ATTITUDES OF REGISTERED NURSES TOWARD ALCOHOLISM TREATMENT AND THE ALCOHOLIC PATIENT

by

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INTRODUCTION

Considering that there are approximately 9 million alcoholics among 95 million drinkers in the United Stated today, alcoholism has clearly emerged as one of this nation's leading health problems (Rowland, 1978). In response to this epidemic, substantial research has occurred in the field of alcoholism during the last decade; however, the negative attitudes of professionals toward the alcoholic patient have presented a major barrier of effective treatment. Although alcoholism is now accepted as a disease, many professionals continue to reject the alcoholic as morally flawed, motivationally deficient and hopeless. Since these deeply entrenched attitudes toward the alcoholic patient are reflected in behavior toward the patient and hence relevant to his progress, they have been the subject of extensive critical comment (Freed, 1976).

The investigators who have documented the negative attitudes of nursing personnel toward the alcoholic patient have dealt almost exclusively with nursing student populations and the effects of conventional education and clinical experiences on their attitudes (Ferneau, 1967; Chodorkoff, 1969; Moody, 1971; Gurel, 1971). Some investigators have examined the negative stereotypic responses of medical-surgical nurses to the alcoholic patient (Schmid & Schmid, 1973; Cornish & Miller, 1976; Wallston, Wallston & DeVellis; 1976) Other researchers have compared the alcohol attitudes of registered nurses with other professional and/or nonprofessional groups (Sterne & Pittman, 1965; Ferneau & Morton, 1968; Mogar,

Helm, Snedeker, Snedeker & Wilson, 1969).

An implicit assumption concerning the "optimal" attitude toward alcoholism underlies literally all the empirical studies conducted thus far. The consensus among investigators of staff attitudes seems to be that alcoholism is best viewed as an illness (rather than as a willful personal failing) and that the ideal approach to treatment is humanistic, strongly optimistic, and psychologically oriented. The literature reveals that nursing attitudes toward the alcoholic patient generally tend to be highly negativistic, moralistic, pessimistic, authoritarian, custodial and static (Sterne & Pittman, 1965; Ferneau & Morton, 1968; Chodorkoff, 1969; Schmid & Schmid, 1973; Cornish & Miller, 1976; Wallston et al., 1976).

Most studies indicate that alcohol attitudes are not changed significantly as the result of conventional education; however, there is evidence that alcohol attitudes are less negative among the better educated and more professional groups (Marcus, 1963; Stern & Pittman, 1965; Ferneau & Morton, 1968; Mogar et al., 1969). Similarly, Sterne and Pittman (1965) and Mogar et al. (1969) found that experience in working with alcoholics is one of the most powerful determinants of alcohol attitudes. They reported that negative attitudes toward alcoholism varied inversely with experience. Related studies involving the attitudes of hospital personnel toward mental illness have demonstrated that custodial attitudes are associated with authoritarianism and are inversely related to professionalization and experience with mental illness (Gilbert & Levinson, 1954; Cohen & Struening, 1964; Blumberg & Beavers, 1965). Of particular interest is the study by Blumberg and Beavers (1965) which

revealed that personnel on the psychiatry service had less authoritarian and custodial attitudes than their counterparts on the medical and surgical services.

Numerous studies have documented the negative attitudes of nursing personnel toward the alcoholic patient and alcoholism. However, no studies could be found regarding the attitudes of registered nurses who work in alcohol treatment centers. This study will assess and compare the attitudes of registered nurses who work in alcohol treatment centers with their counterparts on the medical-surgical services. The following questions will be entertained: (1) Do registered nurses who work in alcohol treatment centers have more favorable attitudes toward the alcoholic patient and alcoholism than their medical-surgical counterparts? (2) Are they less authoritarian? (3) Will authoritarianism in nurses be positively associated with custodial attitudes toward the treatment of alcoholic patients? An attempt will be made to ascertain whether these elements are significantly related to such variables as education, age and length of experience.

Review of the Literature

In the review of the literature and related studies, the following concepts will be examined: (1) attitude formation and change, (2) the measurement of attitudes, (3) the attitudes of nurses toward the alcoholic patient and alcoholism, and (4) the relationship between authoritarianism and custodial attitudes in alcohol treatment.

Attitude Formation and Change

Attitudes have been described extensively throughout the literature, and numerous definitions of attitude have emerged. One of the oldest and most classic definitions of attitude was formulated by Allport (1935). He defined an attitude as "a mental and neural state of readiness, organized through experience, exerting a directive or dynamic influence upon the individual's response to all objects and situations with which it is related."

A second common definition of attitude was proposed by Katz (1960). Katz defined "attitude" and the "predisposition of the individual to evaluate some symbol or object or aspect of his world in a favorable or unfavorable manner." He refers to opinions as the verbal expressions of attitudes, but accepts the view that attitudes can also be expressed in a non-verbal manner. Attitudes, according to Katz and many others, include both the affective or feeling core of liking or disliking, and the cognitive or belief elements, which describe and perceive the object or the attitude, its characteristics and its relationships to other objects (Halloran, 1970).

One of the clearest accounts of the nature and components of attitudes is given by Krech, Crutchfield and Ballachey (1962). They defined "attitude" as "an enduring system of positive or negative evaluations, emotional feelings and pro or con action tendencies, with respect to a social object". They stipulate three main components of attitudes, (1) the cognitive component, which has to do with beliefs about an object, including evaluative beliefs and that it is good or bad, appropriate or inappropriate, (2) the affective or feeling component, which

concerns likes and dislikes, and (3) action tendency. This last-named component includes the readiness to behave in a particular way associated with an attitude, but does not cover the actual behavior itself. Although these authors agree that actions tend to a large degree to be governed by attitudes, they consider it extremely important to make the distinction between overt action and tendency to action. The main reason for making this distinction is that behavior, which may be related to an attitude, can have other determinants such as external social and physical conditions (Halloran, 1970).

Krech, Crutchfield and Ballachy (1962) see attitudes developing in the process of need or want satisfaction and in relation to the individual's group affiliations and to the information to which he is exposed. They also maintain that the attitudes of the individual reflect his personality. Campbell (1963) lists six modes of acquiring behavioral dispositions, namely (1) blind trial and error, (2) perception, (3) perceptual observation of another person's responses, (4) perceptual observation of the outcome of another's explorations, (5) verbal instruction about responses to stimuli, (6) verbal instruction about the characteristics of objects.

A survey of the work in the field of attitude formation appears to reveal three main sources of attitudes and these are: direct experience with the objects and situations, explicit and implicit learning from others and personality development (Hollander, 1963). This, on the whole, represents a social-psychological orientation.

Studies of attitude change have necessarily included formulations

about other crucial aspects of attitudes, such as how they originally develop and how they are related to values, pesonality, and the social environment. Five contemporary approaches to attitude change are: (1) the functional approach, (2) learning theory, (3) perceptual theory, (4) consistency theory, and (5) attribution theory.

The functional approach to attitude change suggests that attitudes develop and change as they serve to promote or support goals of the individual; that is, attitudes are instrumental to the person's satisfaction of his needs. There have been two major attempts to present a functional explanation of attitude change. The first was proposed by Katz and Stotland (1959) and further elaborated by Katz (1960); the second was suggested by Kelman (1961).

Katz and Stotland (1959) argue that attitudes develop and change because they satisfy psychological needs of the individual. Katz (1960) postulates four different motivational bases of attitudes. The first is the instrumental function, which is based on the assumption that a person seeks to maximize rewards and minimize punishments; that is, he develops positive attitudes toward those objects or ideas that are rewarding or lead to reward and negative attitudes toward those that are punishing or lead to punishment. The ego-defensive function is based on the individual's desire to protect himself from those self-perceptions that he finds painful to recognize. In the Freudian sense of nonconscious defense mechanism, he develops attitudes toward specific objects when holding such attitudes helps to camouflage feelings that threaten his self-esteem. The value-expressive function is based on the individual's desire to present attitudes consistent with his central

values. In this instance, he is willing to reveal those aspects of himself and his values that he evaluates highly, as opposed to an ego-defensive attitude, which implies an attempt to conceal certain personal characteristics. The knowledge function is based on man's need to acquire information and to organize it in a way that gives meaning to a potentially chaotic environment. Beginning with this classification of the motivational bases of attitudes, Katz (1960) then analyzes the manner in which such attitudes are changed. For example, he suggests that an instrumental attitude will change if the object of the attitude loses its inherent rewarding capacity or its instrumentality in attaining another valued goal (Wagner, 1969).

Kelman (1961) proposes a "three-process" theory of attitude change, which is particularly concerned with situations in which one person attempts to influence the attitudes of another. The first process, compliance, occurs when the recipient changes his attitude in order to obtain a favorable reaction or avoid an unfavorable reaction from the influencer. The second process of attitude change, identification, occurs when a person adopts the attitudes of others with whom he has gratifying personal relationships. The third process described by Kelman is internalization. This is acceptance of influence when the direction of change is consistent with the attitudes or values that the recipient already holds (Wagner, 1969).

A second major approach to the study of attitude change focuses on principles and explanations derived from a learning theory approach to behavior as found in general experimental psychology. Hovland, Janis,

and Kelly (1953) dealt with four major aspects of attitude change: (1) the communicator or source of new information about an object of an attitude; (2) the nature of the communication, subdivided into appeals to the audience's motives and the organization of the arguments; (3) audience predispositions, subdivided into the predisposition to conform to particular groups and individual personality factors; and (4) responses of the audience to the communication, subdivided into overt expression of acceptance of the new opinion and degree of retention of opinion change. The authors note that these are the four basic aspects of any persuasive procedure: Who says what to whom with what effect. However, they also fit neatly into a learning theory framework. The first two, the communicator and the communication, are aspects of the stimulus that is presented to a person or an audience and that, modified by characteristics or predispositions of the audience, lead to certain responses by the audience (Wagner, 1969).

A third approach to attitude change concerns the individual's perception of the object, person, or idea that he is evaluating. Asch (1952) and Sherif and Sherif (1956) have been the major proponents of this orientation. They suggest that attitude change is primarily a reinterpretation or redefinition of the object of the attitude (Wagner, 1969).

Fourth, the application of the consistency principle of the analysis of attitude began with Heider's (1946) statement on attitude and cognitive organization. His formulation was framed in terms of the relationship between three elements, person P, other person O, and object X, all from the point of view of person P. There are four

possible ways in which P's perception of the relationship between himself, another person, and an object could be consistent, or balanced. In all four of these cases, the system P-O-X is balanced, so that there is no motivation to change any of the relations among the elements. Basically, according to Heider, balance exists when the signs in a triad (P-O-X) are all positive or when two are negative; imbalance exists when one or all three signs are negative. Following Heider's original statement, a series of balance theories appeared that served to extend and refine his original ideas (Newcomb, 1953; Osgood & Tannenbaum, 1955; Cartwright & Harary, 1956; Festinger, 1957; Abelson & Rosenberg, 1958; Harary, 1959; and McGuire, 1960).

Last, a fifth approach to attitude change is the attribution theory. Bem (1967) proposed that the inverse relationship between attitude change and reward in the forced-compliance situation can be explained in relatively parsimonious manner without the positing of a motivational state like dissonance. Bem asserts that individuals infer their attitude on the basis of their own overt behavior and the environmental circumstances surrounding it. Accordingly, all individuals are observers of themselves and can be expected to make inferences about themselves that would be concordant with those made by an outside observer since they presumingly have access to the same public information (Harvey & Smith, 1977).

Measurement of Attitudes

Attitudinal behavior is both complex and diverse; however, the logic of attitude measurement is simple, at lease in fundamentals. Basically, measurement consists of gathering observations about people's

behavior, and allocating numbers to these observations according to certain rules. The measurement procedure will depend upon the investigator's theoretical assumptions about the nature of the attitude he is trying to measure, upon the nature of its relationship with behavior, and upon its relationship with the rules which are used to assign numbers to these behavioral observations (Lemon, 1973).

A variety of methods have been developed to measure attitudes. Selected methods are described here briefly.

Thurstone (1928) suggested a method that consists of preparing a large number of statements concerning a psychological object or issue and presents as nearly as possible all existing points of view regarding the issue under study. These statements are then submitted to a group of judges who rank the statements into an equal appearing column. The statements are sorted as being positive, negative or neutral and are given different specific numerical values. The average that is taken of the judges' ratings of the statements is assigned to each as a score value. To rate a person's attitude with his method, the individual agrees or disagrees with each statement receiving the value for each "agree" which was the mean of the judges' placement of that statement. The median (middle value) represents his score for the attitude under question. Thus, it is possible that persons can be compared as to relative intensity of their attitudes (Thurstone, 1928).

In 1932, Likert described a method of attitude assessment which does not require the need for a group of judges. A group of similarly prepared statements measureing but one attitude enables the respondents to express a degree of favorableness or unfavorableness by providing

them with a choice of alternatives with each statement. The score which the individual receives is the sum of the assigned values to each statement. Both Thurstone and Likert methods of attitude measurement have become widely used (Likert, 1932). Form 40 of the California F (Authoritarianism) Scale (Adorno, Frenkel-Brunswick, Levinson & Sanford, 1950) and the Custodial Attitude Inventory (Mendelson, Wexler, Kubzansky, Harrison, Leiderman & Solomon, 1964) employed in this study have a Likert item format.

The Scale Discrimination Technique developed by Edwards and Kilpatrick combines the Thurstone-Likert scaling techniques (Edwards, 1957). Passey and Pennington (1960) employed the Scale Discrimination Technique in their construction of the Alabama Commission on Alcohol Scale (ACA) which is used in this study.

Attitudes of Nurses Toward the Alcoholic Patient and Alcoholism Treatment

In the past two decades, attitudes of health care professionals toward alcoholism have undergone close scrutiny as evidence has accumulated that these attitudes may influence the treatment, well-being, and behavior of alcoholic patients. The attitudes of nurses have been regarded as significantly important, in that nurses exert influence both directly through their close and frequent contact with patients, and indirectly through their supervision of nonprofessional personnel. Obviously, it is crucial that nurses be accepting of the alcoholic patient.

One would think it safe to assume that people entering helping

professions such as nursing would be accepting of those afflicted with disabilities and handicaps. However, the literature clearly reveals that this is not the case when the patient's problem is alcoholism. Sterne and Pittman (1965) found that nurses were considerably more moralistic about alcoholism than were physicians or social workers. Ferneau and Morton (1968) administered the Marcus Alcoholism Questionnaire to 31 registered nurses and 74 nursing assistants in a neuropsychiatric hospital complex. Mean scores were compared with those of 200 randomly selected residents of Toronto. Both registered nurses and nursing assistants viewed the alcoholic as more "weak willed" than did the general population sample. Nursing assistants viewed the alcoholic as more "weak willed" than did the nurses.

Caine (1968) employed the Passey and Pennington Attitude Scale to assess the attitudes of 122 registered nurses in general hospitals toward alcoholism, the alcoholic patient, and moderate (social) drinking. The results of her study indicated that the nurses' attitudes toward the treatment of alcoholism and moderate (social) drinking were more favorable than toward the alcoholic patient. More favorable attitudes toward alcoholism, the alcoholic patient, and moderate (social) drinking were demonstrated by those nurses with baccalaureate degrees, those under fifty years of age, and those with fewer years experience in nursing. Further, the nurses' attitude toward the alcoholic was more highly related to their attitude toward moderate (social) drinking than to their attitude toward alcoholism as a disease.

Recognizing that attitudes are learned, and that beginning students

may share the negative views of the alcoholic person that prevail in the larger society, educators have expended considerable effort in assessing attitudes of their students. They have also worked to develop programs that increase knowledge and understanding of alcoholism so that students can develop therapeutic techniques. Attempts at changing attitudes toward the alcoholic have met with poor to mixed success. One study in the current literature suggests that nursing students' negative attitudes toward the alcoholic grew more positive after a period of exposure (Ferneau, 1967). More recently, evaluation of the effect of a three-year specialized training program in alcoholism on opinions and attitudes of trainees and faculty members at the University of Washington School of Nursing showed that the program influenced both trainees and faculty members in a positive direction. Trainees were found to be more accepting of alcoholism as a disease and an increasing number of faculty believed alcoholism-related courses should be a part of the curriculum (Gurel, 1971).

In contrast, Chodorkoff (1967) found that when medical students were affiliated with a psychiatric unit and had instruction in alcoholism, they improved their understanding of the problem, but their negative attitudes toward the alcoholic did not change. In a second study, Chodorkoff (1969) found that nursing students also did not change their attitudes after clinical experience and instruction in alcoholism. He reported that the "Detroit Psychiatric Institute did no better in changing such attitudes than did other facilities less concerned about alcoholism education" (Chodorkoff, 1969, p. 662).

The negative stereotypic responses of nurses toward the alcoholic

patient have also claimed the attention of nursing researchers. Schmid and Schmid (1973) found that nursing students have a less accepting attitude toward alcoholics than toward the physically disabled. Furthermore, they reported that these attitudes did not change as a result of their exposure to conventional education. In 1976, the stereotypic attitudes of 40 medical-surgical registered nurses were evaluated by Wallston, Wallston, and DeVellis. They found that nurses' impressions of a hypothetical patient, labeled an alcoholic, were strongly influences by their negative stereotypic views of alcoholics. Nurses responded more favorably to the same "patient" when he was not labeled an alcoholic even though the behavior of the patient was held constant. A similar study was conducted by Cornish and Miller (1976). Subjects for this study were 60 registered nurses randomly chosen from the population of registered nurses employed by a large midwestern Veterans Hospital. Subjects were drawn in equal proportions from all inpatient services dealing directly with alcoholic patients, i.e., the Medical, Surgical, Psychiatric, Neurological, and GU Services. Two separate case studies were devised by the authors. These case studies were identical except that one of them included the information that the subject was an alcoholic and had the typical problems associated with the alcohol abuse. The Adjective Check List (ACL) by Gough and Heilburn (1965) was utilized to delineate attitudes toward the alcoholic patient. The registered nurses who received the case study with the alcohol information checked significantly fewer favorable adjectives than did the group which received no alcohol information.

Finally, the importance of experience on staff attitudes toward the alcoholic patient has also been described. Sterne and Pittman (1965) found that greater experience in working with alcoholics related to a more optimistic, disease-oriented view of alcoholism, with fewer moralistic judgements overtly or covertly made. These findings were strikingly confirmed by Mogar et al., (1969). They similarly concluded that moralism and pessimism are related to ignorance and a casually held, stereotyped view of the alcoholic. Further, they indicated that one of the most powerful determinants of differing attitude clusters, cutting across even the professional-nonprofessional distinction, is experience in working with alcoholics.

Authoritarianism and Custodial Attitudes in Alcohol Treatment

Without doubt the most notable publication dealing with the relationship between personality variables and social attitudes is The Authoritarian Personality by Adorno, Frenkel-Brunswick, Levinson and Sanford (1950). This major work, which is not without its critics, centers on the relationship between personality structure and prejudiced, ethnocentric attitudes. Its major hypothesis is that the political, economic and social convictions of an individual often form a broad and coherent patterns, as if bound together by a 'mentality' or 'spirit', and that this pattern is an expression of deeplying trends in the individual's personality. Research in this direction led to the conclusion that ethnocentric attitudes, including the anti-Semitic attitude, formed a broad and coherent pattern.

A syndrome of nine authoritarian character traits was put forward as typical of the ethnocentric individual. These were: (1) Conventionalism-a rigid adherence to conventional middle-class values; (2) Authoritarian Submission-a submission to authority figures and an uncritical attitude towards idealized moral authorities of the in-group; (3) Hostility towards those who violate social norms-a form of authoritarian aggression. A tendency to be over-ready to perceive, condemn, reject and punish people who violate conventional norms; (4) Dislike of subjectivity-an opposition to the subjective, the imaginative, the aesthetic, the tender-minded; (5) Superstition and stereotyping-beliefs in mystical determinance of the individual's fate. The disposition to think in rigid categories; (6) Preoccupation with strength, power and toughness-concern with the dominant-submission, strong-weak, leader-follower dimension, identification with power figures, exaggerated assertion of strength and toughness; (7) Destructive cynicism towards human nature-a rather generalized hostility-the vilification of the human; (8) Projectivity-a tendency to project unacceptable impulses-disposition to believe that wild, dangerous, and wicked things go on in the world; (9) An exaggerated concern with sex and sexual goings on. Adorno et al. (1950) summarized their conclusions regarding the relation between ethnocentric attitudes and personality trends in the following way:

> A basically hierarchical authoritarian exploitive parent/child relationship is apt to carry over into a power oriented exploitively dependent attitude towards one's sex partner, one's god, and may well culminate in a political philosophy and a social outlook, which may have no room for anything but a desperate clinging to what appears to be strong and a disdainful rejection

> of whatever is relegated to the bottom. Conventionality, rigidity, repressive denial and the ensuing break through of one's weakness, fear and dependency, are but other aspects of the same fundamental personality pattern, and they can be observed in personal life as well as in attitudes towards religion and social issues (p. 971).

In short, attitudes of the individual can, and in some cases do, reflect his personality (Halloran, 1970).

"Authoritarianism" is used here in a fairly narrow psychological sense. It denotes a particular ambivalence about authority, involving maladjustments within the personality and unconscious feelings of weakness. Authoritarian people have a strong desire both to submit to attack, and they have a stifled rebelliousness which they have unconsciously diverted, expressing much of their hostility against people seen as deviants, inferiors, or weaklings (Wilkinson, 1972).

In an early attempt to measure staff attitudes towards mental illness, Gilbert and Levinson (1954) developed a Custodial Mental Illness Scale (CMI) and found a significant correlation between this scale and the authoritarian scale (F Scale) developed by Adorno et al. (1950). The custodial attitude, or orientation, views mental patients as irrational, unpredictable, and potentially dangerous, so that one cannot expect to relate to them meaningfully. Consequently, treatment consists mainly of providing a highly controlled setting for detention and safekeeping. At the other extreme the humanistic attitude views patients as understandable individuals with interpersonal problems who can benefit from close human contact, psychotherapy, and a less restrictive, more accepting hospital atmosphere. These authors concluded that custo-

dial attitudes (as contrasted with humanistic attitudes) toward mental illness were associated with authoritarian characteristics. Further, they noted that such attitudes were related both to hospital treatment policy and to the occupational status of the worker within the hospital (Gilbert & Levinson, 1954).

In a factor analytic study, Cohen and Struening (1962) confirmed the relationship between F and CMI scales and between occupational status and attitude toward the mentally ill. Both of these studies indicated that psychiatrists, psychologists, and social workers have the lowest scores (more humanistic and less authoritarian attitudes), hospital attendants have high scores (more custodial and authoritarian), and nurses are intermediate. Increased education apparently results in less adherence to traditional authoritarian views as reflected in high F scale scores and less custodial attitudes toward the mentally ill. Furthermore, the professional duties performed in the mental hospital influence one's attitudes toward the mentally ill. However, since these studies had no control groups, the effects of education and job functions were confounded.

A study by Blumberg and Beavers (1965) replicated the findings or Gilbert and Levinson (1954) and Cohen and Struening (1962). They also found a high relationship between authoritarianism and custodialism and a decrease in authoritarian and custodial attitudes in going up the professional ladder from attendants through nurses to psychiatrists. More importantly, they found that the personnel on the psychiatry service (including registered nurses) have significantly lower authoritarian scores than their counterparts on the medical-surgical services.

The custodial scores of psychiatry personnel were also found to be lower, however, except for physicians and orderlies, differences did not reach significance. These results partially confirmed their hypothesis, that, with education held constant, job role will be an important determinant of attitude, with psychiatry personnel having less authoritarian and custodial attitudes than personnel on medical and surgical services.

Several investigators have differentially examined the authoritarian and custodial orientations of health care professionals involved in the treatment of alcoholic patients. In a related study conducted by Canter and Shoemaker (1960), nursing students with high authoritarian scores were found to have more negative attitudes toward mental patients than did those with low authoritarian scores. Authoritarian nurses also showed less susceptibility to change their attitudes following their psychiatric rotation. Mendelson et al. (1964) found a statistically significant positive correlation between physicians' characteristics of authoritarianism and their custodial attitudes toward alcoholic patients. Similarly, Gray, Moody, Sellars and Ward (1969) found that physicians with a high degree of authoritarianism prefer not to treat alcoholics or will not treat alcoholics as frequently as physicians with a low degree of authoritarianism. Related studies involving student nurse populations have produced similar results. Chodorkoff (1969) reported that the more authoritarian the nursing student, the less favorable were her attitudes toward the alcoholic patient. A later study conducted by Moody (1971) revealed a significant positive correlation between nursing students' characteristics of authoritarianism and their

custodial attitudes toward alcoholic patients. In this study, the effects of socioeconomic status were also taken into account. A strong positive relationship between authoritarianism and custodialism was noted in subjects of the middle social class (as determined by the Hollingshead Two-Factor Index). This relationship was weaker in those of the upper and lower socioeconomic groups.

In summary, it is apparent from a review of the literature that they attitudes of professional nurses concerning alcoholic patients and their treatment are generally negative. It has been demonstrated that nurses with high authoritarian scores have less favorable and more custodial attitudes toward the alcoholic patient. Attempts to change these attitudes via conventional education have met with poor success. However, there is some evidence that experience in working with alcoholics may be a powerful determinant of positive attitudes. To help alcoholic individuals effectively, it is logical that the persons assigned to work with them should have positive attitudes towards them in order to maximize their treatment. Hopefully, focusing on specific attitudes and the basis for them will have an impact on changing this truly deplorable situation.

Purpose of the Study

The general purpose of this study was to describe selected attitudes and personal characteristics of registered nurses who work in alcohol treatment centers. A review of the literature revealed that these elements had not been systematically explored. Since experience

in working with alcoholics may be a powerful determinant of positive attitudes, it can be hypothesized that alcohol treatment nurses possess more favorable attitudes toward the alcoholic patient than do their counterparts on the medical-surgical services. Further, it can be hypothesized that alcohol treatment nurses have less authoritarian and less custodial attitudes toward alcoholic patients and their treatment. These attitudes and characteristics were assessed and compared. An attempt was made to ascertain whether these factors were significantly related to such variables as education, age, length of employment in nursing, and amount of experience in working with alcoholic patients.

CHAPTER II

METHODOLOGY

Subjects and Setting

This study assessed and compared the alcohol attitudes, custodial attitudes and authoritarian personality characteristics of alcohol treatment nurses and medical-surgical nurses. The relations of age, education, length of employment in nursing, and the amount of experience in working with alcoholic patients were examined. The study was restricted to registered nurses. Both full and part time nurses were included and no attempt was made to differentiate between them. One hundred sixteen registered nurses participated.

The "alcohol group" was comprised of 56 registered nurses who worked in the following six inpatient alcohol treatment facilities located in the Portland-Vancouver area: the Alcohol and Drug Detoxification Unit and the Alcohol and Drug Dependence Treatment Service at the Vancouver Veterans Administration Medical Center; St. Joseph's Community Hospital Alcoholism Treatment Center; Gresham Community Hospital Care-unit Program; Physicians and Surgeons Hospital Care-unit Program; Raleigh Hills Alcoholism Treatment Center; and the Multnomah County Hooper Detoxification Center. While a total of 63 registered nurses employed in these various units was identified, seven nurses were not included for the following reasons: four could not be contacted, two refused to participate, and one failed to complete the questionnaire.

The comparison group was comprised of 60 registered medical-surgical nurses who were selected from the total of 213 employed in the four hos-

pitals which had alcohol treatment units: Physicians and Surgeons Hospital; Gresham Community Hospital; St. Joseph's Community Hospital; and the Vancouver Veterans Administration Medical Center. Fifteen registered nurses were randomly selected from each hospital. None of the selected medical-surgical nurses refused to participate.

Data and Instrumentation

Alcohol Attitudes

Two of the scales developed by Passey and Pennington (1960) for the Alabama Commission on Alcohol were used to assess the attitudes of registered nurse subjects toward the treatment of alcoholism and the alcoholic patient. (See Appendix A for copies of these instruments). The scale on Attitudes Toward the Treatment of Alcoholism contains 12 items concerned with optimism concerning the outcome of treatment, public responsibility for treatment, and the general priority of the problem. The scale on Attitudes Toward the Alcoholic Patient includes 12 statements relating to what kind of person the alcoholic is and to what extent he deserves understanding and sympathy. The subjects were instructed to indicate either agreement or disagreement with the 24 statements concerning alcoholism treatment and the alcoholic patient.

These attitude scales were constructed according to Edwards and Kilpatrick's scale discrimination technique which combines the Thurstone and Likert scaling procedures. Each scale consists of 12 statements representing shades of opinion of the attitude in question. Each statement carries a different weight in scoring, and the score for each item utilized in this study will be found in Appendix B. The score value

range for the two scales used in this study is .3 to 7.7, with 4 representing the neutral point. The score for each attitude is obtained by summing the weighted values of the responses to each "agree" answer for a given item and dividing by the total number of "agree" responses. Thus a score of .3 indicates an extremely unfavorable attitude toward the area topic whereas a score of 7.7 indicates an extremely favorable attitude.

The reproducibility coefficients for the Alabama Commission on Alcohol scales utilized in this investigation range from .85 to .91, indicating a high degree of reliability. Passey and Pennington (1960) concluded that their alcohol attitude scales were of particular value for the following reasons: (1) The scales are not restricted by the size of the population except to the degree that generalization is sought. (2) The scales are not restricted by any characteristics of the subjects to whom they are administered other than their being literate.

Authoritarianism

Form 40 of the California F Scale developed by Adorno et al. (1950) was used to tap the element of authoritarianism. The F Scale was designed to measure ethnic prejudice and "prefascist tendencies" simultaneously, without mentioning minority groups by name. Both of these characteristics come under the heading of authoritarian or "implicit antidemocratic" trends in a personality.

The authors conceived of the authoritarian personality syndrome as comprising the following nine variables: conventionalism, authori-

tarian submission, authoritarian aggression, anti-intraception, superstition and stereotype, power and "toughness", destructiveness and cynicism, projectivity, and sex (Adorno et al, p. 228). The F Scale was not constructed by the method of selecting items from a large pool on a statistical basis; rather, each one was written specifically for the original scale on the basis of the authors' previous experience and theoretical considerations. Each item was meant to be related to both prejudice and one or more of the nine personality variables listed above. In addition, each item had to be indirect and had to reflect a balance between irrationality and objective truth.

The 30 items contained in Form 30 were meant to be an improved and shorter version of Form 60 of the F Scale. Seven items from Form 60 were dropped and three new ones were added. Item analysis yielded a mean discriminatory power of 2.85 for these 30 items, all of which differentiated significantly between high and low quartiles. The split-half reliability of Form 40 had a reliability of .90 over all groups tested. In terms of concurrent validity, Form 40 correlated .77 with the Ethnocentrism Scale and .61 with the Politico-Economic Conservation Scale. (For further information on the validity and reliability of this instrument, see Robinson & Shaver, 1973).

Form 40 of the California F Scale contains 30 Likert-type items. (See Appendix A for a copy of this instrument). The respondent indicates his degree of agreement or disagreement on a +3 to -3 scale, with the neutral point excluded. These scale points are then converted to the appropriate values from +1 to +7 by adding +4 to each response. (See

Appendix C for scoring key). This scale, which is self administered, can be completed in approximately 15 minutes. A subject's score is the sum of the converted scale points. Scores are most often expressed in terms of item mean scores which are calculated by dividing the sum score by the number of items. Item mean scores were used in this study. For Form 40, the item mean was 3.84 with group means ranging from 4.19 to 4.39 (Robinson & Shaver, 1973, p. 308-309).

Custodial Attitudes

The Custodial Attitude Inventory (CAI) was used to assess the custodial orientation of registered nurses toward the alcoholic patient. This 14-item scale was adapted by Mendelson et al. (1964) from the Scale of Custodial Attitudes Toward Mental Illness (CMI) developed by Gilbert and Levinson (1957). The CMI scale from which the CAI items were adapted was designed to measure the degree to which an individual takes a traditional custodial or "caretaking" attitude toward mental illness as opposed to a humanistic or more actively therapeutic approach. According to Gilbert and Levinson (1957), people who maintain a custodial attitude seek the detention and safekeeping of mentally ill people. They regard the mentally ill patient, in this study, the alcoholic patient, as irrational, dangerous, and incurable. The community and the hospital personnel are, in this view, to be protected from exposure to such patients. Such beliefs provide a rationalized basis for some of the authoritarian structure of hospital treatment of mentally ill patients, with rigid status heirarchies and unidirectional flow of commands and communication from the top down. On the other hand, the humanistic attitude toward

toward the mental patient is based on the premise that mental illness is a condition which requires treatment rather than moral sanction. This assumption leads, in therapy, to emphasis on greater communication between patients and hospital personnel, and to a more democratic hospital personnel structure.

The preliminary CAI scale consisted of 18 items, of which 2 were original, and 16 adapted from the CMI by substituting references to alcoholism for references to mental illness. Upon testing for scale reliability, 4 items were discarded, resulting in the final CAI scale of 14 items. (This Scale is reproduced in Appendix A). The scale is resonably reliable, with a split-half reliability of .82 as estimated by the Spearman-Brown formula.

The respondent is asked to state the extent to which s/he agrees or disagrees with each of the 14 statements concerning alcoholism. Each item is in the form of a 6-point scale, ranging from "agree very much" (scored as +3) to "disagree very much" (scored as -3). Items #1 and #14 are reverse-scored. A constant of +4 is added to the raw score for each item so that all scores become positive. The score for any one item can thus range from 1 (extreme humanism) to 7 (extreme custodialism). The sum of the item scores constitutes the respondent's score on the CAI. (See Appendix D for scoring key). A high positive score indicates agreement with custodial attitudes and disagreement with humanistic attitudes (Mendelson et al., 1964).

Design

In this ex post facto study the attitudes toward the treatment of

alcoholism and the alcoholic patient, custodial attitudes, and authoritarian personality characteristics of registered nurses employed in alcohol treatment units were compared with those of registered nurses employed in medical-surgical units (comparison group). Further, the significance of age, education, length of employment in nursing and experience in working with the alcoholic patient was evaluated in relation to the alcohol attitudes, custodialism and authoritarianism.

In essence this ex post facto study represented a combination and modification of the studies conducted by Blumberg and Beavers (1965) and Caine (1968). The present study is similar to both these studies in that similar instruments were employed and the subjects were registered nurses. Blumberg and Beavers compared the authoritarian personality characteristics and custodial attitudes of 499 personnel on the psychiatry service (including registered nurses) with their counterparts on the medical-surgical services using the F Scale (Adorno et al., 1950) and the Custodial Mental Illness Scale (Gilbert & Levinson, 1954). In the present study, two groups of nurses were also compared, the F Scale was utilized, and the Custodial Attitude Inventory (Mendelson et al., 1964) was substituted for the CMI. Caine, in a more limited study, used three of the Alabama Commission on Alcohol Scales (Passey & Pennington, 1960) to assess the attitudes of 122 registered nurses in three general hospitals toward the treatment of alcoholism, the alcoholic patient, and moderate (social) drinking. While only two ACA Scales were used in the present study, Caine's study was amplified to the extent that a comparison group and measures of authoritarianism and custodialism were added.

Procedure

The process was initiated following review and approval by the Committee on Human Research at the University of Oregon Health Sciences Center. Permission to conduct the study was obtained from the director of each facility, and appointments were arranged with their assistance. At the time of testing, all participants were asked to sign a consent form. (See Appendix E for a copy) which formally outlined the purpose and conditions of the study.

The questionnaires comprised of the Alabama Commission on Alcohol Scales, the Custodial Attitude Inventory, Form 40 of the California F Scale, and a background data sheet (See Appendix A) were distributed and collected over a three week period in January, 1980. An average of 20 minutes was required to complete the questionnaire.

The questionnaires were identified only by code numbers in order to preserve anonymity and to encourage a more open reporting of the subject's attitudes. Before the instruments were administered, it was stressed that there were no right or wrong answers since the issues addressed were matters of opinion about which professionals might differ.

Analysis of Data

The scores of the nurses working in the alcohol units and the medical-surgical units were compared to determine differences in their alcohol attitudes, custodial attitudes and authoritarian personality characteristics. The significance of differences between the two groups of registered nurses was then determine by t-tests for each factor.

Pearson's r was utilized to determine the magnitude of the relations of age, education and length of employment in nursing to nurses' scores on measures for alcohol attitudes, custodialism and authoritarianism.

CHAPTER III

RESULTS

Description of the Sample

Subjects included 116 registered nurses, 56 of whom were employed in 6 selected alcohol treatment units in 4 selected hospital facilities. A comparison group was comprised of 60 medical-surgical nurses, with 15 randomly selected from each of the 4 selected hospitals. Of the 6 selected alcohol units, 4 were affiliated with these hospital facilities. Two alcohol units had no hospital affiliation.

Characteristics of the two groups are presented in Table 1. It may be noted that the alcohol group included 5 male and 51 female registered nurses, with a mean age of 42.8 years. The medical-surgical (comparison) group was comprised of 60 females, with a mean age of 39.6 years. The two groups did not differ appreciably in their level of academic preparation or in their length of employment in nursing. Overall, the alcohol group was slightly better educated than was the comparison group as it included a higher percentage of baccalaureate prepared subjects (37.5% vs. 28.3%). The median years of employment for the alcohol group was 14.6 years and 13.3 years for the medical-surgical group.

Further, as would be anticipated, the two groups differed particularly with reference to experience in working with alcoholic patients. Of the "alcohol" group, 94.7% indicated moderate to very much experience whereas this was true for only 71.6% of the comparison group.

The above data indicate a great similarity between the two groups

in several demographic characteristics. Thus, differences in attitudes cannot be attributed to such factors as age, education, and length of employment in nursing.

TABLE 1

Characteristics of Registered Nurses in Alcohol Treatment Units vs. Medical-Surgical Units

Characteristic	Alcohol Units N = 56	Medical-Surgical Units N = 60
Sex		
Male	5	0
Female	51	60
Age		
Mean	42.8	39.6
Range	25-67	22-66
Education		
Associate (%)	19.6	23.3
Diploma (%)	37.5	45.0
Baccalaureate (%)	37.5	28.3
Masters (%)	5.4	3.3
Employment		
Median Years	14.6	13.3
Experience		
None-Very Little (%)	5.4	28.3
Moderate-Very Much (%)	94.6	71.6

Attitudes Toward the Treatment of Alcoholism and Alcoholic Patients

It was hypothesized that registered nurses in the alcohol treatment units would have more favorable attitudes toward the treatment of alcoholism and the alcoholic patient than would their counterparts on the medical-units. The Alabama Commission on Alcohol Scales (Passey & Pennington, 1960) were used to measure the attitudes toward the treatment of alcoholism and the alcoholic patient. With regard to the Attitude Toward the Treatment of Alcoholism (Attitude A), it can be noted from Table 2 that the mean score for the alcohol group was 6.55 versus 6.30 for the comparison group. Considering that the possible scores on Attitude A ranged from .3 to 7.7 (less to more favorable), it is obvious that both groups viewed alcoholism treatment very favorably. However, by t-test, the two groups did differ significantly ($t = 2.13$, $p < .05$). Thus it can be concluded that the nurses in the alcohol treatment units were indeed more favorable in their attitudes toward the treatment of alcoholism than were the nurses in the medical-surgical units.

From Table 2 it can be further noted that the two groups also differed with respect to Attitude B: Attitude Toward the Alcoholic Patient. The means score for the alcohol group was 5.30 and 4.99 for the comparison group. Since the possible scores for Attitude B ranged from .3 to 6.7 (less to more favorable), it is apparent that both groups were slightly less favorable toward the alcoholic patient than they were toward the treatment of alcoholism. However, by t-test, the difference

between the two groups on Attitude B was also significant ($t = 2.02$, $p < .05$). Thus, as with Attitude A, it can be concluded that the nurses in the alcohol treatment units were also more favorable toward the alcoholic patient than were the medical-surgical nurses.

TABLE 2

Attitudes of Registered Nurses in the Alcohol Treatment Units and the Medical-Surgical Units (Comparison Groups)

	Alcohol Treatment Units (N = 56)		Medical-Surgical Units (N = 60)		
Attitudinal Factor	Mean Score	Range	Mean Score	Range	t
Custodialism[a]	33.91	20-63	41.78	21-71	3.81***
Authoritarianism[b]	2.73	1.30-4.57	3.28	1.50-4.90	3.33**
Attitude A[c]	6.55	3.84-7.00	6.30	4.72-6.96	2.13*
Attitude B[d]	5.30	3.20-6.73	4.99	2.99-6.45	2.02*

* $p < .05$
** $p < .01$
*** $p < .001$

a Custodial Attitude Inventory (CAI). Possible scores ranged from 14-98 (less to more custodial).

b California F Scale. Possible scores ranged form 1-7 (less to more authoritarian).

c Alabama Commission on Alcohol (ACA) Scale: Attitude Toward the Treatment of Alcoholism. Possible scores ranged from .3-7.7 (less to more favorable).

d Alabama Commission on Alcohol (ACA) Scale: Attitude Toward the Alcoholic Patient. Possible scores ranged from .3-6.7 (less to more favorable).

As proposed, the relationship of the two alcohol attitudes to each other and to the variables of age, education and length of employment were investigated. From Table 3, the correlation between Attitudes A and B can be described as positive and significant, but not large ($r = .20$, $p < .05$). It is also apparent from Table 3, that there were no significant correlations between the attitude toward the treatment of alcoholism and the variables of age, education or length of employment. There was a significant, negative correlation between the Attitude Toward the Alcoholic Patient and age ($r = -.21$); however, this attitude was not significantly correlated with the level of education or length of employment.

Custodial Attitudes

It was also hypothesized that the alcohol treatment nurses have less custodial attitudes toward the alcoholic patient and the treatment of alcoholism than do medical-surgical nurses. The element of custodialism was measured by the Custodial Attitude Inventory (CAI) of Mendelson et al. (1964), and the possible scores ranged from 14-98 (less to more custodial). In comparing the results presented in Table 2, it can be noted that the alcohol treatment nurses received a mean CAI score of 33.91 versus 41.78 for the medical-surgical nurses. By t-test, this difference in CAI scores was significant ($t = 3.81$, $p < .001$). Thus, this hypothesis was supported.

Further in Table 3, it can be seen that there was no significant correlation between custodialism and the variables of age, education or length of employment.

TABLE 3

Correlation Matrix

	Age	Education	Employment	F Score	CAI	Attitude A	Attitude B
Age		0.06	0.69	0.27	0.15	-0.15	-0.21
Education			0.07	-0.18	-0.03	-0.08	0.03
Employment				0.17	0.02	-0.15	-0.01
F-Score					0.57	-0.46	-0.39
CAI						-0.36	-0.50
Attitude A							0.20
Attitude B							

* $p < .05 = .164$, 1-tailed test
** $p < .01 = .230$, 1-tailed test

Authoritarianism

Finally, it was hypothesized that the alcohol treatment nurses have less authoritarian attitudes toward the alcoholic patient and alcohol treatment than do nurses in the medical-surgical units. Authoritarianism was measured by the California F Scale (Adorno et al., 1950) with a possible score range of 1-7 (less to more authoritarian). From Table 2, it can be noted that the mean score on the F Scale for the alcohol treatment nurses was 2.73 and 3.28 for the medical-surgical nurses. By t-test, the difference between these scores was significant ($t = 3.33$, $p < .01$). Hence, the last hypothesis was supported.

The relationships between authoritarianism and the variables of age, education and length of employment are depicted in Table 3. As expected, authoritarianism was positively correlated with age ($r = .27$) and length of employment ($r = .17$) at the .05 level of significance. Authoritarianism and education, on the other hand, were negatively correlated ($r = -.18$, $p < .05$).

Interrelationships of Alcohol Attitudes, Custodialism and Authoritarianism

As proposed, the relationships among the attitude toward treatment of alcoholism (Attitude A), and attitude toward the alcoholic patient (Attitude B), custodialism and authoritarianism were examined and are depicted in Table 3.

To reiterate, the attitude toward the treatment of alcoholism (Attitude A) was positively correlated with the attitude toward the

alcoholic patient (Attitude B) ($r = .20$, $p < .05$). Thus, nurses who viewed the treatment of alcoholism more favorably also viewed the alcoholic patient more favorably. More favorable attitudes toward the treatment of alcoholism were associated with less custodialism ($r = -.36$) and less authoritarianism ($r = -.46$) at the .05 level of significance. Similarly, more favorable attitudes toward the alcoholic patient (Attitude B) were also associated with less custodial views ($r = -.50$) and less authoritarianism ($r = -.39$) at the .01 level of significance.

Last, the correlation between custodialism and authoritarianism achieved the greatest magnitude ($r = .57$, $p < .01$). Thus, nurses who were more custodial in their attitudes toward the alcoholic patient tended to be significantly more authoritarian.

CHAPTER IV

Discussion

The general purpose of this study was to describe selected attitudes and characteristics of 56 registered nurses who work in alcohol treatment centers and to determine the extent to which they differed from 60 nurses in medical-surgical units. Specifically, the following three hypotheses were tested: (1) Nurses who work in alcohol treatment centers have more favorable attitudes toward alcohol treatment and alcoholic patients than medical-surgical nurses. (2) Alcohol treatment nurses are less custodial in their attitudes toward alcoholic patients and their treatment than medical-surgical nurses. (3) Alcohol treatment nurses are less authoritarian than nurses in the medical-surgical units. In addition, the interrelationships of these attitudinal factors were differentiated, and the correlations between these factors and age, education and length of employment were tested for significance.

Alcohol Attitudes

The results of this study clearly demonstrated that registered nurses employed in alcohol treatment centers had significantly more favorable attitudes toward alcohol treatment (Attitude A) and the alcoholic patient (Attitude B) than did their counterparts in the medical-surgical units (comparison group).

Although the alcohol treatment nurses had significantly more favorable alcohol attitudes than the medical-surgical nurses, both groups viewed alcohol treatment very favorably. The respondents were apparently

able to accept intellectually that the alcoholic should be treated but were not able to accept him without equivocation. These findings were consistent with those reported by Caine (1968) in a similar study of 122 registered nurses in 3 general hospitals, although the nurses in the present study expressed more favorable attitudes than those in Caine's study. Caine reported a combined mean score of 5.96 for the attitude toward the treatment of alcoholism whereas the two groups of nurses in this study received mean scores of 6.55 and 6.50. Caine also reported a combined mean score of 3.75 for the attitude toward the alcoholic patient whereas means of 5.30 and 4.99 were achieved in this study.

Comparison with Caine's study revealed further similarities and differences. Both studies indicated that the attitude toward the alcoholic patient was significantly correlated with age: the coefficient was -.21 in this study and -.27 in Caine's. Thus younger nurses tended to regard the alcoholic patient more favorably. No relationship, however, was found between age and the attitude toward the treatment of alcoholism in either study, nor were significant correlations established between the two alcohol attitudes and education. There was a discrepency between the two studies regarding the effect of employment. Caine reported that the length of employment in nursing was significantly correlated with the attitudes toward alcohol treatment ($r = -.17$) and the alcoholic patient ($r = -.20$). In this study, the correlations between the two alcohol attitudes and length of employment were also noted to be negative; however, they did not achieve significance. (See Table 3).

While the alcohol treatment nurses and the medical-surgical nurses were essentially equal in terms of age, education and length of employment, they differed with respect to their reported experience in dealing with alcoholic patients. As would be expected, the nurses in the alcohol treatment units claimed decidedly greater experience in working with alcoholic patients. Hollander (1963) asserted that direct experience with objects and situations is one of the three main sources of attitude formation. Thus, theoretically, the assumption could be made that the more favorable alcohol attitudes of the nurses in the alcohol treatment units resulted in part from their greater experience with alcoholism treatment and alcoholic patients. Other researchers (Sterne & Pittman, 1965; Mogar et al., 1969) have also found that greater experience in working with alcoholics related to a more optimistic, disease-oriented view of alcoholism, with fewer moralistic judgements overtly or covertly made.

It can, however, also be postulated that the more favorable alcohol attitudes of the nurses in the alcohol treatment units resulted from a process of self-selection. That is, it is plausible that even prior to their employment in the alcohol units, these nurses possessed a greater initial interest in alcohol problems and had more favorable alcohol attitudes which motivated them to seek employment in these units.

Further, there is theoretical support for the views that the more favorable alcohol attitudes may result from explicit and implicit learning and personality development (Hollander, 1963), a motivational drive to revise incongruent alcohol views in order to resolve cognitive

dissonance (Festinger, 1957), and positive changes in self-perception (Bem, 1967). In any event, the effects that experience in working with alcoholics has on attitudes toward alcoholism treatment and the alcoholic patient can only be inferred here since no pretest was done in this study.

Custodial Attitudes

The Custodial Attitude Inventory (CAI), which was adapted from the Scale of Custodial Attitudes Toward Mental Illness (Gilbert & Levinson, 1957) by Mendelson et al. (1964), was used to measure custodial attitudes toward the alcoholic patient. The possible range of scores on the CAI range from 14-98 with 14 representing an extremely humanistic attitude which favors alcohol treatment rather than moral sanction. Conversely, a score of 98 is indicative of an extremely custodial or "caretaking" attitude.

The analysis of data unequivocally confirmed the hypothesis that alcohol treatment nurses have less custodial attitudes toward the alcoholic than do medical-surgical nurses. Respective mean CAI scores of 33.91 and 41.78 were revealed to be significantly different ($t = 3.81$, p .05). In comparing these scores with those of another study in which the mean CAI scores of 83 nurses and nursing students were reported to range from 38.0-40.4 (Moody, 1971), it can be noted that the alcohol treatment nurses overall had less custodial attitudes. Similarly, Mendelson et al. (1964) compared the CAI scores of 103 physicians and reported group means that ranged from 43.3-47.7. Again, it can be seen

that the alcohol treatment nurses were also less custodial than the physicians, unlike the medical-surgical nurses who were quite similar to the physicians.

Also, of comparative interest in the study conducted by Blumberg and Beavers (1965) which disclosed that registered nurses on the psychiatric service had lower custodial scores than did their counterparts on the medical-surgical services; however, the difference did not achieve significance. The alcohol treatment nurses, like the psychiatric nurses, characteristically had a more humanistic viewpoint than the medical-surgical nurses.

Last, it should be noted that custodialism was not significantly related to age ($r = .15$), education ($r = -.03$), or length of employment ($r = .02$). Coefficients of equally low magnitude have been reported in other studies for the relationships among custodialism and age, education, and length of employment. Blumberg and Beavers (1965) reported that custodialism was weakly correlated with education ($r = -.14$) and age ($r = .01$). In an earlier study, E. Gallagher, D. Levinson and I. Erlich (1957) reported a coefficient of .20 for the relationship between custodialism and age. In any event, it is sufficiently clear that these factors are minimally related to the custodial views held toward the alcoholic patient, although there is slight evidence that older nurses tend to be somewhat more custodial than younger nurses.

Authoritarianism

The hypothesis that alcohol treatment nurses are less authoritarian than their counterparts in the medical-surgical unit was validated.

Form 40 of the California F Scale, developed by Adorno et al. (1950) was used to measure authoritarian characteristics. The possible scores on this 30 item test ranged from 1-7 (more to less authoritarian). The nurses in the alcohol and medical-surgical units received respective mean score of 2.73 and 3.33. The alcohol treatment nurses were significantly less authoritarian than the medical-surgical nurses ($t = 3.33$, $p < .05$). Blumberg and Beavers (1965) also noted a striking difference in authoritarian attitudes within professional levels on the psychiatric and medical-surgical services and wards. These findings suggest that, with education held constant, job role may be an important determinant of attitude. Both groups of nurses were less authoritarian than 132 George Washington University women who took the same test and received a group mean of 3.51 (Adorno et al., 1950). However, since the study conducted by Adorno et al. was completed 30 years ago, some change in authoritarianism would be expected.

When authoritarianism was correlated with the variables of age, education, and length of employment, significant relationships were found in all instances. Specifically, as with custodialism, positive correlations were noted between authoritarianism and age ($r = .27$) and length of employment ($r = .17$). These findings were not in agreement with those generated in the study conducted by Blumberg and Beavers (1965) in which they reported that the correlation between age and F scores was only -.12. It can be speculated that the disparity between the correlations were related to the fact that the 1965 study involved a more heterogeneous sample (physicians, registered nurses, licensed practical nurses, orderlies, aides, medical and nursing students) whose

range of mean ages (20.78-35.39) was uniformly lower than the one reported in this study (39.6-42.8). Interestingly, Gallagher et al. (1957) reported the correlation betwen authoritarianism and age as .26 for 140 mental patients with a mean age of 35. They further related that when social class was held constant, the partial coefficient between authoritarianism and age rose to .31. With regard to education, its significant negative correlation with authoritarianism ($r = -.18$) is concordant with the findings of Cohen and Struening (1962) and Blumberg and Beavers (1965). Increased education apparently results in less adherence to traditional authoritarian views. However, as with custodialism, the authoritarian differences between groups cannot be accounted for completely by the differences in education or age since the correlations were of low magnitude.

Interrelationships of Alcohol Attitudes, Custodialism and Authoritarianism

The interrelationships of alcohol attitudes, custodialism and authoritarianism were individually tested for significance with Pearson's product-moment correlation. The following significant relationships were found. First, there was a significant positive correlation between the attitude toward the treatment of alcoholism and the attitude toward the alcoholic patient ($r = .20$). Thus, the nurses who highly favored the concept of alcohol treatment also tended to equally favor the alcoholic patient. Similar results were reported in the study of Caine (1968) in which the coefficient between the two alcohol attitudes was somewhat higher ($r = .26$).

Second, a significant positive relationship was confirmed between custodialism and authoritarianism by a coefficient of .57. Numerous studies have revealed a strong correlation between these two elements (Gilbert & Levinson, 1954; Canter & Shoemaker, 1960; Cohen & Struening, 1962; Mendelson et al., 1964; Blumberg & Beavers, 1965; Gray et al., 1969; Moody, 1971). Thus, there is compelling evidence to conclude that custodial attitudes (as contrasted with humanistic attitudes) are associated with authoritarian personality characteristics.

Third, there were significant negative correlations noted among the two alcohol attitudes, custodialism and authoritarianism although a few discrepancies were apparent. Specifically, authoritarianism was more strongly correlated with the attitude toward the alcoholic patient ($r = -.46$) than it was with the attitude toward the alcoholic patient ($r= -.39$). While the reason for this is not clear, one can speculate that authoritarian nurses find it easier to rationalize their negative views of alcoholism treatment than those pertaining to the alcoholic patient. This tendency is concordant with the expectation that nurses should be accepting of <u>all</u> patients as a standard of nursing practice. Perhaps, experience in working with alcoholic patients tempers the nurse's attitude toward the alcoholic patient to some extent. Custodialism, on the other hand, was less strongly associated with the attitude toward alcoholism treatment ($r = -.36$) than it was with the attitude toward the alcoholic patient ($r = -.50$). Again, the reason for this difference can only be surmised. However, it is likely that it is far easier to intellectually accept a humanistic approach to alcoholism treatment than it is to actually practice such without equivocation.

In summary, it can be stated that, overall, older nurses with the greatest length of employment tended to be more authoritarian and custodial in their attitudes toward alcoholism treatment and the alcoholic patient. The nurses in the alcohol treatment units had more favorable alcohol attitudes, and were, in addition, less authoritarian and custodial than the nurses in the medical-surgical units. Both groups regarded the concept of alcoholism treatment very favorably and were moderately favorable toward the alcoholic patient. Since the two groups were homogeneous with respect to age, education and length of employment, these variables cannot account for the differences in their alcohol attitudes, custodialism or authoritarianism. Theoretically, it is possible that other factors such as experience in working with alcoholic patients, implicit and explicit learning, personality development, greater initial interest in alcohol problems, resolution of discrepant alcohol views, or changes in self-perception were determinants of these attitudes and personality characteristics. Further, it is also possible that the alcohol treatment nurses were quite different in respect to their alcohol attitudes, custodial attitudes and authoritarian personality characteristics even prior to their employment in the alcohol unit. Therefore, pretest measures are needed to determine the actual effects of experience.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The purpose of this descriptive study was to determine whether nurses in alcohol treatment units had more favorable alcohol attitudes than their counterparts in medical-surgical units. Further, an attempt was made to describe the differences in their custodial attitudes and authoritarian personality characteristics. The interrelationships of these attitudinal factors were differentiated and correlated with the variables of age, education, and length of employment.

The sample consisted of 116 registered nurses. Of these, 56 nurses worked in 6 inpatient alcohol treatment centers located in the Portland-Vancouver area. Of the 60 medical-surgical nurses, 15 were randomly selected from each of the 4 hospitals that had alcohol treatment units. Two of the alcohol treatment centers were not affiliated with general hospitals.

The Alabama Commission on Alcohol Scales (Passey & Pennington, 1960) were used to measure the Attitude Toward Alcoholism Treatment and the Attitude Toward the Alcoholic Patient. Authoritarianism was measured by Form 40 of the California F Scale (Adorno et a., 1950), and custodialism was measured with the Custodial Attitude Inventory developed by Mendelson et al. (1964). Demographic and other data were obtained by means of a questionnaire constructed by the investigator. All data gathering for thie ex post facto study was performed by the investigator over a three week period in January, 1980.

Three hypotheses were tested which posited relationships among alcohol attitudes, authoritarianism and custodialism. There were:

1. Alcohol treatment nurses have more favorable attitudes toward alcoholism treatment and the alcoholic patient than the nurses in the medical-surgical units.
2. The alcohol treatment nurses have less custodial attitudes toward the alcoholic patient than the medical-surgical nurses.
3. The alcohol treatment nurses are less authoritarian than medical-surgical nurses.

Some support was found for the first hypothesis in that significant differences in alcohol attitudes were indeed noted between the two groups of nurses, with the alcohol treatment nurses expressing more favorability toward alcohol treatment and the alcoholic patient. However, both groups were similar in that they both regarded the concept of alcohol treatment very favorably and the alcoholic patient somewhat less so. With the exception of the significant negative correlation between the attitude toward the alcoholic patient and age, the alcohol attitudes were not significantly related to age, education or length of employment.

Hypothesis 2 was more clearly confirmed. The nurses in the alcohol treatment units were significantly less custodial (more humanistic) in their alcohol attitudes than were the nurses in the medical-surgical units. Custodialism was negatively correlated with both alcohol attitudes at a significant level, particularly with respect to the alcoholic patient. Although age, education and length of employment were not

significantly related to custodialism, aging tended to be associated with an increase in custodial attitudes.

Last, the third hypothesis was confirmed. A significant difference in authoritarianism was found between the two groups of nurses, with the medical-surgical nurses being more authoritarian than the alcohol treatment nurses. Authoritarianism was found to increase with increases in age and length of employment, and to decrease in relation to an increase in education. More importantly, authoritarianism was positively correlated with custodialism. Increased authoritarianism was significantly related to decreased favorability of alcohol attitudes, particularly the attitude toward alcohol treatment.

In summary then, it can be concluded that the nurses who work in alcohol treatment are less authoritarian and custodial than the medical-surgical nurses, and these elements are related to their greater favorability toward alcohol treatment and the alcoholic patient.

The findings of this study raise certain questions and suggest directions for further research. First, what are the differential effects of experience in working with alcoholics on alcohol attitudes? Longitudinal studies which include pre and post testing are needed to answer this question.

Second, in what ways do other sociopsychological factors contribute to the differences in alcohol attitudes? Measures of anxiety or social distance, for example, could be employed to describe potential differences.

Third, what are the effects of custodialism and authoritarianism

on other attitudes that registered nurses have toward medical-surgical patients with different diagnoses?

Last, in what ways and to what extent to negative alcohol attitudes, custodialism and authoritarianism affect treatment outcomes in nursing practice?

These, then, are some of the directions that future studies might take. In addition, this study has implication for nursing administrators who are responsible for assigning nurses to particular services. Since attitudes are reflected in behavior toward alcoholic patients and are hence relevant to their progress, attitudinal screening instruments such as the F Scale, Custodial Attitude Inventory, and the Alabama Commission on Alcohol Scales could be utilized for selecting personnel who will work with alcoholic patients.

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APPENDICES

APPENDIX A

QUESTIONNAIRES SUBMITTED TO REGISTERED NURSES IN THE ALCOHOL TREATMENT UNITS AND MEDICAL-SURGICAL UNITS

Questionnaires Submitted to Registered Nurses in the Alcohol Treatment Units and Medical-Surgical Units:

1. Background Data Sheet

2. Alabama Commission on Alcohol (ACA) Scales for:
   Attitude A: Attitude Toward the Treatment of Alcoholism
   Attitude B: Attitude Toward the Alcoholic Patient
   developed by Passey & Pennington (1960)

3. Form 40 of the California F Scale developed by Adorno et al. (1950)

4. Custodial Attitude Inventory (CAI) developed by Mendelson et al (1964)

BACKGROUND DATA SHEET

1. Date of birth _____ Sex: Male _____ Female _____

2. If married and living with husband/wife, what is your husband's/wife's occupation? _____

3. Please indicate your highest nursing credential: (check one)

   (a) Diploma _____

   (b) Associate degree _____

   (c) Baccalaureate degree _____

   (d) Master's degree _____

4. Please indicate the number of years of employment in nursing: (check one)

   (a) Less than one year _____

   (b) 1 to 5 years _____

   (c) 6 to 10 years _____

   (d) 11 to 15 years _____

   (e) 16 to 20 years _____

   (f) Over 20 years _____

5. Please indicate how much experience you have had in working with alcoholic patients: (check one)

   (a) None at all _____

   (b) Very little _____

   (c) A moderate amount _____

   (d) A considerable amount _____

   (e) Very much _____

Alabama Commission on Alcohol (ACA) Scales

Instructions. A number of statement concerning alcohol and its use are listed below. Please indicate whether you agree or disagree by encircling the word to the right of each statement which best describes your feelings. There are no right or wrong answers. I am only interested in your opinion. Please make a decision for each statement.

Attitude A: Attitude Toward the Treatment of Alcoholism

1.	The families of alcoholics should encourage them to seek expert help for their condition.	Agree	Disagree
2.	Even if alcoholics could be cured by proper treatment, the cost would be unwarranted.	Agree	Disagree
3.	Treatment of alcoholism should be a specialty within the medical profession.	Agree	Disagree
4.	Neither state nor federal funds should be used for the treatment of alcoholism.	Agree	Disagree
5.	If an alcoholic wanted to be cured, he could accomplish the matter himself.	Agree	Disagree
6.	Doctors who spend their time treating alcoholics are wasting their time.	Agree	Disagree
7.	Tremendous research programs are needed in the area of alcoholism	Agree	Disagree
8.	Private treatment facilities should be available to alcoholics.	Agree	Disagree
9.	General hospitals should not accept alcoholics for treatment as such.	Agree	Disagree
10.	The physician who attempts to treat an alcoholic is wasting his time.	Agree	Disagree
11.	Grants should be readily available to any professional person for research in the area of alcoholism.	Agree	Disagree
12.	Alcoholics Anonymous is a wondrous organization.	Agree	Disagree

Attitude B: Attitude Toward the Alcoholic Patient

13.	All alcoholics are human wrecks found in dives.	Agree	Disagree
14.	No one should presume to criticize the alcoholic without knowing why he drinks.	Agree	Disagree
15.	Alcoholism should be treated as a felony.	Agree	Disagree
16.	The alcoholic is basically an insecure person.	Agree	Disagree
17.	Alcoholism should be treated as a misdemeanor.	Agree	Disagree
18.	Alcoholism begins as a sin of drinking and ends as a sinful habit.	Agree	Disagree
19.	Conditions within the individual as well as external to the individual contribute to the development of alcoholism.	Agree	Disagree
20.	Alcoholism is the direct result of a sick and decadent society.	Agree	Disagree
21.	The alcoholic has no one to blame but himself.	Agree	Disagree
22.	Only a person who is basically quite malicious could become alcoholic.	Agree	Disagree
23.	In combating alcoholism as a disease, the effort should be as great as the effort expended in combating any other disease.	Agree	Disagree
24.	The alcoholic suffers from a severe illness and needs treatment to a much greater degree than the usual medical complaints.	Agree	Disagree

California F Scale

This is an investigation of people's opinions about certain issues. There are no right or wrong answers. There are statements with which some people agree and others disagree. Please mark each one according to the amount of agreement or disagreement by using the following scale:

A You Strongly Agree

B You Moderately Agree

C You Slightly Agree

D You Slightly Disagree

E You Moderately Disagree

F You Strongly Disagree

_____1. Obedience and respect for authority are the most important virtues children could learn.

_____2. A person who has bad manners, habits, and breeding can hardly expect to get along with decent people.

_____3. If people would talk less and work more, everybody would be better off.

_____4. The businessman and the manufacturer are much more important to society than the artist and the professor.

_____5. Science has its place, but there are many important things that can never possibly be understood by the human mind.

_____6. Every person should have complete faith in some supernatural power whose decisions he obeys without question.

_____7. Young people sometimes get rebellious ideas, but as they grow up, they ought to get over them and settle down.

_____8. What this country needs most, more than laws and political programs, is a few courageous, tireless, devoted leaders in whom the people can put their faith.

_____9. No sane, normal, decent person would ever think of hurting a close friend or relative.

_____10. Nobody ever learned anything really important except through suffering.

_____11. What the youth needs most is strict discipline, rugged determination, and the will to work and fight for family and country.

_____12. An insult to our honor should always be punished.

_____13. Sex crimes, such as rape and attacks on children, deserve more than mere imprisonment; such criminals ought to be publicly whipped, or worse.

_____14. There is hardly anything lower than a person who does not feel a great love, gratitude and respect for this parents.

_____15. Most of our social problems would be solved if we could somehow get rid of the immoral, crooked, and feebleminded people.

_____16. Homosexuals are hardly better than criminals and ought to be severely punished.

_____17. When a person has a problem or worry, it is best for him not to think about it, but to keep busy with more cheerful things.

_____18. Nowadays, more and more people are prying into matters that should remain personal and private.

_____19. Some people are born with an urge to jump from high places.

_____20. People can be divided into two distinct classes; the weak and the strong.

_____21. Someday it will probably be shown that astrology can explain a lot of things.

_____22. Wars and social troubles may someday be ended by an earthquake or flood that will distroy the whole world.

_____23. No weakness or difficulty can hold us back if we have enough will power.

_____24. It is best to use some prewar authorities in Germany to keep order and prevent chaos.

_____25. Most people don't realize how much our lives are controlled by plots hatched in secret places.

_____26. Human nature being what it is, there will always be war and conflict.

_____27. Familiarity breeds contempt.

_____28. Nowadays when so many different kinds of people move around and mix together so much, a person has to protect himself especially carefully against catching infection or disease from them.

_____29. The wild sex life of the old Greeks and Romans was tame compared to some of the goings-on in this country, even in places where people might least expect it.

_____30. The true American way of life is disappearing so fast that force may be necessary to preserve it.

Custodial Attitude Inventory

The statements that follow are opinions or ideas about alcoholism and the alcoholic patient. There are many differences of opinion about this subject. There are no right or wrong answers. There are statements with which some people agree and others disagree. Please mark one according to the amount of your agreement or disagreement by using the following scale:

A Agree Very Much
B Moderately Agree
C Slightly Agree
D Slightly Disagree
E Moderately Disagree
F Disagree Very Much

_____1. Alcoholism is an illness like any other.

_____2. We can make some improvements, but by and large, alcoholics at this hospital are treated as well as possible, considering the type of persons they are.

_____3. We should take proper care of alcoholics, but we cannot be expected to be sympathetic with them.

_____4. There should be a special ward for alcoholics.

_____5. Abnormal people are ruled by their emotions; normal people are ruled by their reason.

_____6. An alcoholic cannot be expected to make decisions about even everyday living problems.

_____7. One of the main causes of alcoholism is lack of moral strength.

_____8. There is something about alcoholics that makes it easy to tell them from normal people, even when they are sober.

_____9. You can't really trust an alcoholic.

_____10. Alcoholics have only themselves to blame for their drinking; in most cases they just haven't tried hard enough to stop.

_____11. "Once an alcoholic, always an alcoholic".

_____12. Alcoholics need the same kind of control and discipline as an untrained child.

_____13. With few exceptions, most alcoholics haven't the ability to tell right from wrong.

_____14. We all have quirks, very similar to those of the alcoholics.

APPENDIX B

SCORING KEYS FOR THE ALABAMA COMMISSION ON ALCOHOL (ACA) SCALES:

ATTITUDE A: ATTITUDE TOWARD THE TREATMENT OF ALCOHOLISM

ATTITUDE B: ATTITUDE TOWARD THE ALCOHOLIC PATIENT

Alabama Commission on Alcohol (ACA) Scales
with Assigned Score Values for Each
Statement of Agreement and Scoring Key

Attitude A: Attitude Toward the Treatment of Alcoholism			Score Value
1. The families of alcoholics should encourage them to seek expert help for their condition.	Agree	Disagree	7.7
2. Even if alcoholics could be cured by proper treatment, the cost would be unwarranted.	Agree	Disagree	1.0
3. Treatment of alcoholism should be a specialty within the medical profession.	Agree	Disagree	5.7
4. Neither state nor federal funds should be used for the treatment of alcoholism.	Agree	Disagree	.6
5. If an alcoholic wanted to be cured he could accomplish the matter himself.	Agree	Disagree	1.1
6. Doctors who spend their time treating alcoholics are wasting their time.	Agree	Disagree	.3
7. Tremendous research programs are needed in the area of alcoholism.	Agree	Disagree	6.8
8. Private treatment facilities should be available to alcoholics.	Agree	Disagree	6.9
9. General hospitals should not accept alcoholics for treatment as such.	Agree	Disagree	1.6
10. The physician who attempts to treat an alcoholic is wasting his time.	Agree	Disagree	.4

				Score Value
11.	Grants should be readily available to any professional person for research in the area of alcoholism.	Agree	Disagree	6.4
12.	Alcoholics Anonymous is a wondrous organization.	Agree	Disagree	7.0

Scoring Key: Sum the assigned values for each "agree" answer and divide by the total number of "agree" answers.

Possible Range: .3 to 7.7 (less to more favorable)

Alabama Commission on Alcohol (ACA) Scales
with Assigned Score Values for Each
Statement of Agreement and Scoring Key

Attitude B: Attitude Toward the Alcoholic Patient			Score Value
13. All alcoholics are human wrecks found in dives.	Agree	Disagree	.3
14. No one should presume to criticize the alcoholic without knowing why he drinks.	Agree	Disagree	6.1
15. Alcoholism should be treated as a felony.	Agree	Disagree	.4
16. The alcoholic is basically and insecure person.	Agree	Disagree	1.6
17. Alcoholism should be treated as a misdemeanor.	Agree	Disagree	2.7
18. Alcoholism begins as the sin of drinking and ends as a sinful habit.	Agree	Disagree	1.2
19. Conditions within the individual as well as external to the individual contribute to the development of alcoholism.	Agree	Disagree	6.2
20. Alcoholism is the direct result of a sick and decadent society.	Agree	Disagree	1.3
21. The alcoholic has no one to blame but himself.	Agree	Disagree	1.8
22. Only a person who is basically quite malicious could become alcoholic.	Agree	Disagree	.6
23. In combating alcoholism as a disease, the effort should be as great as the effort expended in combating any other disease.	Agree	Disagree	6.7

			Score Value
24. The alcoholic suffers from a severe illness and needs treatment to a much greater degree than the usual medical complaints.	Agree	Disagree	5.7

Scoring Key: Sum the assigned values for each "agree" answer and divide by the total number of "agree" answers.

Possible Range: .3 to 6.7 (less to more favorable)

APPENDIX C

SCORING KEY FOR FORM 40 OF THE CALIFORNIA F SCALE

Scoring Key for Form 40 of the California F Scale

The respondent indicates his degree of agreement or disagreement on a +3 to -3 scale with the neutral point excluded. Negative values are eliminated by adding +4 to each response. Thus, the original scale points are converted to values ranging from +1 to +7.

The letters A - F which represented the amount of agreement or disagreement were assigned corresponding numerical values:

1 = A You Strongly Agree
2 = B You Moderately Agree
3 = C You Slight Agree
5 = D You Slightly Disagree
6 = E You Moderately Disagree
7 = F You Strongly Disagree

Scores are most often expressed in terms of item mean scores which are calculated by dividing the sum score by the number of items.

Possible Range: 1 - 7 (less to more authoritarian)

APPENDIX D

SCORING KEY FOR THE CUSTODIAL ATTITUDE INVENTORY (CAI)

Scoring Key for the Custodial Attitude Inventory (CAI)

A six-point scale is used and ranges from "agree very much" (+3) to "disagree very much" (-3). In the raw scoring, a constant of +4 is added to the raw score for each question so that all scores will be positive. The neutral point is excluded.

The letters A - F which represented the amount of agreement or disagreement were assigned corresponding numerical values:

1 = A Agree Very Much
2 = B Moderately Agree
3 = C Slightly Agree
5 = D Slightly Disagree
6 = E Moderately Disagree
7 = F Disagree Very Much

Items 1 and 14 are reverse scored.

The score is the sum of the converted responses.

Possible Range: 14 = 98 (less to more custodial)

APPENDIX E

INFORMED CONSENT

UNIVERSITY OF OREGON HEALTH SCIENCES CENTER
SCHOOL OF NURSING

INFORMED CONSENT

I, _____
(First Name) (Middle Name) (Last Name)

agree to serve as a subject in the investigation named Attitudes of Registered Nurses Toward the Alcoholic Patient and Alcoholism, conducted by Susie Svicarovich, R.N.,B.S., under the supervision of Julia Brown, Ph.D. The research aims to determine the attitudes of registered nurses toward the alcoholic patient and alcoholism.

I understand that my participation will involve:

1. Answering some paper and pencil test questions which relate to alcoholic patients and alcoholism.
2. Completion of a background data sheet.
3. Completion of the questionnaire will take about 30 minutes.

All information that I give will be handled confidentially. My anonymity will be mainted on all documents, which will be identified by means of code numbers.

My participation does not involve any known risks. I may not receive any direct benefit from participating in this project, but understand that my contribution will help expand the degree of knowledge pertaining to the treatment of the alcoholic patient and alcoholism.

I understand that I am free to refuse to participate or withdraw from participation in this study at any time and it will in no way affect my relationship with my employer.

Susie Svicarovich has offered to answer any questions I might have about the tasks required of me in this study.

I have read the preceding explanation and agree to participate as a subject in the study described.

Date _____ Signature _____

Time _____ Witness _____

ABSTRACT

AN ABSTRACT OF THE CLINICAL INVESTIGATION OF

SUSIE MARIE SVICAROVICH

For the MASTER OF NURSING

Date of Receiving this Degree: June 8, 1980

Title: ATTITUDES OF REGISTERED NURSES TOWARD ALCOHOLISM TREATMENT AND THE ALCOHOLIC PATIENT

Approved: [redacted]

Julia Brown, Ph.D., Clinical Investigation Advisor

The purpose of this study was to describe the alcohol attitudes, custodial attitudes and authoritarian personality characteristics of registered nurses in alcohol treatment units and medical-surgical units. Additionally, the interrelationships of these factors were delineated and correlated with the variables: age, education and length of employment in nursing.

Subjects included 116 registered nurses, 56 employed in 6 selected alcohol units and 60 employed on medical-surgical units in 4 selected hospitals. A comparison group was comprised of 15 medical-surgical nurses randomly selected from each of the 4 hospitals. Of the 6 alcohol units, 4 were affiliated with these hospitals. Two alcohol units had no hospital affiliation.

Instruments employed were: the Alabama Commission on Alcohol Scales (Passey & Pennington, 1960) to measure attitudes toward the treatment of alcoholism and the alcoholic patient, Form 40 of the California F Scale (Adorno et al., 1950) to measure authoritarianism,

the Custodial Attitude Inventory (Mendelson et al., 1964) to measure custodialism, and a questionnaire constructed by the investigator to obtain demographic and other data.

Three hypotheses were tested which posited relationships among alcohol attitudes, custodialism and authoritarianism. They were:

1. Alcohol treatment nurses have more favorable attitudes toward alcoholism treatment and the alcoholic patient than do medical-surgical nurses.
2. Alcohol treatment nurses have less custodial attitudes toward alcoholic patients than medical-surgical nurses.
3. Alcohol treatment nurses are less authoritarian than medical-surgical nurses.

Some support was found for the first hypothesis in that significant differences in alcohol attitudes were noted between the two groups, with alcohol treatment nurses expressing greater favorability toward alcoholism treatment and the alcoholic patient. Both groups, however, viewed alcoholism treatment very favorably and the alcoholic patient moderately so. Older nurses tended to be somewhat more custodial in their attitudes.

Hypothesis 2 was more clearly confirmed. The alcohol treatment nurses had significantly less custodial views of the alcoholic than the medical-surgical nurses. Custodialism correlated positively with age and negatively with the two alcohol attitudes.

Last, the third hypothesis was confirmed. The alcohol treatment nurses were significantly less authoritarian than the medical-surgical

nurses. Authoritarianism, while negatively correlated with increased education, was positively correlated with age, length of employment, custodialism and less favorable alcohol attitudes.

Thus, is was concluded that alcohol treatment nurses were less authoritarian and custodial than medical-surgical nurses, and these factors related to their more favorable alcohol attitudes.