# OPINIONS EXPRESSED BY ONE HUNDRED AND TWENTY TWO NURSES IN THREE SELECTED GENERAL HOSPITALS REGARDING ALCOHOLISM AND THE ALCOHOLIC PATIENT

by

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# CHAPTER I

# INTRODUCTION

## Introduction to the Problem

Alcoholism is generally accepted as one of the major health problems that confronts the world today.

In November 1956, the American Medical Association approved a resolution urging that all general hospitals admit without prejudice alcoholic patients. Further, it was recommended that each patient be individually evaluated on his own merit rather than following a punitive and prejudicial rule that no alcoholic patient be admitted to the hospital (11).

Dr. Marvin A. Block of Buffalo, New York, chairman of the Committee on Alcoholism stated "the acceptance by the American Medical Association of alcoholism as a disease would help remove the stigma so often attached." (11)

The U.S. Public Health Report, March 1961, indicated that alcoholism ranked fourth in importance of leading public health problems in this country, outranked only by mental illness, heart disease

and cancer (10). Two years later Dr. Thomas T. Jones of the Durham Council on Alcoholism Inc., stated "alcoholism in the United States had become the third most serious public health problem" (26).

Although clearly indicated in the literature that alcoholism constitutes a major health problem, it has received relatively little attention among the medical and nursing professions according to Bacon, Fox, Hall and others (3, 17, 22, 36).

> Professional persons exhibit a mixed reaction toward alcoholism. This reaction ranges from lack of understanding of the nature of the condition on the one hand, to indifference, rejection and even hostility on the other (37).

The conflict about alcoholism as a disease like other diseases, and alcoholism as a moral and social issue has been discussed by a number of writers in many disciplines including those in nursing. A nurse-member of Alcoholics Anonymous made the following statement in 1962:

> It is elemental in all good nursing care that the nurse try to see things from the patient's point of view.... The nurse who is to care for the alcoholic patient must learn to change her point of view.... Through the ages the average person has always been repelled by the alcoholic. In the general hospital, the alcoholic has been regarded as a nuisance both to the staff and other patients, a shiftless, hopeless outcast bereft of willpower and all accepted ethical standards.... (1)

Golder and Linker have written that not only has the nursing profession finally come to recognize alcoholism as an illness, not a

moral offense, but that nurses' attitudes toward the alcoholic patient are reflected in behavior toward the patient and hence relevant to his progress (20, 33).

## Statement of the Problem

Subsequent to the stand taken by the American Medical Association and the American Hospital Association regarding admission of alcoholic patients to general hospitals, it can be assumed that the number of such patients in general hospitals has increased. The problem exists that the attitudes of nurses toward the alcoholic patient are reflected in their behavior toward the patient and thus are relevant to his progress. This study is directed toward identifying the attitudes of nurses toward alcoholism and the alcoholic patient.

## Purpose of the Study

The purposes of this study were:

1. to identify the attitudes of nurses employed in general hospitals toward alcoholism and the alcoholic patient and toward moderate (social) drinking
2. to determine if there is a relationship between the attitude toward moderate (social) drinking and the attitude toward the alcoholic patient and alcoholism

3. to determine if the respondents who were graduated from a baccalaureate degree granting school of nursing have a different attitude toward the alcoholic patient, alcoholism and moderate (social) drinking than do the respondents from a diploma school of nursing

## Hypotheses

The following hypotheses were made:

1. there will be no difference between rated attitudes of respondents in general hospitals toward alcoholism and their rated attitudes toward the alcoholic patient
2. there will be no difference in the attitude of the respondents toward moderate (social) drinking and their attitude toward alcoholism and the alcoholic patient
3. the attitudes of the participants will not differ according to variables such as
   a) type of support and control of school of nursing
   b) educational background (highest credential earned)
   c) length of employment
   d) age group

## Limitations

This study has been limited to:

1. data collected by an attitude scale completed by 122 nurses currently employed in three selected general hospitals in population centers of 14,000 to 50,000 in Eastern, Central and Southern Oregon.
2. expressed attitudes which reflect the beliefs of the participants of this study as elicited by the attitude scale constructed by Passey and Pennington
3. findings which apply only to the participants of this study and cannot be construed as leading to wide-spread generalizations although it is hoped that certain of the findings might be suggestive of further study.

It is recognized that there may be certain idiosyncratic unassessed variables beyond the scope of this study which could have affected the responses of the participants.

## Assumptions

To provide a working background for the investigation for this study, it was necessary to make certain assumptions:

It was assumed that:

1. attitudes are measureable

2. attitudes affect the customary behavior of an individual
3. the nurses working in the selected general hospitals in this study have overt and covert attitudes toward the alcoholic patient and alcoholism
4. preconceived ideas and prejudices influence the nurses' attitude toward alcoholism and the alcoholic patient
5. because alcoholism is wide spread and alcoholic patients are admitted to general hospitals, the participants in this study would have had experience in the care of alcoholic patients
6. anonymous replies would elicit the most accurate information

## Justification of the Study

Nurses have a greater opportunity than most persons to help the alcoholic. Such help depends on the nurse's knowledge of the illness, her acceptance and understanding of the person suffering from alcoholism and on her own beliefs. While findings of this study can in no way be considered to be conclusive, they may have implications for in-service education in the hospitals where data were obtained and possibly for other institutions.

## Design of the Study

### Sources of Data

The primary sources of data were the replies of 122 nurses employed in three selected general hospitals, using the Passey and Pennington Attitude Scale as the data collecting tool (41).

The secondary sources of data were obtained from a review of the literature and related studies.

### Procedure

The steps whereby this study was developed may be described as follows:

1. A topic which seemed to constitute a major health problem was selected
2. Relevant literature and related studies were reviewed to establish a frame of reference pertinent to the stated problem and the measurement of attitudes
3. Unstructured conferences were arranged with those knowledgeable in the field of alcoholism. The purpose of these conferences was to elicit comments regarding trends in the treatment of the alcoholic patient and the need for studies. Those with whom conferences were held were:

(a) Dr. Thomas A. Colasuonna, Director of Education, Alcohol Studies and Rehabilitation Section, Mental Health Division, State of Oregon

(b) Mrs. M. Edith Heinemann, R.N., M.A., Associate Professor, School of Nursing, University of Washington, Seattle, Washington, co-author of published research reports concerning the attitudes of nurses toward alcoholic patients

(c) Mrs. Jean Tanner, Group Therapist, Alcoholic Rehabilitation & Education Department, Good Samaritan Hospital, Portland, Oregon

4. The problem was defined and delimited
5. The purposes of the study were formulated
6. Assumptions were made, and hypotheses were formulated
7. A data collecting tool in the form of an attitude scale was selected
8. Permission was obtained to use the chosen tool
9. A check list was developed for obtaining certain personal data. The check list was submitted to a group of experienced registered nurses for their evaluation. Following their suggestions, revisions were made. The check list was appended to the attitude scale.

10. Criteria were established for the selection of hospitals for the study. These were:
    (a) a positive attitude toward research had been expressed by the directors of nursing service
    (b) a study concerning alcoholism had not been previously undertaken in these hospitals
    (c) the hospitals were located in separate geographic locations in Oregon
11. Three hospitals meeting the above criteria were selected
12. A letter explaining the purpose of the study, endorsed by the investigator's thesis adviser, accompanied by self-addressed postcard indicating a willingness or not to participate in the study, was mailed to the director of nursing in each of the three selected general hospitals
13. Following the director's indication of willingness to participate, arrangements were made by telephone to mail and distribute 218 questionnaires, with an explanation of the study, to the nurses employed in the selected hospitals. Stamped, addressed envelopes for return were enclosed
14. One hundred twenty six questionnaires were returned of

which 122 were usable. Data obtained from the responses were categorized to provide quantitative information and a master tabulation of the data was prepared

15. The data were punched onto IBM cards and calculations were performed by IBM computer of the 1130 Series at the Research Instrument Services, University of Oregon Medical School

16. The findings were interpreted

17. The study was summarized, conclusions drawn and recommendations made for further study

## Definitions of Terms

For purposes of clarification of the terminology used in this study, the following definitions are given:

| | |
|---|---|
| Baccalaureate School of Nursing | Conducted by an institution of higher learning which grants a baccalaureate degree in nursing and prepares students for examinations for licensure as registered nurses. |
| Diploma School of Nursing | post high-school, non-collegiate school, usually conducted by a hospital which grants a diploma in nursing and prepares students for examinations for licensure as registered nurses. |
| Role | the customary complex of behavior associated with a particular status (25). The cluster of functions that come to be expected of a given class of workers within positions that they typically occupy in the organization or social system in which they work (7). |

| | |
|---|---|
| Attitude | a disposition common to individuals, but possessed to different degrees, which impels them to react to objects, situations or propositions in ways that can be called favorable or unfavorable (2). |
| Attitude Scale | a device used to sample opinion by means of a group of statements which have been assembled in a prescribed manner and representative of all possible shades of belief or opinion about an issue in question (9). |
| Measurement of Attitude | a method that defines the relationship of individuals to one another in relation to a given variable by the use of numbers. |
| Alcoholism | a chronic behavioral disorder manifested by repeated drinking of alcoholic beverages in excess of the dietary and social uses of the community and to an extent that interferes with the drinker's health or his social or economic functioning (27). |
| Moderate (Social) Drinking | the imbibing of alcoholic beverages by adults, within the accepted social mores of the culture and/or society of their everyday life. |

## Overview of the Study

This study has been organized into four chapters:

Chapter I introduces the broad problem, the statement of the problem, purpose of the study, hypotheses, limitations, assumptions, justification and design of the study and definitions.

Chapter II consists of a review of the pertinent nursing and social science literature and studies related to the topic.

Chapter III is a report of the study, the plan for and statistical analysis of the data and interpretations of the findings.

Chapter IV contains the summary, conclusions and recommendations for further study.

# CHAPTER II

# REVIEW OF LITERATURE AND RELATED STUDIES

## Introduction

The literature includes many references to attitudes, how they are formed, how they are changed and how they are measured. A cursory review of these topics appeared to be merited as the basis for establishing a frame of reference regarding the attitudes of nurses.

## Formation and Change of Attitudes

The existence of attitudes has been unequivocally accepted by psychologists, sociologists and educators, as well as advertisers, propagandists and others interested in understanding or using forces which influence human behavior (2, 8).

Attitudes have been described extensively throughout the literature. They are widely recognized as being complex, comprised of many characteristics and subject to change and modification. It is generally accepted that attitudes involve emotional aspects which

under most circumstances cannot be separated from intellectual understanding or knowledge. Life's experiences also contribute to the development of attitudes. Allport states:

> Attitudes are never directly observed, but, unless they are admitted, through inference, as real and substantial ingredients in human nature, it becomes impossible to account satisfactorily either for the consistency of any individual's behavior, or for the stability of any society (2).

Passey and Pennington state that attitudes can be formed from a composite of fact, opinion, folklore and aborted information (41). Pressey adds further that sources of attitudes can be found in the tangled complexes of home, neighborhood, social and economic circumstances (43).

Hartman and Mulford suggest that many attitudes have their source and support in the groups to which the individual belongs or to which he gives his allegiance. If, therefore, an attempt is made to understand fully the development of attitudes in the individual, the role of the individual's group affliations, his group memberships and group identifications must be examined (23, 39).

Hartman continues: "Although attitudes are learned, the unique biological components with which each person is endowed have their measure of effect upon the attitudes which are developed" (23). Childhood, home environment and parental influences are the major determinents in the formation of attitudes, yet there is

recognition that especially during adolescence, sometimes there is a revolt against parental attitudes (23). Associations with institutional groups, peer groups, the educational system, such audio-visual materials as motion-pictures, books, and television provide a wide range of experience which adds details and subtleties to attitudes at a rapid rate (45). Webster found that persons between the ages of sixteen and forty-five were definitely influenced by the thinking of the groups to which they belong as well as by the opinions of experts. Further, he states that expressed attitudes varied with age, sex, culture and religion (52).

According to Pressey it is accepted that the total culture is a most important determinent of attitudes, yet individuals do not incorporate the whole of society into their behavior. Participation and interaction are carried on in smaller groups. Most of the effective attitudes spring from these smaller groups (43).

Kretch indicated that groups have played a vital role in shaping attitudes and uniformity of attitudes among its members. "The individual tends to accept as his own those attitudes which are of a piece with his personality. This is true of ethnocentrism and religious attitudes" (29).

Educational systems have an influence on the development of attitudes. In as much as society determines what is "good", values

and attitudes which are to be promulgated by an educational system are culturally defined. Thus it becomes the function of educators to interpret, identify and instill in the young, the attitudes and beliefs which will enable them to function as productive citizens of the nation, state and community in which they live. The challenge to education is not only one of developing attitudes, but also one of reshaping or attuning those already possessed by the learners (51). Davis indicated that an individual may not know why he thinks as he does because the experience which inspired his belief may be forgotten. The individual will not change his attitude, however, unless a new experience is provided. The unconscious process through which attitudes are formed is a partial explanation of the frequent lack of logical foundations for an individual's attitudes (15).

## Measurement of Attitudes

Bauer stated:

> What one believes performs one kind of function for his personality, what he says performs another.... The content of belief and statement is identical only under restricted circumstances in which the function of the statement is simply communication of belief (5).

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

In 1928 Thurstone 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 continuum. 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 this 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 (49).

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 measuring 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 (32).

The Scale Discrimination Technique, developed by Edwards and Kilpatrick combines the Thurstone-Likert scaling techniques (16). Passey and Pennington employed the Scale Discrimination Technique in the construction of their Attitude Scale which is described here in detail.

A series of attitude scales developed by Passey and Pennington in 1960 for the Alabama Commission on Alcoholism had as their purpose the "objective measurement of attitudes, among various social groups in the State of Alabama, with respect to several phases of alcoholism" (42).

The authors were of the opinion the scales' development would be an initial step toward the acceptance of alcoholism as an illness like other illnesses and thus serve as a basis for the establishment of an effective treatment program for alcoholism. 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 twelve statements representing various shades of opinion of the attitude in question. Each statement carries a different weight in scoring. The subjects are given the average score of the statements with which they agree. Each scale has a score value range from .00 to 8.00, with a theoretical midpoint of 4.0 indicating increasing favorability on the attitude

in question.

The scale on attitudes toward Alcoholism is 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 includes statements relating to what kind of person the alcoholic is, to what extent he should have understanding and sympathy. The scale on attitudes toward Moderate (Social) Drinking is concerned with whether people accept or oppose social drinking.

The statements were prepared with the intent to express attitudes ranging from extreme favorableness to extreme unfavorableness toward each area topic. For each area one hundred items were derived. One hundred judges were utilized for the ratings of the items in each of the original scale areas. Each item was then assigned a range of judged ratings along the continuum represented by each area. The median of the ratings assigned by the judges to each item was regarded as its appropriate scale position. Numerical scores were derived by arbitrarily assigning a value to the obtained ratings. The fifty four items with the smallest range from the second to the fifty-seventh percentile were retained from the original pool.

The fifty four items were then submitted to further item

analysis through the utilization of the method of summated ratings. One hundred and twenty five university students participated in the ratings. Phi coefficients were determined for each of the fifty four items comprising each of the five scales to reflect the degree of correlation between the responses and the total scores. Item selection was carried out by selecting from the fifty four items of each of the provisional scales, the twenty four items giving Thurstone scale values throughout the continuum with the highest Phi coefficients. At this point, the original pool of items was reduced to twenty four items for each scale with regard to range and discriminating ability. Two forms of each scale were then prepared by the assignment of twelve items to each form. A division of the items to yield two comparable scales for each area was accomplished by balancing pairs of items between forms regarding both median and Phi coefficients.

The two final scale forms were then administered to an additional group of university students. Each respondent was required to complete both forms for a given scale. A scalogram analysis was performed on these data. The reproducibility coefficients for the final scales utilized in this investigation ranged from .85 to .91 indicating a high degree of reliability.

Passey and Pennington concluded that the practical value of

their attitude scales would increase with utilization by virtue of the increasing norms which become available. They stated the following additional values of the scales:

1) The scales are not restricted by the size of a population, (except to the degree that generalization is sought).
2) The scales are not restricted by any characteristics of the subjects to whom administered (other than being literate) (42).

Proceding under the assumption that the individual possessing a favorable attitude in any attitude area would agree with items possessing a Thurstone Scale value in excess of 5, and disagree with items possessing a lower scale value, Passey and Pennington utilized a deviation scoring system in which the difference between 5 and the Thurstone Scale value was assumed to reflect the weight of a given item. The score value range was .300 to 7.70 for the items in the three scales used in this study, with 4.00 being considered the neutral point. The score for each attitude was obtained by summing the weighted values of the responses to each "agree" answer for a given item. Thus a score of .300 indicated an extremely unfavorable attitude toward the area topic whereas a score of 7.70 indicated an extremely favorable attitude (47). The score value for each item utilized in this study will be found in Appendix D.

In 1960 Schubert developed an instrument to measure nurses' attitudes toward the treatment of alcoholism and the alcoholic

patient (46). Schubert's attitude scale appears to have been constructed on a more limited basis than the instrument developed by Passey and Pennington. The original information for Schubert's scale was developed from data gathered during interviews with eleven persons. The final scale form was not administered to other population groups thus it is not possible to recheck the original reliability coefficients.

Schubert reached these conclusions: (a) The original concern over the attitudes of nurses which might be interpreted as unfavorable and which might influence nursing care adversely, seemed to be substantiated by the comments and references to past experiences made by the nurse participants of the study. (b) They expressed interest and concern about the problem of alcoholism. Schubert concluded that the use of the attitude scale could be beneficial in an inservice education in a general hospital setting program, and in the education of student nurses to promote better nursing care of the alcoholic patient (46). A search of the literature did not reveal any studies utilizing the Schubert Attitude Scale.

## Nurses' Attitudes Toward Alcoholism and the Alcoholic Patient

Although there is much in the literature relative to nurses and their attitudes, it was found that reference was made chiefly to

attitudes toward prolonged illness such as cancer, or toward certain areas of employment such as psychiatric nursing (14, 27, 34, 47, 53).

It has been only since 1950 that the literature has included references to the nursing care of alcoholic patients. Few studies have been done regarding the attitudes of nurses toward alcoholic patients or toward alcoholism as an illness. An attempt has been made to abstract the literature pertinent to this study.

Professional persons have not willingly accepted alcoholism as a disease. McCarthy has said:

> Professional persons exhibit a mixed reaction towards alcoholism. This reaction ranges from a lack of understanding of the nature of the condition, on the one hand, to indifference, rejection, and even some hostility on the other. The problem cries for understanding. Failure to understand the condition and to adopt suitable remedial measures inclines the professional person to project his failure to the patient himself (35).

According to Straus:

> Despite society's recognition of alcoholism as a form of illness, the physician has been reticent to accept alcoholics as patients. Alcoholism has not been medically respectable; it has no well-defined etiology or therapy (48).

The hospital community constitutes an area in which close identification develops within the various levels of personnel. The idea that personnel attitudes affect hospitalized patients has wide acceptance among health specialists (4). Beldon, in discussing therapy measures for alcoholic patients, reminds all those concerned

of the importance of attitudes in patient care in these words: "It cannot be stated too often that a thoroughly therapeutic attitude on the part of the ward personnel is the key to the success of the program" (6).

Religion and law have exhibited the major concern over the problem of alcoholism. As the medical profession has started to take cognizance of its role in the treatment of the alcoholic as a sick person, implications for the nursing profession have become apparent. Nurses have many opportunities to be in contact with alcoholic patients, and yet the nursing profession has not contributed significantly to the prevention of alcoholism and the treatment of the patient (10, 19).

Traditionally, nursing personnel avoid alcoholic patients (36). Information concerning alcoholism in the nursing curriculum has been conspicuous by its absence (50). R. Margaret Cork, in 1957, in the Canadian Journal of Public Health stated the problem succinctly in these words:

> Most of you (nurses) inherited or acquired a relative degree of conflict, prejudice and misconception about the use of alcohol. There is little in your training that helps you lose or work through this.... You may consciously, or unconsciously look down upon him, moralize or punish.... Some nurses may be able to relate to an alcoholic when there is opportunity to really 'nurse' him, but once he is... well...the negative feelings begin to operate...there is little sympathy for him....(13).

Preparation of nurses for the care of the patient with alcoholism has been minimal but there is an increasing awareness of the need for better education of the nurse regarding the nursing problems of the patient (44, 50). In reference to this idea, Parry said:

> Nurses are going to need much more specific preparation for the job of caring for alcoholics than is now offered in the usual nursing school--or inservice training program. It is most important for the nurse...to acquire a deep understanding of her own feelings toward alcoholism (40).

Kalkman believes the discrepancy in the nurses's behavior and her feelings are the result of an attempt to control or suppress feelings of anger, resentment or disgust toward selected patients which violate a self image of qualities that constitute a good nurse (27).

Barrell, Brown, Kreuter and others have noted that the nurse's own feelings and attitudes can interfere with the proper care of the alcoholic patient (4, 10, 30, 36).

Quiros indicated that if a nurse takes an attitude that the patient is irresponsible and could stop drinking if he really wanted to, the patient senses this and may respond with feelings of increased guilt and anger because the nurse emphasizes what he already feels about himself. A nurse needs to be able to accept the alcoholic patient as a sick person and do so honestly and without reservations (44).

LaLancette stated that nursing's responsibility to the alcoholic

is not unlike that for any other patient with any other illness; namely "do the best we can to meet his needs--physical and emotional" (31).

Basically the nurse must have an understanding of the nature of alcoholism and the ability to help the patient seek and accept help for his problems (10).

Kreuter expressed the responsibility of the nurse thus:

> When one gives care, the feeling is experienced and responded to by extending oneself toward another. Care is expressed in tending to another, being with him, assisting him, giving heed to his responses, guarding him from danger that might befall him, providing for his needs and wants with compassion as opposed to sufferance or tolerance; with tenderness and consideration as opposed to a sense of duty, with respect and concern as opposed to indifference (30).

## Related Studies

The literature reviewed revealed only three studies designed to measure the attitudes of nurses toward the alcoholic patient and alcoholism.

In 1959, Berke, Gordon, et al investigated the attitudes of thirty three nurses toward the alcoholic patient before and after a pilot program of providing treatment for alcoholic patients in non-segregated facilities in Mt. Zion (general) Hospital and Medical Center in San Francisco, California. This program was sponsored by the State Alcoholic Rehabilitation Commission of California (8).

At the onset of the pilot program Berke commented that a

predominately negative attitude toward the alcoholic patient was found among the thirty three nurses interviewed who would be working on the medical wards where the alcoholic patients were to be admitted. Due to the high turnover of nursing personnel, only seven of the original thirty three nurses could be interviewed following the time lapse during which the alcoholic patients had been treated. The investigators found there was a very limited change from the predominately negative attitude, to an attitude of a more positive nature. The authors concluded that an inservice education program to modify covert, as well as overt, attitudes about alcoholism as a moralistic problem and to illustrate alcoholism as a genuine illness would prove beneficial in aiding the nurses and other hospital personnel to accept the alcoholic patient as an individual who is ill and in need of treatment in a general hospital (8). No methodology other than interview technique was described in the study.

A study by Heinemann and Linsky, "Problems of the Alcoholic-Tuberculosis Patient," was reported in Nursing Research. The specific purposes of the study were: (a) to compare the attitudes of the alcoholic-tuberculosis patients, non-alcoholic tuberculosis patients, and staff nurses with regard to their attitudes toward the use of alcoholic beverages; and (b) to compare the alcoholic and non-alcoholic patients' perceptions of the nurses' attitudes with each

other and with the nurses' actual attitude scores obtained from the Passey and Pennington attitude scale.

The Heinemann study was conducted in 1963 at Firland Sanatorium, a county tuberculosis hospital, Seattle, Washington with an average daily census of 355 patients. The method of data collection consisted of the administration of the three Passey and Pennington scales for measuring attitudes toward the Alcoholism, toward the Alcoholic, and toward Moderate (Social) Drinking. The report was based on 59 interviews; 28 of which were with alcoholic-tuberculous patients and 31 with non-alcoholic-tuberculous patients.

The staff nurses had completed the questionnaire administered to the entire hospital staff several weeks prior to giving it to the patients.

The conclusions reached in this study were: (a) the nurses had the most favorable attitudes, and the alcoholic patients the least favorable attitudes; (b) the patients tended to see their nurses as having much less favorable attitudes than the nurses actually had on alcoholism and its treatment; (c) the perception of the nurses' attitudes by the alcoholic patients was less accurate than by the non-alcoholic patients; and (d) the alcoholic patient tended to see the nurse as having a less favorable attitude than himself whereas the non-alcoholic patient saw the nurses as having about the same

attitude as himself. A further conclusion was to the effect that to aid in the treatment of the alcoholic patient, he "must be convinced that his nurse is 'for him' rather than 'against him'." (24).

The third study, An Investigation of the Attitudes of Graduate Nurses in Two Private General Hospitals Toward the Treatment of Alcoholism and the Alcoholic Patient, was reported by Ann M. Coder, at the University of Washington in 1963. The study stated its purpose was twofold: (a) to determine the attitudes of graduate nurses toward Alcoholism and the Alcoholic Patient; (b) to determine what relationships, if any, existed between the assessed attitudes and these specific factors: agency, current position held, age, religious preferences, year of graduation, school affiliation, and type of program, highest degree held, previous experience in working with alcoholic patients, and attitude toward moderate (social) drinking. The methodology was a descriptive survey using the Passey and Pennington attitude scales for data collection. A random sample of nurses was selected by using the Tables of Random Numbers. A total of 106 nurses was included in the study. Coder chose two private general hospitals of comparable bed size but differing in religious affiliation in Portland, Oregon for the locales of her study.

Conclusions based on the findings of this study indicated (a) the nurses had a more positive attitude toward the treatment of

alcoholism than toward the alcoholic patient; i.e., the nurse was able to accept, intellectually, the fact the alcoholic person should be treated, but was not able to accept the alcoholic person; she had a tendency to assume a judgmental attitude in her acceptance of the alcoholic as a person; (b) due to the homegeneity of the population sample there was no significant difference in the attitudes of the nurses toward the alcoholic patient or toward the treatment of alcoholism as attributed to the specific factors investigated; (c) the finding that as the favorability of one's attitude toward moderate (social) drinking increased, one's attitude toward the alcoholic patient also increased, but "only to a limited degree," which, Coder suggests, "merits further investigation." Coder concluded, "perhaps, persons with a favorable attitude toward moderate (social) drinking were not as prone to be judgmental toward the alcoholic patient" (12).

## Summary of the Reviewed Literature and Related Studies

The formation, change and measurement of attitudes, including a detailed description of the data collecting instrument utilized in this study have been presented. A review of the nurse's role in the effective treatment of alcoholism and the alcoholic patient pointed out the importance of education as a means of changing attitudes from

a punitive, moralizing interpretation of the alcoholic patient's behavior to one of understanding and accepting him as a person with a bona fide illness.

The literature indicated the importance of education in removing the stigma and misconceptions about alcoholism and the alcoholic patient. The findings of three studies indicated that before the nurse could accept the alcoholic patient without equivocation, and recognize alcoholism as a disease like any other disease, a change of attitude through additional education was necessary.

# CHAPTER III

# DESIGN OF THE STUDY

## Introduction

This study was undertaken for the purpose of identifying the attitudes of registered nurses employed in three general hospitals toward alcoholism, the alcoholic patient and moderate (social) drinking. The Passey and Pennington Attitude Scale was used as the data collecting tool. The steps of the study, the limitations, the assumptions and hypotheses were stated in Chapter I and have been the defining propositions of this study.

## Selection of the Data Collecting Instrument

Following a review of the literature, the Passey and Pennington Attitude Scale was chosen as being an appropriate data collecting device for this study. The scale had been constructed according to Edward and Kilpatrick's "Scale Discrimination Technique" and was validated on studies undertaken by Coder and Heinemann as reported in Chapter II. There appeared to be ample justification to use the

scale in the present study.

Permission for use of the scale was obtained. (see correspondence, Appendix A)

The scale is divided into three parts.

Part I--directions to the respondent. This consisted of a brief explanation of the study plus the assurance of confidentiality and anonymity of the respondent. Part II--the attitude scales. These were concerned with attitudes toward: alcoholism, the alcoholic patient, and toward moderate (social) drinking. Part III--personal data. This section was divided into four parts to elicit information: (a) concerning the support or control of the school of nursing from which the nurse graduated, (b) the highest academic credential held, (c) the length of employment in the field of nursing, and (d) age group. There was a possibility that these variables would bear a relationship to the nature of the responses. Under the main parts there were related sub-parts, all of which will be reported individually and in detail subsequently in this chapter.

It was recognized there might be idiosyncratic group characteristics among the nurses in each hospital which were beyond the scope of this study, and thus were not identified.

The data collecting device may be found in Appendix B.

## The Setting for the Study

The three general hospitals were located in different geographic areas in Oregon: Eastern, Central and Southern. Each hospital selected met the following arbitrarily selected criteria:

(a) a positive attitude toward research was expressed by the directors of nursing service

(b) a study concerning alcoholism had not been previously undertaken in these hospitals

(c) the hospitals were located in areas of population density of fourteen thousand to fifty thousand

These measures had been established to assure settings for the study and sufficient respondents to justify the data collection.

## Design of the Study

Communication was initiated with the directors of the selected hospitals. Samples of the correspondence are in Appendix A.

After obtaining an expression of willingness to participate in the study, questionnaires were mailed to the selected hospitals. Of the 218 mailed questionnaires, 126 were returned. Four were incomplete leaving 122 usable returns. The questionnaires were identified as being returned from Hospital I, II, or III dependent on the postmark cancellation on the return envelope.

The number of usable questionnaires was 56 percent of the number distributed. This response was deemed large enough to provide the data necessary to conduct this study.

Table 1 has been constructed to show the distribution of the questionnaires and the return of those completed and therefore usable.

Table 1. Number and Percentage Distribution of Questionnaires Mailed and Usable Returns Submitted by Respondents from Three General Hospitals

| Hospital (1) | Number of Questionnaires Mailed (2) | Number of Usable Returns (3) | Percent Usable (4) |
|---|---|---|---|
| I | 23 | 16 | 69.5 |
| II | 80 | 48 | 61.2 |
| III | 115 | 58 | 49.6 |
| TOTALS | 218 | 122 | 55.9 |

## Plan for Analysis

Each item in the selected attitude scales was scored according to the method advocated by Passey and Pennington. Items 1 through 12 pertaining to attitudes toward Alcoholism will be referred to as Attitude A; items 13 through 24 pertaining to attitudes toward the Alcoholic Patient will be referred to as Attitude B; items 25 through

36 pertaining to attitudes toward Moderate (Social) Drinking will be referred to as Attitude C. The score value for each item in the attitude scales will be found in Appendix D. The mean scores obtained from the respondents toward each of the attitudes were used in testing the hypotheses. The range of scores in the Passey and Pennington's Attitude Scale was from 0.00 to 8.00; the range of scores found in the present study was between 1.004 to 7.200. The scores were placed in the following arbitrarily defined categories:

| Range of Scores | Category |
|---|---|
| 1.00 - 1.99 | strongly unfavorable |
| 2.00 - 2.99 | moderately unfavorable |
| 3.00 - 3.99 | slightly unfavorable |
| 4.00 - 4.99 | slightly favorable |
| 5.00 - 5.99 | moderately favorable |
| 6.00 and over | strongly favorable |

For statistical analysis of the data various techniques were used. The t-test was used to test for significant differences between the assessed attitudes of the respondents toward alcoholism and the alcoholic patient as determined by: (a) the type of support or control of the school of nursing, and (b) the highest academic credential earned by the respondent. The simple analysis of variance was used to test for significant differences in the respondents' scores with respect to: (a) the number of years employed in the

field of nursing, (b) the age group of the respondents and the respondents' assessed attitudes toward alcoholism and the alcoholic patient. The Pearson Product Moment coefficient correlation was used for two purposes: (a) to determine if a relationship existed between the nurses' assessed attitudes toward alcoholism, the alcoholic patient and the defined variables, (b) to determine if a relationship existed between the nurses' assessed attitude toward alcoholism, the alcoholic patient and the nurses' assessed attitude toward moderate (social) drinking. The McNemar test for the Significance of Difference Between Two Correlations Based on the Same Sample was applied to determine if the size between two correlations would be appropriate. For this study a probability level of .05 was considered significant; that is, there is a probability of at least ninety five percent that the difference is not due to chance along. The statistical computations were done by the Research Instrument Services of the University of Oregon Medical School. See Appendix F for statistical formulae.

Per cent and numerical distributions of data collected were used for tabulations.

## Analysis of Data

Part I--This part consisted of directions to the respondent and

an assurance of anonymity. Since this part evoked no data, no report is necessary (Appendix B).

Part II--Attitude Scales: This part of the study was designed to utilize the three attitude scales designed by Passey and Pennington to ascertain attitudes of the respondents toward alcoholism, toward the alcoholic patient, and toward moderate (social) drinking. The rated attitudes of the respondents toward each of the attitudes stated will be reported individually, and in relation to the variables.

Part II--Tables 2 through 23 and Figures 1 and 2 will present the tabulations of such responses.

The first twelve statements under Part II sought information concerning attitudes toward alcoholism. This attitude has been referred to as Attitude A. The range of possible scores on this (and each attitude scale) was 0.00 to 8.00.

The total number of respondents (N = 122) had a mean score of 5.451 toward alcoholism, Attitude A, which indicated a moderately favorable attitude. The range of mean scores was 3.087 to 7.200 indicating a variation in attitude toward alcoholism from slightly unfavorable to strongly favorable. These findings in general tend to substantiate those of Coder, who in 1963 found that the mean score among 106 nurses, was 5.193 indicating a moderately favorable attitude toward alcoholism (12).

Table 2 shows the range of scores and the means of the assessed attitude toward alcoholism expressed by 122 participants from three general hospitals.

Table 2. Range of Scores and Means of Assessed Attitude A Expressed by 122 Respondents from Three General Hospitals

| | | Attitude A | | |
|---|---|---|---|---|
| Hospital (1) | N (2) | Lowest Score (3) | Highest Score (4) | Mean Score (5) |
| Hospital I | 16 | 4.390 | 6.960 | 5.675 |
| Hospital II | 48 | 3.087 | 7.200 | 5.143 |
| Hospital III | 58 | 3.837 | 3.837 | 5.536 |
| TOTAL | 122 | | | 5.451 |

Information was sought regarding the attitude of nurses toward the alcoholic patient, Attitude B. Items thirteen through twenty four provided this information. The range in mean scores of all the respondents (N = 122) for Attitude B, attitude toward the Alcoholic Patient, varied from 1.004, indicative of a strongly unfavorable attitude, to 5.100 indicative of a moderately favorable attitude. The mean score of 3.536 obtained by the respondents indicated they held a slightly unfavorable attitude toward the alcoholic patient. The findings in this study related to Attitude B are at variance with

Coder's findings which indicated that nurses had a moderately favorable attitude toward the alcoholic patient (12).

Table 3 shows this information.

Table 3. Range of Scores and Means of Assessed Attitude B Expressed by 122 Respondents from Three General Hospitals.

| | | Attitude B | | |
|---|---|---|---|---|
| Hospital (1) | N (2) | Lowest Score (3) | Highest Score (4) | Mean Score (5) |
| Hospital I | 16 | 2.545 | 5.050 | 3.797 |
| Hospital II | 48 | 1.004 | 5.100 | 3.052 |
| Hospital III | 58 | 2.466 | 2.466 | 3.758 |
| TOTAL | 122 | | | 3.536 |

Information was sought concerning the attitude of the respondent toward moderate (social) drinking. Items 25 through 36 in Part II revealed this information. The range of mean scores for Attitude C, attitude toward moderate (social) drinking was 1.005 to 6.680 indicating a wide variation in attitude, from strongly unfavorable to strongly favorable. The mean score of 4.050 for Attitude C (N = 122) indicated a slightly favorable attitude toward moderate (social) drinking. These findings concerning the attitude of nurses toward moderate social drinking tend to substantiate Coder's data (12).

Table 4 shows the range of scores and the mean scores of the assessed Attitude C, attitude toward moderate (social) drinking.

Table 4. Range of Scores and Means of Assessed Attitude C Expressed by 122 Respondents from Three General Hospitals

| | | Attitude C | | |
|---|---|---|---|---|
| Hospital (1) | N (2) | Lowest Score (3) | Highest Score (4) | Mean Score (5) |
| Hospital I | 16 | 1.575 | 4.800 | 3.321 |
| Hospital II | 48 | 1.816 | 5.633 | 4.165 |
| Hospital III | 58 | 1.005 | 6.680 | 4.664 |
| TOTAL | 122 | | | 4.050 |

A further look at the variation in the three attitudes proved interesting. It should be noted that all of the scores are the averages for 122 individuals and there was considerable variation among the respondents on each of these attitudes. (see Appendix E)

The differences in the standard deviations for the three attitudes are presented in Table 5. The smaller standard deviation represented greater agreement among the respondents on the attitude. There was the least variation on the attitude toward the alcoholic patient. In contrast, the most variation was related to the attitude toward moderate (social) drinking.

Table 5. Average Mean Scores and Standard Deviations of Attitudes A, B, and C of 122 Respondents

| (1) | Attitude A Alcoholism (2) | Attitude B Alcoholic Patient (3) | Attitude C Moderate (Social) Drinking (4) |
|---|---|---|---|
| Average Mean Score | 5.956 | 3.742 | 4.050 |
| Standard Deviation | .83 | .68 | 1.31 |

Part III sought information regarding variables as the basis for obtaining data that might identify wherein there would be differences in attitudes of the respondents. Item 1 sought information regarding the type of support or control of the school of nursing from which the respondents had been graduated. Ninety four respondents were graduated from privately supported schools of nursing; twenty eight had been graduated from schools of nursing under public support.

Information was also sought of the respondents to identify the type of private support of the school of nursing from which they graduated. None of the respondents indicated if the school of nursing was supported through private endowment or identified a type of support not listed on the personal data sheet. Of the seventy-seven per cent who indicated "church control," only thirty-three per cent

designated a specific doctrinal affiliation. Eighteen per cent of the respondents identified the church control as Catholic; fifteen per cent indicated the church control as Protestant. These percentages were not deemed adequate for determining what affect, if any, the variable of privately controlled schools of nursing would have in shaping the attitudes of the respondents toward alcoholism, the alcoholic patient or toward moderate (social) drinking. Any further study which attempts to obtain information of this type probably should clarify the wording so more precise information would be elicited.

Table 6 shows the distribution of the respondents according to the type of support or control of the school of nursing.

Table 6. Distribution of 122 Respondents from Three General Hospitals According to Support or Control of School of Nursing from Which They had been Graduated

| Support or Control of School of Nursing (1) | Hospital I N (2) | II N (3) | III N (4) | Total (5) |
|---|---|---|---|---|
| Private | 13 | 34 | 47 | 94 |
| Public | 3 | 14 | 11 | 28 |
| TOTAL | 16 | 48 | 58 | 122 |

The ninety four respondents from privately supported schools of nursing had a mean score of 5.717 for Attitude A, toward alcoholism, indicating a moderately favorable attitude. The twenty eight respondents from schools of public support had a mean score of 5.180 for Attitude A. An analysis of variance (df 2, 119) on these scores indicated no significant difference in the mean scores of these respondents from schools of nursing of either type. The null hypothesis was accepted that the type of support or control of the school of nursing from which the respondents graduated would not affect their attitude toward alcoholism. Thus it can be concluded the population sample was homogenous, and the support or control of the school of nursing did not affect the respondents' attitude toward alcoholism. Table 7 shows this information.

Table 7. Mean Scores and Significance of Difference between the Means of Assessed Attitude A Expressed by 122 Nurses According to Support or Control of School of Nursing

| Support or Control of School of Nursing (1) | N (2) | Mean of Attitude A (3) | F-Value (4) | Significance Level (5) |
|---|---|---|---|---|
| Private | 94 | 5.717 | | |
| Public | 28 | 5.180 | | |
| TOTAL | 122 | | .004 | n.s. |

There was a difference in the mean scores, but no significant difference in the means for Attitude B, attitude toward the alcoholic patient expressed by ninety four nurses graduated from privately supported schools of nursing and the twenty eight nurses graduated from publicly supported schools of nursing. Their respective mean scores were 3.370 and 3.912 indicating a slightly unfavorable attitude toward the alcoholic patient. The F value of .056 (df 2, 119) was not significant at the .05 level. The null hypothesis was accepted that the support or control of the school of nursing had no affect on the respondents' attitude toward the alcoholic patient. Table 8 shows the mean scores and significance of difference between the means for Attitude B, attitude toward the alcoholic patient.

Table 8. Mean Scores and Significance of Difference between the Means of Assessed Attitude B Expressed by 122 Nurses According to Support or Control of School of Nursing

| Support or Control of School of Nursing (1) | N (2) | Mean of Attitude B (3) | F-Value (4) | Significance Level (5) |
|---|---|---|---|---|
| Private | 94 | 3.370 | | |
| Public | 28 | 3.912 | | |
| TOTAL | 122 | | .056 | n.s. |

The ninety four respondents who had been graduated from privately supported schools of nursing had a mean score of 3.778 for Attitude C, attitude toward moderate (social) drinking, indicating a slightly negative attitude. The twenty-eight respondents from publicly supported schools of nursing had a slightly favorable attitude toward moderate (social) drinking as indicated by their mean score of 4.171 for Attitude C. The analysis of variance on the mean scores for Attitude C gave an F value of .229 (df 2, 119) that was statistically not significant; thus the null hypothesis was accepted that support or control of the school of nursing did not affect the rated attitude of the respondents toward moderate (social) drinking. The findings are shown in Table 9.

Table 9. Mean Scores and Significance of Difference between the Means of Assessed Attitude C expressed by 122 Nurses According to Support or Control of School of Nursing

| Support or Control of School of Nursing (1) | N (2) | Mean of Attitude C (3) | F-Value (4) | Significance Level (5) |
|---|---|---|---|---|
| Private | 94 | 3.778 | | |
| Public | 28 | 4.171 | | |
| TOTAL | 122 | | .229 | n.s. |

Part III, item 2 requested information concerning the respondents educational background specifying highest credential earned. Twenty seven respondents had a baccalaureate in nursing; ninety five had a diploma in nursing. None had a master's degree or an associate degree. Table 10 shows these findings.

Table 10. Distribution of 122 Nurses from Three General Hospitals According to Highest Educational Credential

| Highest Credential Received (1) | Hospitals I N (2) | II N (3) | III N (4) | Totals (5) |
|---|---|---|---|---|
| Masters Degree | 0 | 0 | 0 | 0 |
| Baccalaureate Degree | 7 | 11 | 9 | 27 |
| Associate Degree | 0 | 0 | 0 | 0 |
| Diploma | 9 | 37 | 49 | 95 |
| TOTAL | 16 | 48 | 58 | 122 |

The null hypothesis was formulated that nurses with a baccalaureate degree will have no different an attitude toward alcoholism, the alcoholic patient and moderate (social) drinking than nurses whose highest credential was a diploma in nursing. Mean scores were used to determine if there was a difference in the respondents' attitudes.

The mean for Attitude A, attitude toward alcoholism, for the

twenty seven nurses with a baccalaureate degree was 6.112 indicating a strongly favorable attitude. For the ninety five nurses without a baccalaureate degree the mean score was 5.872 indicating a moderately favorable attitude. There was no statistical significance in the difference of these means for Attitude A, attitude toward alcoholism; (t-919, df 120) thus the null hypothesis must be accepted that nurses with a baccalaureate degree have no different attitude toward alcoholism than do nurses with a diploma in nursing.

The lack of statistical difference does not alter the fact that when considered individually, there was a difference. Further it must be recognized that only twenty seven participants were degree nurses. Table 11 depicts these data.

Table 11. Mean Scores and Significance of Difference between the Means of Assessed Attitude A Expressed by 122 Nurses According to Highest Educational Credential

| Highest Educational Credential Received (1) | N (2) | Mean of Attitude A (3) | t. value (4) | Significance Level (5) |
|---|---|---|---|---|
| Baccalaureate Degree | 27 | 6.112 | | |
| Diploma | 95 | 5.872 | | |
| TOTAL | 122 | | .919 | n.s. |

The 122 respondents held a slightly negative attitude toward the alcoholic patient. A t-test (t-1.14, df) showed a lack of statistically significant difference in the mean score of 3.629 for Attitude B, attitude toward the alcoholic patient, from the twenty seven respondents with a baccalaureate degree, and the mean score of 3.503 from the ninety five respondents without a baccalaureate degree. Thus the null hypothesis must be accepted that educational background did not affect the attitude of the respondents toward the alcoholic patient. Table 12 shows these findings.

Table 12. Mean Scores and Significance of Difference between the Means of Assessed Attitude B Expressed by 122 Nurses According to Highest Educational Credential

| Highest Educational Credential Received (1) | N (2) | Mean of Attitude B (3) | t. value (4) | Significance Level (5) |
|---|---|---|---|---|
| Baccalaureate Degree | 27 | 3.629 | | |
| Diploma | 95 | 3.503 | | |
| TOTAL | 122 | | t-1.14 | n.s. |

The mean score obtained for Attitude C, toward moderate (social) drinking, from twenty seven respondents granted a baccalaureate degree was 4.025, indicative of a slightly favorable attitude. The ninety five other respondents indicated a slightly

unfavorable attitude as revealed by their score of 3.995. A t test (t-) .323 df, 120) showed no significant difference in the mean scores according to educational background. The null hypothesis must be accepted, and thus concluded that nurses' attitude toward moderate (social) drinking will not vary according to the highest academic credential earned. Table 13 shows these data.

Table 13. Mean Scores and Significance of Difference between the Means of Assessed Attitude C Expressed by 122 Nurses According to Highest Educational Credential

| Highest Educational Credential Received (1) | N (2) | Mean of Attitude C (3) | t-value (4) | Significance Level (5) |
|---|---|---|---|---|
| Baccalaureate Degree | 27 | 4.025 | | |
| Diploma | 95 | 3.995 | | |
| TOTAL | 122 | | .323 | n.s. |

Part III, Item 3 sought information regarding the respondents' number of years employment in nursing. Seven per cent, had been employed less than one year; twenty two per cent had been employed twenty years or more. Figure 1 shows the percentage distribution of the respondents according to the number of years employment in nursing.

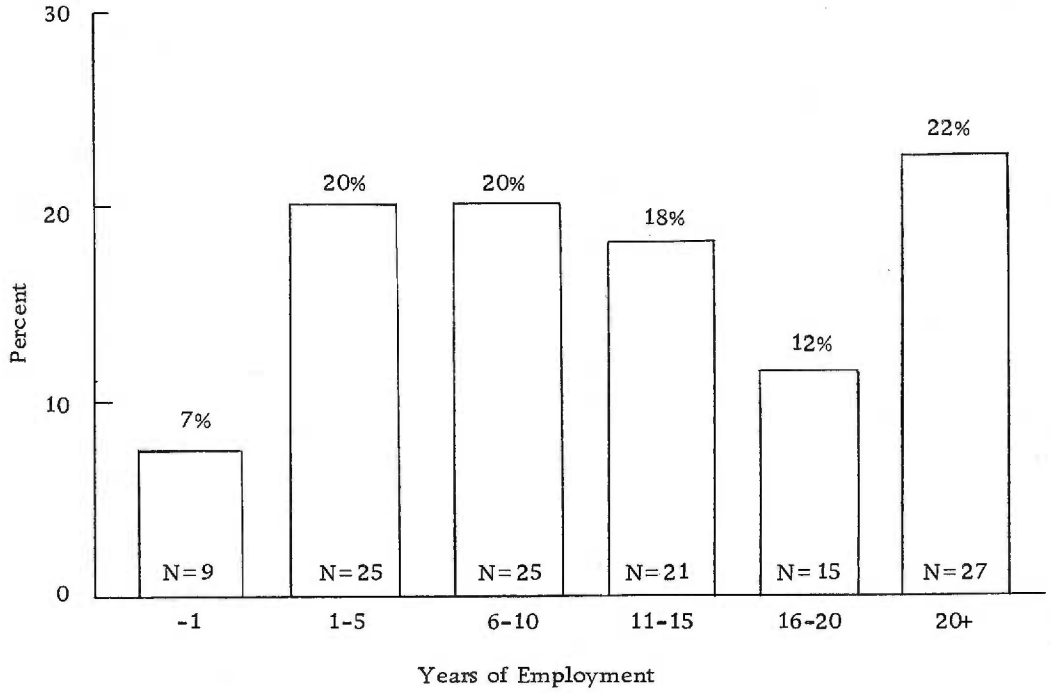


Figure 1. Percentage Distribution of 122 Nurses from Three General Hospitals According to the Number of Years Employment in Nursing

In reviewing the respondents' mean scores the highest score for Attitude A, 5.952, attitude toward alcoholism indicating a moderately high favorableness toward alcoholism was found among the nurses who had worked less than a year in nursing. The lowest score, 4.004, indicating a moderately unfavorable attitude toward alcoholism was found among nurses employed twenty years or more in nursing. F-test were computed to determine if there were significant within-group differences in the attitudes of the respondents

toward Attitude A, attitude toward alcoholism as determined by the number of years' employment in nursing. The F-ratio of 1.32 (df 5, 116) mean 5.956 for Attitude A was not statistically significant. The null hypothesis is accepted and thus concluded, that nurses' attitudes toward alcoholism would not vary according to the number of years' employment in nursing. This information is presented in Table 14.

Table 14. Mean Scores and Significance of Difference Between the Means of Assessted Attitude A as Expressed by 122 Nurses According to Number of Years' Employment in Nursing

| Number of Years Employment in Nursing (1) | N (2) | Means of Attitude A (3) | F-Value (4) | Significance Level (5) |
|---|---|---|---|---|
| Less than 1 year | 9 | 5.952 | | |
| 1-5 years | 25 | 5.302 | | |
| 6-10 years | 25 | 5.182 | | |
| 11-15 years | 21 | 6.145 | | |
| 16-20 years | 15 | 6.975 | | |
| Over 20 years | 27 | 4.004 | | |
| TOTAL | 122 | | | |
| Combined Mean | | 5.956 | 1.32 | n.s. |

The highest score 3.817 for Attitude B, attitude toward the alcoholic patient, indicating a slightly unfavorable attitude was from

respondents with less than a year's employment in nursing. The lowest score, 3.230 was from respondents employed twenty years or more in nursing, also indicating a slightly unfavorable attitude. The F ratio of 1.57 (df 5, 116), mean 3.745 was not statistically significant. The null hypothesis was accepted and thus concluded that the number of years employment would not affect the respondents' attitude toward the alcoholic patient. Table 15 shows these findings.

Table 15. Mean Scores and Significance of Difference Between the Means of Assessed Attitude B as Expressed by 122 Nurses According to Number of Years' Employment in Nursing

| Number of Years Employment in Nursing (1) | N (2) | Means of Attitude B (3) | F-Value (4) | Significance Level (5) |
|---|---|---|---|---|
| Less than 1 year | 9 | 3.817 | | |
| 1-5 years | 25 | 3.669 | | |
| 6-10 years | 25 | 3.726 | | |
| 11-15 years | 21 | 3.666 | | |
| 16-20 years | 15 | 4.017 | | |
| Over 20 years | 27 | 3.230 | | |
| TOTAL | 122 | | | |
| Combined Mean | | 3.745 | 1.572 | n.s. |

The highest mean score for Attitude C, attitude toward moderate (social drinking), was found among nurses with one to five years' employment in nursing indicating a strongly favorable attitude. The lowest score for Attitude C, 1.005 indicating a strongly unfavorable attitude was among respondents employed in nursing twenty years or more.

Again, F tests were computed to determine if there were within-group differences in the attitude of the respondents toward moderate (social) drinking that were statistically significant as determined by the number of years' employment in nursing. The F ratio of 2.60 (df 5, 116) for Attitude C, attitude toward moderate (social) drinking, mean 4.055, was statistically significant at the .05 level. The null hypothesis was rejected that the attitude of nurses toward moderate (social) drinking will not vary according to the number of years employment in nursing with the conclusion that the respondents with the fewer years' employment in nursing had a more favorable attitude toward moderate (social) drinking than did the respondents with the greater number of years' employment in nursing.

Table 16 shows this information.

Table 16. Mean Scores and Significance of Difference Between the Means of Assessed Attitude C as Expressed by 122 Nurses According to Number of Years Employment in Nursing

| Number of Years Employment in Nursing (1) | N (2) | Means of Attitude C (3) | F-Value (4) | Significance Level (5) |
|---|---|---|---|---|
| Less than 1 year | 9 | 4.651 | | |
| 1-5 years | 25 | 6.680 | | |
| 6-10 years | 25 | 3.436 | | |
| 11-15 years | 21 | 3.540 | | |
| 16-20 years | 15 | 4.412 | | |
| Over 20 years | 27 | 1.005 | | |
| TOTAL | 122 | | | |
| Combined Mean | | 4.055 | 2.604 | $P < .05$ |

It is beyond the scope of this study to determine reasons for the differences in attitudes expressed by these groups according to length of employment. The reasons for these differences could not be determined from the data collected in this study. It is not known whether curriculum changes in the schools of nursing, cultural patterns or other factors are responsible.

Comparisons according to the nurses' age group were done to determine if the variable of age would affect attitudes toward alcoholism, the alcoholic patient and moderate (social) drinking. Part III, item 4 requested the respondent to identify the appropriate

age group to which she belonged. Thirty six respondents were 20-29 years, twenty seven respondents were 30-39 years, thirty eight respondents were 40-49 years of age and twenty one respondents were 50 years of age or over. Figure 2 shows the distribution of the respondents (N = 122) according to age group and per cent in each group.

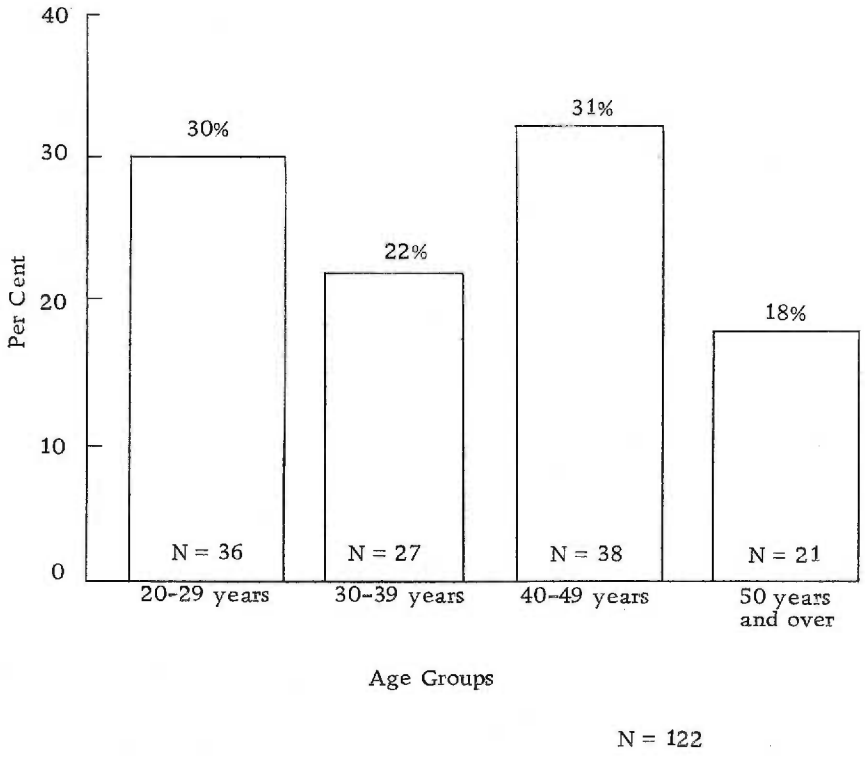


Figure 2. Distribution of 122 Nurses by Age Group and Per Cent in Each Group

Respondents 20-29 years of age had the highest score 6.008, for Attitude A, attitude toward alcoholism, indicating a strongly favorable attitude. Respondents 50 years or over indicated a moderately favorable attitude toward alcoholism by their score 5.533. There was no significant difference among the scores of the four age groups for Attitude A as revealed by the F value .958 (df 4, 117). The null hypothesis is accepted that age did not affect the respondents' attitude toward alcoholism. Table 17 shows these findings.

Table 17. Mean Scores and Significance of Difference Between the Means of Assessed Attitude A as Expressed by 122 Nurses According to Age Group

| Age Group (1) | N (2) | Means of Attitude (3) | F-Value (4) | Significance Level (5) |
|---|---|---|---|---|
| 20-29 years | 36 | 6.008 | | |
| 30-39 years | 27 | 6.258 | | |
| 40-49 years | 38 | 5.947 | | |
| 50 years or over | 21 | 5.533 | | |
| TOTAL | 122 | | | |
| Combined Mean | | 5.956 | .958 | n.s. |

The respondents in the youngest age group indicated a more favorable Attitude B, attitude toward the alcoholic patient than did respondents in the oldest age group as revealed by their respective

scores 3.971 and 3.151. All of the scores indicated a slightly unfavorable attitude toward the alcoholic patient. An analysis of variance, F value 3.59 (df 4, 117) revealed a statistically significant difference at the .05 level among the scores according to the age of the respondents for Attitude B. Hence the null hypothesis is rejected that age did not affect the respondents' attitude toward the alcoholic patient and it can be concluded by inspection that those respondents under 50 were more favorable in their attitude toward the alcoholic than were the older respondents. (See Table 18.)

Table 18. Mean Scores and Significance of Difference Between the Means of Assessed Attitude B as Expressed by 122 Nurses According to Age Group

| Age Group (1) | N (2) | Means of Attitude (3) | F-Value (4) | Significance Level (5) |
|---|---|---|---|---|
| 20-29 years | 36 | 3.971 | | |
| 30-39 years | 27 | 3.782 | | |
| 40-49 years | 38 | 3.771 | | |
| 50 years or over | 21 | 3.151 | | |
| TOTAL | 122 | | | |
| Combined Mean | | 3.745 | 3.59 | P <.05 |

The respondents with the most favorable attitude toward moderate (social) drinking were those in the youngest age group (20-29 years), as indicated by their mean score of 5.698. The

respondents in the oldest age group (50 years or over) had the least favorable attitude toward moderate (social) drinking as indicated by their mean score of 3.477.

The analysis of variance F value 2.80 (df 4, 117) was statistically significant at the .05 level among the mean scores of the respondents according to age range for Attitude C, attitude toward moderate (social drinking. Thus the null hypothesis is rejected that the variable of age did not affect the attitude of the respondents toward moderate (social) drinking and it can be concluded the younger respondents had the most favorable attitude toward moderate (social) drinking whereas the older respondents had the least favorable attitude. Table 19 shows these data.

Table 19. Mean Scores and Significance of Differences Between the Combined Mean Scores for Attitude C Expressed by 122 Nurses According to Age Group

| Age Group (1) | N (2) | Means of Attitude C (3) | F-Value (4) | Significance Level (5) |
|---|---|---|---|---|
| 20-29 years | 36 | 5.698 | | |
| 30-39 years | 27 | 4.059 | | |
| 40-49 years | 38 | 3.988 | | |
| 50 years and over | 21 | 3.477 | | |
| TOTAL | 122 | | | |
| Combined Mean | | 4.347 | 2.80 | P <.05 |

To determine what relationship, if any, existed between the variables, educational background, years of employment in nursing, age group and/or the respondents' attitudes toward alcoholism, the alcoholic patient and moderate (social) drinking, Pearson Product-Moment Correlation Coefficients were calculated. A lack of correlation was noted between educational background and age. The r value .15 (df 120) suggests that as the respondents' age increased their educational level remained static. The r value .79 (df 120) between years of employment in nursing and the age group was significant at the .05 level, indicating that as the number of years employment in nursing increased, the respondents' age increased.

Negative r values of -.17 (df 120), and -.20 (df 120) were found between the number of years' employment in nursing and attitudes toward alcoholism and the alcoholic patient, indicating that favorability toward alcoholism and the alcoholic patient decreased as the number of years employment in nursing increased. Similar information was revealed by the negative r value of -.25 (df 120) found between the respondents' attitude toward moderate (social) drinking and the number of years employment in nursing, indicating that the respondents' attitude toward moderate (social) drinking became less favorable as their number of years employment in nursing increased. The negative r value -.12 (df 120) between the respondents' age and

attitude toward alcoholism, and the negative r value -.27 (df 120) between the respondents' age and attitude toward the alcoholic patient revealed that as the nurses' age increased their favorability toward alcoholism and the alcoholic patient decreased.

It is beyond the scope of this study to determine reasons for the difference in attitudes expressed by these respondents according to age or number of years' employment in nursing.

In reviewing the correlation values between attitudes A, B and C, attitudes toward alcoholism, the alcoholic patient and moderate (social) drinking respectively, the following relationships were noted: the relationship between the attitude toward alcoholism, Attitude A and the attitude toward the alcoholic patient, Attitude B was low but significant, r value .26 (df 120), whereas the relationship between Attitudes A and C, r value .13 (df 120) was not significant at the .05 level. The data in this study were insufficient to substantiate a significant correlation, however it would appear that as the respondents' favorability toward alcoholism increased, the more favorable was their attitude toward moderate (social) drinking. The relationship between the attitude toward the alcoholic patient, Attitude B, and the attitude toward moderate (social) drinking, Attitude C was significantly highly related: r value .48 (df 120). Table 20 depicts these correlations.

Table 20. Intercorrelations Among Attitudes A, B and C and Selected Variables

| | (1) | (2) | (3) | (4) | (5) | (6) |
|---|---|---|---|---|---|---|
| 1. Attitude A | - | .26** | .13 | -.08 | -.17** | -.13 |
| 2. Attitude B | | - | .48** | -.10 | -.20** | -.27** |
| 3. Attitude C | | | - | -.03 | .25* | -.26** |
| 4. Educational Background | | | | - | -.14 | .15 |
| 5. Years Employment in Nursing | | | | | - | .79*** |
| 6. Age Group | | | | | | - |

* P <.05
** P <.01
*** P <.001

The significant correlation between Attitudes B and C appears to have meaning of itself relevant to the population of this study. In view of this apparent difference it was felt a test to determine of the size of the difference between the two correlations would be appropriate. Accordingly, the McNemar test for the Significance of Difference Between Two Correlations Based on the Same Sample was applied. This difference indicated by t value of 2.13 did indeed prove to be significant with a probability of chance occurance of less than .05. Thus it can be said that the attitude toward the alcoholic is more highly related to the attitude toward moderate (social) drinking than to the attitude toward alcoholism as a disease.

## Resumé of Data

On the basis of the data obtained from the respondents to the questionnaire it appeared that the nurses had a moderately favorable attitude toward alcoholism according to the variables identified. For convenience of reporting, the number of years' employment in nursing was arbitrarily divided at 10 years, and the age groups at 40 years. Table 21 is a composite of this information.

Table 21. Combined Mean Scores and Expressed Attitudes of 122 Nurses Toward Alcoholism According to Four Variables

| Expressed Attitude A | Support or Control of School of Nursing | | Highest Credential | | Number of Years Employment in Nursing | | Age Group | |
|---|---|---|---|---|---|---|---|---|
| | Private | Public | Bacca-laureate | Diploma | Less than 10 years | More than 10 years | Less than 40 years | More than 40 years |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| Strongly Unfavorable | | | | | | | | |
| Moderately Unfavorable | | | | | | | | |
| Slightly Unfavorable | | | | | | | | |
| Slightly Favorable | | | | | | | | |
| Moderately Favorable | 5.717 | 5.180 | | 5.872 | 5.478 | 5.708 | | 5.740 |
| Strongly Favorable | | | 6.112 | | | | 6.133 | |

The respondents indicated a slightly unfavorable attitude toward Attitude B, attitude toward the alcoholic patient. A composite of the respondents' mean scores and expressed attitudes toward the alcoholic patient is presented in Table 22.

Table 22. Combined Mean Scores and Expressed Attitudes of 122 Nurses Toward the Alcoholic Patient According to Four Variables

| Expressed Attitude B | Support or Control of School of Nursing | | Highest Credential | | Number of Years Employment in Nursing | | Age Group | |
|---|---|---|---|---|---|---|---|---|
| | Private | Public | Bacca-laureate | Diploma | Less than 10 years | More than 10 years | Less than 40 years | More than 40 years |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| Strongly Unfavorable | | | | | | | | |
| Moderately Unfavorable | | | | | | | | |
| Slightly Unfavorable | 3.370 | 3.912 | 3.629 | 3.503 | 3.737 | 3.640 | 3.876 | 3.461 |
| Slightly Favorable | | | | | | | | |
| Moderately Favorable | | | | | | | | |
| Strongly Favorable | | | | | | | | |

The respondents expressed a variation in attitudes toward Attitude C, attitude toward moderate (social) drinking, from slightly unfavorable to slightly favorable according to the four variables identified in the study. Table 23 presents a composite of this information.

Table 23. Combined Mean Scores and Expressed Attitudes of 122 Nurses Toward Moderate (Social) Drinking According to Four Variables

| Expressed Attitude C | Support of Control of School of Nursing | | Highest Credential | | Number of Years Employment in Nursing | | Age Group | |
|---|---|---|---|---|---|---|---|---|
| | Private | Public | Bacca-laureate | Diploma | Less than 10 years | More than 10 years | Less than 40 years | More than 40 years |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| Strongly Unfavorable | | | | | | | | |
| Moderately Unfavorable | | | | | | | | |
| Slightly Unfavorable | 3.778 | | | 3.995 | 3.783 | 3.726 | | 3.732 |
| Slightly Favorable | | 4.171 | 4.025 | | | | 4.878 | |
| Moderately Favorable | | | | | | | | |
| Strongly Favorable | | | | | | | | |

# CHAPTER IV

## SUMMARY, CONCLUSIONS AND RECOMMENDATIONS FOR FURTHER STUDY

### Summary

This study was a descriptive survey undertaken for the purpose of identifying the attitudes of registered nurses employed in three general hospitals toward alcoholism, the alcoholic patient and moderate (social) drinking. The Passey and Pennington Attitude Scale was used as the data collecting tool. (see Appendix B) The steps of the study, the limitations, assumptions and hypotheses were stated in Chapter I and have been the defining propositions of this study.

On the basis of the data obtained from the respondents (N = 122) to the questionnaire, it appeared that nurses had a moderately favorable attitude toward alcoholism, a slightly unfavorable attitude toward the alcoholic and a slightly favorable attitude toward moderate (social) drinking. Coder's findings were substantiated in part (12).

It had been hypothesized that the attitudes of the participants would not differ according to such variables as the type of support or

control of the school of nursing, educational background (highest credential earned), number of years' employment in nursing and age group. Although variations were found, the statistical analyses of the mean scores showed few significant differences. Accordingly all null hypotheses were accepted with the exceptions of:

(1) Attitude B, attitude toward the alcoholic and age group: there were significant differences shown according to age group.

(2) Attitude C, attitude toward moderate (social) drinking and number of years' employment there were significant differences shown according to the number of years' employment in nursing.

(3) Attitude C, attitude toward moderate (social) drinking and age group: there were significant differences shown according to age group.

## Conclusions

The limited population precludes widespread generalizations, but the following conclusions are based on the responses of 122 nurses participants.

1. The respondents' attitude toward the treatment of alcoholism and moderate (social) drinking was more favorable

than toward the alcoholic patient.

2. The respondents apparently were able to accept, intellectually, the fact the alcoholic patient should be treated but were not able to accept him without equivocation; perhaps this lack of acceptance is due to a judgmental overtone associated with the stigma about alcoholism and the alcoholic patient that is not completely eradicated. There is, however, no basis for more than conjecture at this time.

3. Since a comparatively small number of variables were included in this investigation, the need for a more refined subanalysis of the varying factors was recognized. Such an analysis might permit penetrating specific interpretations rather than gross generalized speculations.

4. The nurses with a collegiate education had a more favorable attitude toward alcoholism and the alcoholic patient and moderate (social) drinking than the other respondents. It is not possible, however, to say that the more favorable attitudes are the result of learning through educational processes, greater receptivity through mass media or other socializing agents common among the more educated.

5. The younger nurses and those with fewer years' experience

in nursing had a more favorable attitude than did older nurses and those with a greater number of years' experience in nursing. It can only be conjectured that the more favorable attitude was due to recency of education, better education and cultural factors which influence the youth of today or to some factors not yet identified.

6. The respondents' attitude toward the alcoholic was more highly related to their attitude toward moderate (social) drinking than to their attitude toward alcoholism as a disease.

## Recommendations for Further Studies

Based on the findings and conclusions of the study, the following recommendations for further study are made:

1. That a study be made utilizing the Passey and Pennington attitude scale in a specific hospital setting to determine the necessity of, and/or the effect of in-service education for nurses and auxiliary nursing personnel.
2. That a study be made utilizing an attitude scale in a specific setting with patients with mental illness, tuberculosis, or other diseases to which a stigma may have been attached, to determine the attitudes of the nurses and

auxiliary nursing personnel toward the patient and the treatment of the illness.

3. That a study be made to determine factors which effect change in the attitudes of nurses toward alcoholism, the alcoholic patient and moderate (social) drinking.

# BIBLIOGRAPHY


1. Alcoholics Anonymous Member, "The Nurse and the Alcoholic Patient," The American Journal of Nursing, 62:12:75, December 1962

2. Allport, Gordon W., "Attitudes," Handbook of Social Psychology, Clark University Press, Worchester, Mass. 1935

3. Bacon, Seldon B., "Understanding Alcoholism," The Annals of the American Academy of Political and Social Science, 315: 55-65, January 1958

4. Barrell, Robert P. "A Measure of Staff Attitude Toward Care of Physically Ill Patients," Journal of Consulting Psychology, 29:3:218-22, February, 1965

5. Bauer, Raymond, and H. Reicken, "Opinion in Relation to Personality and Social Organization," Journal of Opinion and Attitude Research, 3:513-29, Winter 1949-50

6. Beldon, Ernest A., "A Program for the Treatment of Alcoholics in a Mental Hospital," Quarterly Journal of Studies of Alcohol, 23:655, December 1962

7. Benne, Kenneth, D. and Warren Bennis, "The Role of the Professional Nurse," The American Journal of Nursing, 159:2: 196-8, February 1959

8. Berke, Mark et al., "A Study of the Non-Segregated Hospitalization of Alcoholic Patients in a General Hospital," Hospital Monograph Series No. 7, American Hospital Association, Chicago 1959

9. Bird, Charles, Social Psychology, Appleton-Century Co., New York 1960

10. Brown, Mary Louise, "Helping the Alcoholic Patient," The American Journal of Nursing, 58:3:381-82, March 1958

11. Committee on Alcoholism of the Council on Mental Health Manual of Alcoholism, American Medical Association, 1957, P. 75

12. Coder, Ann Maris, "An Investigation of the Attitudes of Graduate Nurses in 2 Private Hospitals toward the Treatment of Alcoholism and the Alcoholic Patient," (Unpublished Master's Thesis--University of Washington, 1963)

13. Cork, R. Margaret, "Alcoholism and Nursing," Canadian Journal of Public Health, 48:372-378, September 1957

14. Davis, Marcella, "Patients in Limbo," The American Journal of Nursing, 66:4:1746+, April 1966

15. Davis, Robert A., Educational Psychology, McGraw-Hill Book Co., New York, 1948

16. Edwards, Allen L., Techniques of Attitude Scale Construction, New York, Appleton Cross, 1957

17. Fox, James J., "An Overview of Alcoholism Research," The U.S. Public Health Report, 76:223-30, March 1961

18. Fox, Ruth, M.D. "The Nurse and the Alcoholic Patient," Journal of the Practical Nurse, January 1966

19. Golder, G. "The Nurse and the Alcoholic Patient," The American Journal of Nursing, 56:436, April 1956

20. Golder, G. "The Alcoholic, His Family and His Nurse," Nursing Outlook, 3:528-30, October 1955

21. Guilford, J. P., Psychometric Methods, 2nd ed., McGraw-Hill Book Co., Inc., New York 1954

22. Hall, E. W., "Alcoholics in the General Hospital," Reprint, Alcoholism Research, The National Commission on Alcoholism, Inc., New York, 1955

23. Hartmann, George W., Educational Psychology, American Book Co., New York 1941

24. Heinemann, M. Edith, Arnold S. Linsky, "Problems of the Alcoholic Tuberculosis Patient," Nursing Research, 14:33-6, Winter 1965

25. Hoebel, E. Adamson, Man in the Primitive World, McGraw-Hill Book Co., Inc., New York 1958

26. Jones, Thomas, T., M.D., "Medical Horizons Concerning Alcoholism," Memphis & Mid-South Medical Journal, May 1963

27. Kalkman, Marian B., Introduction to Psychiatric Nursing, 3rd ed., McGraw-Hill Book Co., Blakiston Division, New York 1967

28. Keller, Mark, "Definition of Alcoholism," Quarterly Journal of Studies on Alcohol, 21:1:12, March 1960

29. Krech, David, Individuals in Society, McGraw-Hill Book Co., New York 1960

30. Kreuter, Frances Reiter, "What is Good Nursing Care?" Nursing Outlook, 9:636, November 1960

31. LaLancette, Thereas M., "The Alcoholic Patient," Nursing Outlook, 8:636, November 1960

32. Likert, Renis, "A Technique for the Measurement of Attitudes," Archives of Psychology, 22:5-55, 1932

33. Linker, Jane E., "As Mariners Who are Lost at Sea," Nursing World, 50:459, October 1950

34. Matheney, Ruth, Mary Topalis, Introduction to Psychiatric Nursing, 3rd Edition, McGraw-Hill Book Co., New York 1967

35. McCarthy, Raymond G., "Alcoholism and Attacks 1775-1935," The Annals of the American Academy of Political and Social Science, 315:14-21, January 1958

36. McCarthy, R. G., "Alcoholism," The American Journal of Nursing, 59:2:205-9, February 1959

37. McGill, R. E., M.D., "Treatment of Alcoholics in the General Hospital," Hospital Management, 83:4-8, April 1957

38. McNemar, Quinn, Psychological Statistics, 3rd ed., John Wiley and Sons, Inc., New York 1962

39. Mulford, Harold, "Drinking in Iowa: Social-Cultural Distribution of Drinkers, With a Methodological Mode; for Sampling and Interpretation of Findings," Quarterly Journal of Studies on Alcohol, 20: 726, June 1959

40. Parry, Allen, M.D., "Alcoholism," The American Journal of Nursing, 65: 331-3, March 1965

41. Passey, George E., Ph.D., Pennington, Dempsey F., Jr., Ph.D., "Development of a Scale for the Assessment of Knowledge Concerning Alcohol and Its Use," Alabama Commission on Alcoholism, Montgomery, Alabama, (unpublished paper) 1960

42. Passey G., Pennington, D., "Techniques for the Assessment of Selected Attitudes Toward Alcohol and Its Use," Alabama Commission on Alcoholism, Montgomery, Alabama, (unpublished paper) 1960

43. Pressey, Sidney, L., Psychological Development Through the Life Span, Harper Brothers, New York 1951

44. Quiros, Alyce, "Adjusting Nursing Techniques to the Treatment of Alcoholic Patients," Nursing Outlook, 5: 7: 276-78, May 1957

45. Raymseyer, Lloyd, L., "Factors Influencing Attitudes and Attitude Changes," Educational Research Bulletin, 18: 9-14, 1939

46. Schubert, Florence M., "The Development of an Instrument to Measure Attitudes of Graduate Nurses Toward Patients with Alcoholism," Unpublished Master's Thesis, University of Washington, Seattle, Washington, 1960

47. Schutt, Barbara, "Penetrating the Cancer Patient's World," The American Journal of Nursing, 66: 4: 745, April 1966

48. Straus, Robert, "Medical Practice and the Alcoholic," The Annals of the American Academy of Political and Social Science, Vol. 315, 5: 117-24, January 1958

49. Thurstone, L. L., "Attitudes Can Be Measured," The American Journal of Sociology, 33: 3: 529-54, March 1928

50. Toner, Mary T., R.N., M.A., "The Role of the Nurse in the Treatment of the Alcoholic," Connecticut Review of Alcoholism, 5:7:5, March 1954 (reprint)

51. Tyler, Ralph, Basic Principles of Curriculum and Instruction, The University of Chicago Press, Chicago 1950

52. Webster, Harold, "Changes in Attitudes During College," The Journal of Educational Psychology, 49:109-17, June 1958

53. Wolf, Edith S., "Where Hope Comes First," Nursing Outlook, 12:52+, April 1964

# APPENDICES

# APPENDIX A

# CORRESPONDENCE

# LETTER OF EXPLANATION

6208 N.E. 21st Avenue
Portland, Oregon 97211
April 1967

Director of Nursing Service
_____Hospital
_____, Oregon

Dear

In partial completion of the requirements for a Master of Science degree at the University of Oregon School of Nursing, I am undertaking a study of "Attitudes of Registered Nurses toward the Alcoholic Patient in the General Hospital."

You and your nursing staff are invited to participate in this study. A post card is enclosed for indicating your willingness to participate.

The data will be collected by means of a questionnaire that will be mailed to the registered nurses in the employ of the hospital. The questionnaire will require approximately ten minutes time to complete. The hospital and the respondents will not be identified; total anonymity will be maintained and the information obtained will be held in absolute confidence.

A copy of the report will be filed in the library at the University of Oregon Medical School where it will be available for review by those interested.

Your participation will be greatly appreciated.

Sincerely yours,

(Mrs.) Adrienne M. Caine, R.N.

Encl.
Adrienne M. Caine is a regularly enrolled graduate student at the University of Oregon School of Nursing. Any assistance you can offer Mrs. Caine will be greatly appreciated.

Lucile Gregerson

Thesis Adviser

# SAMPLE OF INFORMATION ON POST CARD

1. We will participate in the study _____
   Number of registered nurses employed _____

2. We do not find it possible to participate in the study _____

Signed _____

State of Alabama
DEPARTMENT OF MENTAL HEALTH
Division of Alcoholism
715 State Office Building
Montgomery, Alabama 36104

9 November 1966

Mrs. Adrienne M. Caine
6208 N.E. 21st Avenue
Portland, Oregon 97211

Dear Mrs. Caine:

In response to your letter of 4 November 1966, I am enclosing a copy of "The Development of a Scale for the Assessment of Knowledge Concerning Alcohol and Its Use" developed by Dr. Dempsey F. Pennington, Jr., and Dr. George E. Passey.

If I am not mistaken, this was the study referred to by Mrs. Heinemann in the article, "Problems of the Alcoholic Tuberculous Patient" and, perhaps, in other similar publications.

I am also enclosing two general articles we have on hand dealing with the treatment of the alcoholic patient in a general hospital.

If this particular study is not the one to which you have reference, please let me know. We will be glad to help in any way we can.

Sincerely yours,

(Miss) Pat Rogers
Education Associate

State of Alabama
DEPARTMENT OF MENTAL HEALTH
Division of Alcoholism
715 State Office Building
Montgomery, Alabama 36104

15 February 1967

Mrs. Adrienne M. Caine
6208 N.E. 21st Avenue
Portland, Oregon 97211

Dear Mrs. Caine:

First, let me apologize for the seemingly inconsiderate delay on my part in replying to your second letter. I was out of town when it arrived here at the office and then, it took me some time to go through our files in an effort to find the material you need for your thesis. I realize the terrible inconvenience this has caused you and again I apologize for not letting you know what I was doing.

After failing to find anything in our files, I contacted our director of research (who lives in another city). He told me that in the process of moving offices, the material you asked for has disappeared. He suggested, however, that I forwarded all your correspondence to Dr. Passey who is presently with the Department of Psychology, Georgia Tech, Atlanta, Georgia. If the material is still in existance, Dr. Passey will be the one to have it. As you may know, the studies done by Drs. Passey and Pennington were accomplished quite a few years ago. For a long time, the studies were not used or requested and it has not been until fairly recently that their value has been recognized. During that period, while they were collecting dust, they became separated, shuffled around and generally neglected. We have started to redo some of the studies, but as you can see, we are sadly lacking in some areas.

I hope sincerely this will not complicate things too much for you... but knowing the position you're in, I don't say that with too much hope. However, maybe our luck will hold out and Dr. Passey will be able to help. As I said, your correspondence to me is on its way to him. If you could drop him a line, perhaps that would help. I'm very sorry that I haven't been able to be of anymore help to you.

Sincerely yours,

Pat Rogers
Education Associate

State of Alabama
DEPARTMENT OF MENTAL HEALTH
Division of Alcoholism
715 State Office Building
Montgomery, Alabama 36104

20 February 1967

Mrs. Adrienne M. Caine
6208 N.E. 21st Avenue
Portland, Oregon 97211

Dear Mrs. Caine:

At this late date, it seems we may now be on the right track. Just now, I received all your correspondence back from Dr. Passey with the note that you might get in touch with Dr. Melvin Drucher, % The Georgian Clinic, Briarcliff Road, Atlanta, Georgia. According to Dr. Passey, Dr. Drucher has been using the scale recently and might be able to help you. Dr. Passey's material (the original) was turned over to a Mr. Sanders who was with the Division some years ago and who is now deceased.

I hope all this will be of some help. Again, let me apologize for all the trouble I know this has caused you and I sincerely hope Dr. Drucher will be the right one.

Sincerely yours,

Pat Rogers
Education Associate

STATE OF GEORGIA
Department of Public Health
John H. Venable, M.D., Director

March 20, 1967

Georgian Clinic
Alcoholic Rehabilitation Service
1260 Briarcliff Road, N.E.
Atlanta, Georgia 30306

Mrs. A. M. Caine, R.N.
6208 N.E. 21st Avenue
Portland, Oregon 97211

Dear Mrs. Caine:

I am very sorry that I have not responded to your letter sooner. However, I have no excuse other than your letter got lost on my desk. I hope my response is not too late.

I am enclosing copies of the two forms of the Alabama Attitude Scale Toward Alcoholism, as well as the Alabama Knowledge Questionnaire regarding alcohol and alcoholism. I have indicated the keys for scoring each of these scales on the scale. The letter "D" means disagree and the letter "A" means agree. I have scored the attitude scales both in terms of the seven-point scale indicated on the questionnaire and the dichotomize two-point scale of agree or disagree. I have been disappointed in the results from the Alabama Attitude Scale. I have found no statistically significant differences between groups or from the beginning of training to the end of training for the same group. In a prior study I did with the Alabama Attitude Scale, I found no differences appearing between groups of Public Health Nurses and the staff of an alcoholism clinic. However, in all the groups I have used, a definite bias toward the higher educational levels was present. If your groups are more heterogeneous, educationally, than were my groups, you very likely could find significant differences. These scales have been used by other workers, noteably Margaret Clay, in Michigan, and have been used with satisfactory results.

The knowledge Questionnaire was also developed by Passey and his workers in Alabama. I have found this scale to be of considerable help to us in our training programs here at the Georgian Clinic. Differences do appear between groups and from the beginning of training to the end of training in alcoholism.

Regarding permission for using these scales, if you wish, you can write to the Alabama Commission on Alcoholism, Montgomery, Alabama. However, I found that I was able to use them merely by acknowledging them in my bibliography. They are not copyrighted, as far as I know.

Again, I am sorry I have taken so long in answering. I hope my material is not too late to be of help to you. Good luck in your study.

Sincerely,

Melvin B. Drucker, Ph.D.
Clinical Psychologist

MDB/gj
enc.

State of Alabama
DEPARTMENT OF MENTAL HEALTH
Division of Alcoholism
715 State Office Building
Montgomery, Alabama 36104

April 10, 1967

Mrs. Adrienne M. Caine
6208 Northeast 21st Avenue
Portland, Oregon 97211

Dear Mrs. Caine:

We have your letter requesting permission to use the Passey-Pennington "Techniques for the Assessment of Selected Attitudes Toward Alcohol and Its Use" as a data collecting device for the purpose of completing your Master's thesis.

Permission is hereby granted by the Division of Alcoholism, State Department of Mental Health, for the use of this scale for the purpose stated.

Sincerely yours,

J. B. Harkins, Director
Division of Alcoholism

# APPENDIX B

# DATA GATHERING TOOL

# PART I

## INFORMATION FOR THE PARTICIPATING NURSES

This is a study of the expressed beliefs of specific personnel within the boundaries of the general hospital toward the patient with alcoholism.

The questionnaire is being circulated with the encouragement and support of _____, Director of Nursing Service. The respondents will be totally anonymous; the intent is only to obtain expressed opinions to the statements. The statements are arranged to permit a rapid reply. There is no right or wrong answer, just an opinion is desired.

Please return the questionnaire in the self-addressed and stamped envelope provided before _____.

Thank you for your participation; your cooperation is appreciated.

(Mrs.) Adrienne M. Caine, R.N.
6208 N. E. 21st Avenue
Portland, Oregon 97211

PART II

ATTITUDE SCALE

Instructions for Use

A number of statements 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.

| | | |
|---|---|---|
| 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 |
| 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 the 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 for his troubles 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 |
| 25. It is allright for women to engage in moderate social drinking. | Agree | Disagree |
| 26. An individual with no emotional problems has no need for alcohol. | Agree | Disagree |
| 27. Drinking on some social occasions should be done if it helps the individual to fit in with others. | Agree | Disagree |
| 28. Alcoholic beverages are harmless when used in moderation. | Agree | Disagree |
| 29. The use of alcohol is a custom which should be abandoned by society. | Agree | Disagree |
| 30. Despite the fact that many millions do use alcoholic beverages, their use is degrading. | Agree | Disagree |
| 31. The "Social drinker" is probably basically disturbed emotionally. | Agree | Disagree |
| 32. One should drink if he enjoys the taste of alcoholic beverages. | Agree | Disagree |
| 33. Drinking of alcoholic beverages should be classed with the illegal use of dope. | Agree | Disagree |
| 34. The habit of a before-dinner cocktail is neither beneficial nor harmful. | Agree | Disagree |

35. Social drinking is all right if, and only if it is done with moderation. Agree Disagree

36. A person who has had the equivalent of one highball should not be allowed to drive an automobile. Agree Disagree

PART III

PERSONAL INFORMATION SHEET

Questionnaire

Please place an "x" in the appropriate space

1. Indicate the nature of support and control of your school of nursing (check one only)
   a) public_____
   b) private_____
      1) endowded_____
      2) church _____ (specify)_____
      3) other _____ (specify)_____

2. Indicate educational background, highest credential received
   a) Master's degree_____ c) Associate degree_____
   b) Baccalaureate degree___ d) Diploma _____

3. Indicate the number of years of employment in nursing
   a) less than 1 year _____ d) 11 to 15 years_____
   b) 1 to 5 years_____ e) 16 to 20 years_____
   c) 6 to 10 years _____ f) over 20 years _____

4. Indicate the age group to which you belong
   a) 20 to 29_____ c) 40 to 49_____
   b( 30 to 39_____ d) 50 years or over_____

# APPENDIX C

## RAW DATA

# RAW DATA

Number of Respondents From Hospitals I, II, and III Who Agreed or Disagreed with Statements in Attitude Scales

| Attitude Toward Treatment of Alcoholism | Agree | Disagree | Total |
|---|---|---|---|
| ATTITUDE A | N | N | N |
| 1. The families of alcoholics should encourage them to seek expert help for their condition. | 120 | 2 | 122 |
| 2. Even if alcoholics could be cured by proper treatment, the cost would be unwarranted. | 12 | 110 | 122 |
| 3. Treatment of alcoholism should be a specialty within the medical profession. | 76 | 46 | 122 |
| 4. Neither state nor federal funds should be used for the treatment of alcoholism. | 23 | 99 | 122 |
| 5. If an alcoholic wanted to be cured he could accomplish the matter himself. | 21 | 101 | 122 |
| 6. Doctors who spend their time treating alcoholics are wasting their time. | 4 | 118 | 122 |
| 7. Tremendous research programs are needed in the area of alcoholism. | 91 | 31 | 122 |
| 8. Private treatment facilities should be available to alcoholics. | 112 | 10 | 122 |
| 9. General hospitals should not accept alcoholics for treatment as such. | 57 | 65 | 122 |

| (Attitude A cont.) | Agree N | Disagree N | Total N |
|---|---|---|---|
| 10. The physician who attempts to treat an alcoholic is wasting his time. | 5 | 117 | 122 |
| 11. Grants should be readily available to any professional person for research in the area of alcoholism. | 74 | 48 | 122 |
| 12. Alcoholics anonymous is a wondrous organization. | 117 | 5 | 122 |

Attitude Toward the Alcoholic Patient

ATTITUDE B

| | | | |
|---|---|---|---|
| 13. All alcoholics are human wrecks found in dives. | 5 | 117 | 122 |
| 14. No one should presume to criticize the alcoholic without knowing why he drinks. | 110 | 12 | 122 |
| 15. Alcoholism should be treated as a felony. | 7 | 115 | 122 |
| 16. The alcoholic is basically an insecure person. | 103 | 19 | 122 |
| 17. Alcoholism should be treated as a misdemeanor. | 15 | 107 | 122 |
| 18. Alcoholism begins as the sin of drinking and ends as a sinful habit. | 35 | 87 | 122 |
| 19. Conditions within the individual as well as external to the individual contribute to the development of alcoholism. | 118 | 4 | 122 |
| 20. Alcoholism is the direct result of a sick and decadent society. | 22 | 100 | 122 |

| (Attitude B cont.) | Agree | Disagree | Total |
|---|---|---|---|
| | N | N | N |
| 21. The alcoholic has no one to blame for his troubles but himself. | 28 | 94 | 122 |
| 22. Only a person who is basically quite malicious could become alcoholic. | 1 | 121 | 122 |
| 23. In combating alcoholism as a disease the effort should be as great as the effort expended in combating any other disease. | 117 | 5 | 122 |
| 24. The alcoholic suffers from a severe illness and needs treatment to a much greater degree than the usual medical complaints. | 96 | 26 | 122 |

Attitude Toward Moderate (Social) Drinking

ATTITUDE C

| | | | |
|---|---|---|---|
| 25. It is allright for women to engage in moderate social drinking. | 82 | 40 | 122 |
| 26. An individual with no emotional problems has no need for alcohol. | 58 | 64 | 122 |
| 27. Drinking on some social occasions should be done if it helps the individual to fit in with others. | 34 | 88 | 122 |
| 28. Alcoholic beverages are harmless when used in moderation. | 59 | 63 | 122 |
| 29. The use of alcohol is a custom which should be abandoned by society. | 42 | 80 | 122 |
| 30. Despite the fact that many millions do use alcoholic beverages, their use is degrading. | 52 | 70 | 122 |

| (Attitude C cont.) | Agree | Disagree | Total |
|---|---|---|---|
| | N | N | N |
| 31. The "social drinker" is probably basically disturbed emotionally. | 21 | 101 | 122 |
| 32. One should drink if he enjoys the taste of alcoholic beverages. | 27 | 95 | 122 |
| 33. Drinking of alcoholic beverages should be classed with the illegal use of dope. | 22 | 100 | 122 |
| 34. The habit of a before-dinner cocktail is neither beneficial nor harmful. | 59 | 63 | 122 |
| 35. Social drinking is all right if, and only if it is done with moderation. | 95 | 27 | 122 |
| 36. A person who has had the equivalent of one highball should not be allowed to drive an automobile. | 65 | 57 | 122 |

# PERSONAL INFORMATION SHEET

HOSPITALS I, II, AND III — Totals

1. Indicate the nature of support and control of your school of nursing (check one only)
   a) public 28
   b) private 94
      1) endowed 0
      2) church 94 (specify) 41
      3) other 0 (specify) 0
      (church not specified) 53 — 122

2. Indicate Educational Background; highest credential received
   a) Master's degree 0 — c) Associate degree 0
   b) Baccalaureate degree 27 — d) Diploma 95 — 122

3. Indicate the number of years of employment in nursing
   a) less than 1 year 9 — d) 11 to 15 years 21
   b) 1 to 5 years 25 — e) 16 to 20 years 15
   c) 6 to 10 years 25 — f) over 20 years 27 — 122

4. Indicate the age group to which you belong
   a) 20 to 29 37 — c) 40 to 49 38
   b) 30 to 39 27 — d) to yrs or over 21 — 122

# APPENDIX D

## ATTITUDE SCALES WITH ASSIGNED SCORE VALUES FOR EACH STATEMENT WITH WHICH RESPONDENT AGREED

# ATTITUDE SCALES WITH ASSIGNED SCORE VALUES FOR EACH STATEMENT WITH WHICH RESPONDENT AGREED

## Attitude Toward Treatment of Alcoholism

### ATTITUDE A

| | | | 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 |

(Attitude A cont.)

| | | | Score Value |
|---|---|---|---|
| 10. The physician who attempts to treat an alcoholic is wasting his time. | Agree | Disagree | .4 |
| 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 |

Attitude Toward the Alcoholic Patient and Alcoholism

ATTITUDE B

| | | | |
|---|---|---|---|
| 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 an insincere 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 |

(Attitude B cont.)

| | | | Score Value |
|---|---|---|---|
| 20. Alcoholism is the direct result of a sick and decadent society. | Agree | Disagree | 1.3 |
| 21. The alcoholic has no one to blame for his troubles 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 |
| 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 |

Attitude Toward Moderate (Social) Drinking

ATTITUDE C

| | | | |
|---|---|---|---|
| 25. It is allright for women to engage in moderate social drinking. | Agree | Disagree | 5.9 |
| 26. An individual with no emotional problems has no need for alcohol. | Agree | Disagree | 2.9 |
| 27. Drinking on some social occasions should be done if it helps the individual to fit in with others. | Agree | Disagree | 5.4 |
| 28. Alcoholic beverages are harmless when used in moderation. | Agree | Disagree | 6.1 |
| 29. The use of alcohol is a custom which should be abandoned by society. | Agree | Disagree | .9 |

(Attitude C cont.)

| | | | Score Value |
|---|---|---|---|
| 30. Despite the fact that many millions do use alcoholic beverages, their use is degrading. | Agree | Disagree | 1.8 |
| 31. The "Social drinker" is probably basically disturbed emotionally. | Agree | Disagree | 1.7 |
| 32. One should drink if he enjoys the taste of alcoholic beverages. | Agree | Disagree | 5.0 |
| 33. Drinking of alcoholic beverages should be classed with the illegal use of dope. | Agree | Disagree | .3 |
| 34. The habit of a before-dinner cocktail is neither beneficial nor harmful. | Agree | Disagree | 4.1 |
| 35. Social drinking is all right if, and only if it is done with moderation. | Agree | Disagree | 4.9 |
| 36. A person who has had the equivalent of one highball should not be allowed to drive an automobile. | Agree | Disagree | 3.3 |

# APPENDIX E

## INDIVIDUAL AND COMBINED MEAN SCORES OF RESPONDENTS FOR EACH ITEM A, B, C ACCORDING TO HOSPITALS

INDIVIDUAL AND COMBINED MEAN SCORES OF RESPONDENTS FOR EACH ITEM A, B, C ACCORDING TO HOSPITALS

| Respondent Number | Hospital I | | |
|---|---|---|---|
| | Attitude A | Attitude B | Attitude C |
| 1 | 5.920 | 3.083 | 4.233 |
| 2 | 6.960 | 3.414 | 2.225 |
| 3 | 6.750 | 4.675 | 2.000 |
| 4 | 5.850 | 3.200 | 2.715 |
| 5 | 6.000 | 4.675 | 3.740 |
| 6 | 5.780 | 3.740 | 4.800 |
| 7 | 4.883 | 4.020 | 2.225 |
| 8 | 6.960 | 3.250 | 1.575 |
| 9 | 5.950 | 5.050 | 5.050 |
| 10 | 4.390 | 3.666 | 2.466 |
| 11 | 4.883 | 2.866 | 3.351 |
| 12 | 6.014 | 4.675 | 4.950 |
| 13 | 6.775 | 4.675 | 4.500 |
| 14 | 5.814 | 4.675 | 4.780 |
| 15 | 4.911 | 2.545 | 1.683 |
| 16 | 6.357 | 2.670 | 1.816 |
| Mean Score | 5.675 | 3.797 | 3.321 |

| Respondent Number | Hospital II Attitude A | Attitude B | Attitude C |
|---|---|---|---|
| 17 | 5.580 | 4.333 | 4.833 |
| 18 | 6.014 | 3.160 | 4.780 |
| 19 | 6.960 | 4.060 | 4.200 |
| 20 | 5.900 | 3.683 | 5.333 |
| 21 | 6.750 | 3.683 | 3.971 |
| 22 | 5.780 | 3.160 | 2.225 |
| 23 | 3.087 | 3.683 | 4.566 |
| 24 | 5.950 | 2.566 | 4.314 |
| 25 | 7.200 | 4.060 | 4.700 |
| 26 | 6.066 | 3.650 | 5.475 |
| 27 | 5.950 | 2.177 | 1.816 |
| 28 | 5.275 | 3.683 | 4.600 |
| 29 | 6.014 | 4.060 | 5.400 |
| 30 | 6.960 | 4.675 | 4.950 |
| 31 | 7.100 | 4.335 | 3.600 |
| 32 | 5.200 | 2.080 | 2.225 |
| 33 | 5.033 | 4.060 | 4.600 |
| 34 | 5.475 | 3.400 | 5.250 |
| 35 | 6.014 | 3.650 | 4.550 |
| 36 | 5.175 | 3.650 | 3.775 |
| 37 | 6.750 | 5.100 | 5.475 |
| 38 | 6.750 | 3.650 | 3.000 |
| 39 | 6.014 | 3.683 | 5.633 |
| 40 | 5.800 | 1.004 | 2.700 |
| 41 | 5.083 | 3.328 | 4.225 |
| 42 | 6.666 | 3.180 | 2.760 |
| 43 | 6.014 | 4.060 | 4.350 |
| 44 | 6.014 | 4.060 | 4.733 |
| 45 | 5.257 | 4.060 | 4.640 |
| 46 | 6.750 | 4.060 | 5.200 |
| 47 | 6.750 | 3.457 | 2.150 |
| 48 | 6.960 | 2.483 | 2.000 |
| 49 | 5.983 | 3.683 | 5.633 |
| 50 | 6.066 | 4.060 | 5.100 |
| 51 | 4.620 | 2.850 | 2.120 |
| 52 | 4.816 | 2.850 | 2.428 |
| 53 | 6.750 | 3.583 | 3.950 |
| 54 | 5.312 | 3.683 | 4.566 |

Continued

| Respondent Number | Hospital II Attitude A | Attitude B | Attitude C |
|---|---|---|---|
| 55 | 7.200 | 3.180 | 3.428 |
| 56 | 5.033 | 2.960 | 4.860 |
| 57 | 5.000 | 3.080 | 2.257 |
| 58 | 6.750 | 2.016 | 5.040 |
| 59 | 5.800 | 3.800 | 4.833 |
| 60 | 7.200 | 3.075 | 2.142 |
| 61 | 5.433 | 4.900 | 4.314 |
| 62 | 6.820 | 4.060 | 3.966 |
| 63 | 6.014 | 4.060 | 4.057 |
| 64 | 6.820 | 4.060 | 5.120 |
| Mean Score | 5.143 | 3.052 | 4.165 |

| Respondent Number | Hospital III | | |
|---|---|---|---|
| | Attitude A | Attitude B | Attitude C |
| 65 | 6.820 | 4.060 | 4.775 |
| 66 | 5.780 | 3.500 | 2.000 |
| 67 | 5.942 | 4.060 | 4.200 |
| 68 | 6.067 | 4.060 | 4.950 |
| 69 | 5.780 | 3.457 | 3.416 |
| 70 | 5.950 | 3.683 | 5.200 |
| 71 | 7.100 | 6.450 | 5.100 |
| 72 | 5.271 | 3.683 | 5.400 |
| 73 | 5.871 | 4.060 | 5.280 |
| 74 | 6.820 | 4.060 | 4.750 |
| 75 | 5.820 | 4.060 | 6.533 |
| 76 | 6.750 | 4.075 | 2.225 |
| 77 | 5.750 | 3.683 | 5.120 |
| 78 | 6.820 | 3.600 | 5.250 |
| 79 | 5.826 | 4.060 | 5.050 |
| 80 | 5.871 | 4.675 | 4.960 |
| 81 | 6.750 | 2.825 | 4.640 |
| 82 | 4.157 | 4.075 | 5.400 |
| 83 | 4.800 | 3.283 | 1.005 |
| 84 | 4.328 | 2.866 | 3.183 |
| 85 | 5.083 | 3.257 | 1.575 |
| 86 | 6.820 | 4.060 | 2.225 |
| 87 | 6.014 | 2.777 | 2.550 |
| 88 | 5.233 | 2.466 | 1.840 |
| 89 | 5.337 | 3.583 | 4.200 |
| 90 | 6.820 | 4.060 | 6.550 |
| 91 | 5.312 | 3.683 | 4.283 |
| 92 | 6.014 | 4.060 | 2.983 |
| 93 | 5.850 | 4.675 | 5.663 |
| 94 | 6.000 | 3.200 | 2.600 |
| 95 | 6.014 | 4.060 | 2.222 |
| 96 | 6.066 | 4.060 | 5.400 |
| 97 | 6.800 | 3.820 | 4.883 |
| 98 | 4.662 | 4.060 | 5.075 |
| 99 | 7.200 | 3.400 | 2.940 |
| 100 | 6.750 | 3.600 | 4.000 |
| 101 | 5.900 | 3.650 | 6.225 |
| 102 | 6.820 | 3.825 | 4.957 |
| 103 | 5.337 | 4.060 | 3.800 |

Continued

| Respondent Number | Hospital III | | |
|---|---|---|---|
| | Attitude A | Attitude B | Attitude C |
| 104 | 6.014 | 4.060 | 4.816 |
| 105 | 3.837 | 2.700 | 1.816 |
| 106 | 6.900 | 3.830 | 2.800 |
| 107 | 4.150 | 3.500 | 2.225 |
| 108 | 6.950 | 4.060 | 4.883 |
| 109 | 6.950 | 4.060 | 3.616 |
| 110 | 4.460 | 4.675 | 5.475 |
| 111 | 5.871 | 2.850 | 6.680 |
| 112 | 6.060 | 4.060 | 5.233 |
| 113 | 6.950 | 4.300 | 5.460 |
| 114 | 6.014 | 3.683 | 4.675 |
| 115 | 4.833 | 4.675 | 4.700 |
| 116 | 6.750 | 4.060 | 5.575 |
| 117 | 6.014 | 4.060 | 4.966 |
| 118 | 5.800 | 4.060 | 4.100 |
| 119 | 6.740 | 3.255 | 2.428 |
| 120 | 5.675 | 3.450 | 3.450 |
| 121 | 7.033 | 4.060 | 5.280 |
| 122 | 6.750 | 5.050 | 4.780 |
| Mean Score | 5.536 | 3.758 | 3.882 |

# APPENDIX F

# STATISTICAL FORMULAE

# STATISTICAL FORMULAE

Degrees of freedom are calculated as: $df = N_1 - 1 + N_2 - 1$

Standard Deviation calculated by formula:

$$\text{Standard Deviation} \quad s = \sqrt{\frac{\Sigma X^2}{N} - \bar{X}^2} \quad \text{or} \quad \sqrt{\frac{\Sigma (X - \bar{X})^2}{N - 1}}$$

$$\underline{t}\text{-test} \qquad t = \frac{\bar{X}_1 - \bar{X}_2}{\sqrt{\frac{s^2}{n_1} + \frac{s^2}{n_2}}} \qquad S^2 = \Sigma \frac{(X - \bar{X})^2_1 + (X - \bar{X})^2_2}{n_1 + n_2 - 2}$$

Analysis of Variance

$$F = \frac{S_b^2}{S_w^2}$$

$$S^2 \text{ (Total)} = \Sigma\Sigma X^2 - \frac{(\Sigma\Sigma X)^2}{N}$$

$$S^2 \text{ (within)} = \Sigma\Sigma X^2 - \Sigma \frac{(\Sigma X)^2}{m}$$

$$S^2 \text{ (between)} = \Sigma \frac{(\Sigma X)^2}{m} - \frac{(\Sigma\Sigma X)^2}{N}$$

Pearson Product-Moment Coefficient of Correlation

$$r = \frac{N \Sigma XY - (\Sigma X)(\Sigma Y)}{\sqrt{[N \Sigma X^2 - (\Sigma X)^2]\ [N \Sigma Y^2 - (\Sigma Y)^2]}}$$

McNemar Formula for Difference Between 2 Correlations based on the Same Sample:

$$t = \frac{(r_{12} - r_{13}) \sqrt{(N - 3)(1 + r_{23})}}{\sqrt{2(1 - r_{12}^2 - r_{13}^2 - r_{23}^2 + r_{12} r_{13} r_{23})}}$$

Typed by Nina L. Barker and Donna Olson

AN ABSTRACT OF THE THESIS OF

ADRIENNE M. HEALY CAINE

For the MASTER OF SCIENCE IN NURSING EDUCATION

Date of receiving this degree: June 6, 1968

Title: OPINIONS EXPRESSED BY ONE HUNDRED AND TWENTY TWO NURSES IN THREE SELECTED GENERAL HOSPITALS REGARDING ALCOHOLISM AND THE ALCOHOLIC PATIENT

Approved: [redacted] (Associate Professor In Charge of Thesis)

This study was a descriptive survey directed toward identifying the attitudes of nurses in general hospitals toward alcoholism, the alcoholic patient, and moderate (social) drinking.

The study was limited to 122 nurses employed in three selected general hospitals in Eastern, Central and Southern Oregon. Data were obtained through the use of the Passey and Pennington Attitude Scale.

Findings

On the basis of the data obtained from the respondents to the questionnaire, it appeared the nurses had a moderately favorable attitude toward alcoholism, a slightly unfavorable attitude toward the

alcoholic and a slightly favorable attitude toward moderate (social) drinking.

It had been hypothesized that the attitudes of the participants would not differ according to such variables as the type of support or control of the school of nursing, educational background (highest credential earned), number of years' employment in nursing and age group. Although variations were found, the statistical analyses of the mean scores showed few significant differences. Accordingly all null hypotheses were accepted with the exceptions of:

(1) Attitude B, attitude toward the alcoholic and age group: there were significant differences shown according to age group.

(2) Attitude C, attitude toward moderate (social) drinking and number of years' employment in nursing: there were significant differences shown according to the number of years' employment in nursing.

(3) Attitude C, attitude toward moderate (social) drinking and age group: there were significant differences shown according to age group.

## Conclusions

The limited population precludes wide spread generalizations, but the following conclusions are made from this study.

1. The respondents' attitude toward the treatment of alcoholism and moderate (social) drinking was more favorable than toward

the alcoholic patient.

2. The respondents apparently were able to accept, intellectually, the fact that the alcoholic patient should be treated but were not able to accept him without equivocation; perhaps this lack of acceptance is due to a judgmental overtone associated with the stigma about alcoholism and the alcoholic that is not completely eradicated. There is, however, no basis for more than conjecture at this time.

3. Since a comparatively small number of variables were included in this investigation, the need for a more refined subanalysis of the varying factors was recognized. Such an analysis might permit penetrating specific interpretations rather than gross generalized speculations.

4. The nurses with a collegiate education had a more favorable attitude toward alcoholism and the alcoholic patient, and moderate (social) drinking than the other respondents. It is not possible, however, to say that the more favorable attitudes are the result of learning through educational processes, greater receptivity through mass media or other socializing agents common among the more educated.

5. The younger nurses and those with fewer years' experience in nursing had a more favorable attitude than did the older nurses and those with the greater number of years' experience in nursing. It can only be conjectured that the more favorable attitude was due to

recency of education, better education and cultural factors which influence the youth of today or to some factors not yet identified.

6. The respondents' attitude toward the alcoholic was more highly related to their attitudes toward moderate (social) drinking than to their attitude toward alcoholism as a disease.

## Recommendations for Further Studies

Based on the findings and conclusions of the study, the following recommendations for further study are made:

1. That a study be made utilizing the Passey and Pennington attitude scale in a specific hospital setting to determine the necessity of, and/or the effect of in-service education for nurses and auxiliary nursing personnel.

2. That a study be made utilizing an attitude scale in a specific setting with patients with mental illness, tuberculosis, or other diseases to which a stigma may have been attached, to determine the attitude of the nurses and auxiliary nursing personnel toward the patient and the treatment of the illness.

3. That a study be made to determine factors which effect change in the attitude of nurses toward alcoholism, the alcoholic patient and moderate (social) drinking.