined and three sectors in which professionals are working were compared.

**Methods:** General practitioners (GPs;  $N = 180$ ), healthcare professionals of general psychiatry ( $N = 89$ ) and specialists in addiction services ( $N = 78$ ) filled out a questionnaire in which regard for working with patients with substance use disorders was assessed. ANOVAs were used to compare the sectors and multiple linear regression analysis tested the association of regard with attribution beliefs, emotional reactions and other characteristics of healthcare professionals.

**Results:** Regard for working with patients with substance use disorders was different between the three sectors (GPs  $M = 42.00$ ; general psychiatry  $M = 48.18$ ; addiction specialists  $M = 55.41$ ;  $p = 0.00$ ,  $\omega^2 = 0.40$ ). Attribution of personal responsibility and feeling of anger and fear were associated with lower regard scores. More familiarity with substance use problems, higher frequency of working with this patients group and more confidence in substance abuse treatment were positively associated with regard. Social desirability bias was present and was positively related to healthcare professionals' regard.

**Conclusions:** Health care professionals of specialist addiction services showed higher regard for working with patients with substance use disorders compared to professionals of general psychiatry services and GPs. Improvement of education and shared care models in which healthcare professionals are supported by professionals specializing in addiction might address low regard.

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## 1. Introduction

Healthcare professionals often have negative attitudes towards patients with substance use disorders and perceive treatment of these patients as challenging, stressful and difficult (Deans and Soar, 2005; Ford, 2011; Van Boekel et al., 2013b). Gilchrist et al. (2011) investigated healthcare professionals attitude and respect for working with patients with different medical diagnoses. It was found that healthcare professionals of eight different European countries had considerably lower regard for working with patients with substance use disorders compared to working with patients

suffering from diabetes or depression. Furthermore, primary care professionals had lower regard towards working with this patient group compared to professionals of general psychiatry and specialist addiction services. Regard has been defined as biases, emotions, and expectations that a medical condition generates among professionals. Christison et al. (2002) have developed a non-condition specific scale measuring regard of healthcare professionals towards any diagnostic condition and the consequences this can have on clinical behaviours. For instance, healthcare professionals were asked to what degree they find patients enjoyable, treatable, and worthy of medical resources (Christison et al., 2002).

Low regard of healthcare professionals for working with patients with substance use problems is undesirable and may delay treatment-seeking and diminish treatment effectiveness. In several countries, including the Netherlands, primary care professionals play a crucial role in the detection of and access to treatment for

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substance use problems, since they are gatekeepers to specialized treatment (Mersy, 2003; Muhrer, 2010). Only a small proportion of people with substance use problems seek treatment. For instance, in the United States only a quarter of people with lifetime alcohol dependence sought treatment (Hasin et al., 2007; Substance Abuse and Mental Health Services Administration, 2011), and in the Netherlands less than one third of people with substance use problems sought treatment (De Graaf et al., 2010). One of the explanations for why people do not seek treatment may be denial and concealment of substance use problems and lack of confidence that treatment is effective (Grant, 1997). Additionally, anticipated stigmatization or fear of negative responses is a major reason why people do not seek professional help for mental health problems in general (Barney et al., 2006; Schomerus and Angermeyer, 2008). Moreover, negative attitudes of healthcare professionals may increase the chance of dropout or relapse during treatment (Ball et al., 2006; Eaton, 2004).

Evidence suggests that several factors may contribute to low regard among healthcare professionals for working with patients with substance use disorders. A first group of factors are personal characteristics of healthcare professionals. Professionals with fewer years of work experience showed more positive attitudes towards these patients compared to more experienced professionals (Abed and Neira-Munoz, 1990; Gilchrist et al., 2011). More familiarity with substance use problems has been found to be associated with more positive attitudes among healthcare professionals (Brener et al., 2007; Ding et al., 2005). Personal drinking habits of healthcare professionals also appeared to be related to attitudes towards patients with substance use disorders (Crothers and Dorrian, 2011). Population studies investigating public opinions towards people with substance use disorders have indicated a second group of factors that also could elucidate low regard of healthcare professionals. Attribution of personal responsibility for substance use problems and attributing these problems to personal weakness, contributed to negative attitudes in different populations (Schomerus et al., 2011; Van Boekel et al., 2013a). Additionally, perceiving substance use problems as under personal control was associated with more negative opinions (Corrigan et al., 2003; Weiner et al., 1988). Healthcare professionals' confidence in success of treatment of substance use disorders is also expected to influence their attitude. Previous studies indicated that endorsement of substance use disorders as a disease generally elucidates more positive attitudes (Beck et al., 2003; Williamson, 2012). Finally, studies investigating stigma attached to mental illness in general have indicated that emotional reactions that patients evoke also play a role in attitudes and judgements of the public. Three different emotional reactions towards mental illness were distinguished: feelings of fear, anger and pity (Angermeyer et al., 2010; Angermeyer and Matschinger, 2003; Corrigan, 2000). All the aforementioned factors may contribute to low regard of healthcare professionals for working with patients with substance use disorders.

In the current study healthcare professionals' regard for working with patients with substance use disorders will be investigated by comparing three different sectors: primary care, general psychiatry and specialist addiction services. In the Netherlands, these three sectors are essential in healthcare delivery to patients with substance use disorders. The services vary in healthcare delivery from detection of substance abuse to treatment and rehabilitation. Sector is expected to be of influence on healthcare professionals' regard since it is linked to the amount of training to treat patients with substance use problems. Notably, professionals of specialist addiction services have explicitly chosen to work with this patient group. The frequency of working with patients with substance use disorders and affinity to work with these patients is expected to be different between the three sectors. We elaborate on the study of Gilchrist

et al. (2011) in which healthcare professionals' regard was compared in similar sectors. However, in our study we will investigate the association of healthcare professionals regard with attribution beliefs, emotional reactions and characteristics of the healthcare professionals. The objective of the present study is threefold: 1) to examine Dutch healthcare professionals' regard for working with patients with substance use disorders, 2) to compare regard, attribution beliefs and emotional reactions of professionals working in three different sectors namely primary care, general psychiatry and specialist addiction services, and 3) to assess whether professionals' regard for working with patients with substance use disorders was associated with healthcare professionals' characteristics, attribution beliefs and emotional reactions.

## 2. Methods

### 2.1. Sample and recruitment

The data were gathered in the spring of 2012 using questionnaires which were distributed to healthcare professionals of the three sectors. A random sample of 800 general practitioners (GPs) was drawn from a database of the Netherlands institute for health services research (NIVEL). GPs received a personal letter with an invitation to fill out a web questionnaire. Two reminders were sent to increase the response rate and the second reminder comprised a paper questionnaire with a prepaid envelope. We expected that GPs who did not respond to this reminder were unwilling to participate and therefore we were of the opinion that it was not worth sending a third reminder. In addition to the GPs, healthcare professionals of two general psychiatry and two specialist addiction services were recruited for the present study. The four organizations were asked to select at random a minimum of 50 healthcare professionals of different divisions. Three of the organizations randomly selected different teams or divisions and within these teams healthcare professionals were randomly approached to participate. One organization selected at random healthcare professionals of the entire organization. The organizations provided e-mail addresses of the healthcare professionals and an invitation to fill out the web questionnaire was sent to 224 healthcare professionals (general psychiatry  $N=100$ ; specialist addiction  $N=124$ ). Three personal reminders were sent by e-mail to increase the response rate.

### 2.2. Measures

The questionnaires were the same for all healthcare professionals of the three sectors. However, urbanity of place of registered practice was only assessed among GPs and healthcare professionals of general psychiatry and addiction specialists were asked about their current function. Healthcare professionals' age, gender, work experience in their current profession and frequency of working with patients with substance use problems (1 = never to 5 = daily) were also verified. Throughout the questionnaire all questions referred to 'patients with an addiction' which at the start of the questionnaire was clearly explained as 'patients who have alcohol or illicit drug use problems'.

The primary outcome was the score on the Medical Condition Regard Scale (MCRS), which represents healthcare professionals' regard towards working with patients with substance use problems. The 11-item MCRS has previously been used in a multi-country study in 8 European countries to compare regard of healthcare professionals towards different medical conditions, including patients with substance use problems (Gilchrist et al., 2011). The MCRS is proven to be reliable (coefficient alpha = .87, test-retest reliability = .84) and to be a valid instrument to assess regard for different medical conditions (Christison et al., 2002). Table 2 shows the separate items of the MCRS scale. All items were measured on a 6-point scale (1 = strongly disagree to 6 = strongly agree). We translated the MCRS into Dutch using the forward-backward method (World Health Organization, 2012). Sum scores were calculated and for cases with (1 or 2) missing items, missing values were substituted by the mean score of the completed items. The range of possible scores on the MCRS was from 11 (lowest regard) to 66 (highest regard).

Attribution beliefs of healthcare professionals were assessed using comparable questions of the Attribution Questionnaire (Corrigan et al., 2002; Reisenzein, 1986) and the Attitudes and Beliefs about Alcoholism and Alcoholics Questionnaire (Crawford and Heather, 1987). Perceived controllability and perceived responsibility were measured by two statements: 'someone with an addiction is in control of this addiction' and 'someone with an addiction is responsible for this'. In addition, respondents were asked to which degree they agreed that addiction could be treated successfully, whether addiction is a disease and whether addiction is a consequence of a weak personality. All these attribution belief items were measured using a 5-point scale (1 = totally disagree to 5 = totally agree). To investigate the emotional reactions that people with substance use disorders evoke, levels of fear, anger and pity were assessed. Respondents indicated to which degree they feel fear, anger or pity for someone with an addiction (1 = never to 5 = always).

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