



Short Communication

Validation of the 8-item Attitudes Towards Gambling Scale (ATGS-8) in a British population survey

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HIGHLIGHTS

- Public attitudes concerning gambling are an important factor in shaping public policy.
- There is little research assessing gambling attitudes within general populations.
- The ATGS-8 is a valid scale to assess gambling attitudes among the general population.
- The invariance of the ATGS-8 across gender was established.
- More positive attitudes towards gambling were positively related to gambling problems.

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ABSTRACT

Introduction: Public opinions concerning gambling are an important factor in shaping public policy. Little empirical attention has been given to assessing gambling attitudes within the general population. The aim of the present study is to validate the 8-item Attitudes Towards Gambling Scale (ATGS-8) in British individuals and to investigate associations of these attitudes with frequency of gambling and gambling problems.

Methods: Data were derived from 7746 individuals participating in the British Gambling Prevalence Survey 2010, a comprehensive interview-based survey conducted in Great Britain between November 2009 and May 2010. Confirmatory factor analysis and separate regression analyses were applied.

Results: The one-dimensional structure of the ATGS-8 was confirmed in the community sample and by gender. Furthermore, more positive attitudes towards gambling were positively related to frequency of gambling and gambling problems.

Conclusions: The present study extends the previous evaluations of the scale by providing detailed evidence for the utility and usefulness of the ATGS-8 in a community sample and across gender. The ATGS-8 is a valid instrument to assess public opinion on gambling among the general population.

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1. Introduction

Problem gambling is a public health concern in many European countries (Molinero et al., 2014; Volberg, Gupta, Griffiths, Ólason, & Delfabbro, 2010) and it has been associated with significant health and psychosocial problems (Abbott et al., 2013; Lorains, Cowlishaw, & Thomas, 2011). The widespread growth of gambling over the past 20 years has placed the regulation of gambling at the foreground of social issues for many governments around the world. As a consequence of a 'policy paradigm shift' concerning public policy towards gambling (Smith et al., 2011), governments have to shape policy in accordance

with the parameters of what the public regards as acceptable (McAllister, 2014). In order to implement effective best practice for the regulation of gambling, there is a need to have robust knowledge based on empirical evidence concerning the opinions on gambling regulation within the general population.

Despite an extensive focus in gambling studies on cognitive biases and errors associated with gambling (see Spurrer & Blaszczynski, 2014, for a recent review), few studies have surveyed opinions on gambling regulation within the general population at a national level. Previous national studies have shown that overall public attitudes towards gambling appear to be negative in Great Britain (Orford, Griffiths, Wardle, Sproston, & Erens, 2009), Finland (Salonen et al., 2014) and Australia (McAllister, 2014). The theory of planned behavior (Ajzen, 1991, 2011) suggested that a person's attitude towards behaviors, subjective norms, and perceived behavioral control influenced

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individuals' behavioral intentions and behavior. Previous studies have found that more favorable attitudes towards gambling were associated with increased gambling participation and higher gambling problems (e.g. Canale, Vieno, Griffiths, Rubaltelli, & Santinello, 2015; Lee, Back, Hodgins, & Lee, 2013; Orford et al., 2009).

Public attitudes towards gambling can be divided into attitudes to gambling in general (i.e., gambling is dangerous for family life), and more specific attitudes towards such things as the government regulation of gambling (i.e., there are too many opportunities for gambling nowadays). In view of the key role played by public attitudes in determining policy and legislation, it is surprising how little attention has been given to assessing them. The 14-item Attitudes Towards Gambling Scale (ATGS-14) (Wardle et al., 2007) was the first standardized measure of gambling attitudes to be included in a large-scale national prevalence survey – the 2007 British Gambling Prevalence Survey (BGPS; Wardle et al., 2007). Despite the existence of numerous measures of gambling attitudes, which tend to vary depending upon the form of gambling considered (Connolly, Williams, & Morris, 2001; Derevensky, Sklar, Gupta, & Messerlian, 2010; Kassinove, 1998; Sutton & Griffiths, 2008), the 14-item ATGS was specifically designed to reflect broad attitudes towards gambling independently from particular forms of gambling (i.e., gambling in casinos, betting on horse races or playing a lottery) or related policy issues (public attitudes towards gambling policy issues of current or future interest in Britain or elsewhere) (Orford et al., 2009). Therefore, interpretation and generalization of findings has been made easy.

In the 2010 survey, there was a reduction of the number of attitude items on the ATGS due to space constraints. Consequently, the 2010 survey included a shortened 8-item scale, the ATGS-8.¹ Therefore, the ATGS-8 has a number of distinct advantages in that it: (i) can assess general attitudes towards gambling, rather than relative to a specific gambling activity (Orford et al., 2009); (ii) can be applied to the general population (including those with gambling problems); and (iii) can be easily embedded within large-scale epidemiological surveys given its short length.

To date, the ATGS-8 has been developed and analyzed in the BGPS population study (Wardle et al., 2011) and was also employed in the 2011 Australian National University (ANU) survey on gambling (McAllister, 2014), and in a population study conducted in 2011 in Finland (Salonen et al., 2014). The objectives of the present study were to test, validate, and further psychometrically analyze the ATGS-8 in the same sample that was used in the original BGPS study (Wardle et al., 2011). In particular, the first aim was to confirm the single-factor solution of the ATGS-8 (McAllister, 2014; Salonen et al., 2014). Since frequency and gambling problems are found to be higher among males (e.g., Shaffer, Hall, & Vander Bilt, 1999), measurement invariance was also tested across gender because this was not done in Wardle et al.'s (2011) original study. The second aim was to ascertain concurrent validity by testing the associations between gambling attitudes and frequency of gambling and gambling problems. In the present study, it was hypothesized that more positive attitudes towards gambling would be particularly associated with frequency of gambling and gambling-related problems (Canale, Vieno et al., 2015; Canale, Santinello, & Griffiths, 2015; Lee et al., 2013; Orford et al., 2009).

2. Method

2.1. Participants

Data from the 2010 BGPS were used for the validation of the ATGS-8 (Orford et al., 2009). The analyzed data comprised 7746 individuals (52% female). The mean age was 46.42 years ($SD = 18.82$) and the majority of the respondents were White/White British (90%) and married

(61%). To ensure British population representativeness, data were weighted based on age, gender, and region (see Wardle et al., 2011 for additional methodological details).

2.2. Measures

2.2.1. Attitudes towards gambling

The ATGS-8 by Orford et al. (2009) was used to assess attitudes. All eight items of the ATGS concern attitudinal statements that some people have about gambling (e.g., "People should have the right to gamble whenever they want"). Participants were asked to indicate how much they agreed or disagreed with each attitudinal statement. ATGS-8 items were scored using a Likert scale: 1 = "strongly disagree" to 5 = "strongly agree". The sum of eight items forms a total ATGS-8 score (range 8–40). In short, the higher the ATGS score, the more favorable attitudes the individual has towards gambling.

2.2.2. Gambling-related problems in the previous year

Gambling problems were assessed using an adapted version of the DSM-IV pathological gambling criteria (American Psychiatric Association, 2000; Sproston, Erens, & Orford, 1999; Wardle et al., 2011) recorded in the 2010 BGPS (Wardle et al., 2011). Ten gambling-related problems (e.g., "In the last 12 month have you made unsuccessful attempts to control, cut back or stop gambling?") were assessed (i.e., salience, increased tolerance, problems with spouse and/or other people, work-related problems, and financial problems). Instead of scoring the presence or absence of a symptom, the respondents rated each item on a 4-point scale of the frequency each symptom occurred (0 being 'never' and 3 'very often'). There is a lack of consensus regarding appropriate cutoff scores for determining the problem gambling status of gamblers (Orford, Wardle, Griffiths, Sproston, & Erens, 2010). Consequently, total DSM-IV score served as the primary dependent variable as is common in such studies in the gambling field. The internal consistency of the total DSM-IV score was .81 ($CI = .80/.82$).

2.2.3. Gambling frequency

The 2010 BGPS survey included 16 gambling activities. Participants were asked whether they had participated in any of them during the past year (e.g., "In the last 12 months, how often have you bought scratchcards?"). Participants were further asked to indicate frequency of involvement in those activities (2 + days a week/once a week/once month, less than once a week/less than once a month). The highest frequency of gambling reported in the last 12 months of a gambler was used (Wardle et al., 2011).

2.3. Analysis

The R (R Core Team, 2013) Package lavaan (Rosseel, 2012) was used to validate the scale and to estimate parameters. A cross validation with a three-step analytic approach was carried out. The original sample was randomly split into three partitions. In the first step (Partition 1), the factorial properties of the ATGS-8 were evaluated. A Confirmatory Factor Analysis (CFA) using robust diagonally weighted least squares for ordinal items (e.g., Likert-type scales) was used to test the structure of the scale. To evaluate the overall model fit, the following indices were used: comparative fit index (CFI), root mean square error of approximation (RMSEA) [90% confidence interval (CI)], and non-normed fit index (NNFI; also known as the Tucker-Lewis index-TLI). In addition, to determine the equivalence of factor structure in different subgroups according to gender, a multi-group CFA was performed to examine measurement invariance of the ATGS-8 across males and females. A hierarchical approach was considered by successively constraining model parameters and comparing changes in model fit (Steenkamp & Baumgartner, 1998). Three models (i.e., configural, metric and scalar) were estimated and represented prerequisites for meaningful cross-group comparisons based on factor scales. The use of $\Delta\chi^2$ values has

¹ The development of the ATGS-8 is described in greater detail in the report of the 2010 BGPS (Wardle et al., 2011).

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