THE EFFECT OF EDUCATION ON STUDENT NURSES’ ATTITUDES TOWARD ALCOHOLICS

Deborah L. Tamlyn

Despite a basic aim in nursing education to promote attitudes of understanding toward others, negative attitudes toward various groups still persist. This fact is particularly evident when one considers attitudes toward alcoholics. The literature reveals that student nurses continue to reflect the negative and unaccepting attitudes of the general public and of health professionals toward alcoholics (Caetano, 1987; Edwards, 1987; Fisher, Fisher, & Mason, 1976; Schmid & Schmid, 1973). These negative attitudes have a detrimental effect on the nurse’s ability to develop meaningful relationships with alcoholics (Davidhizar & Golightly, 1983; Edwards, 1987; Gurel, 1976; Rosenbaum, 1977).

Little is known about how to improve attitudes toward alcoholics. Generally, there has been inadequate attention given to alcohol education in most nursing, medical and social work programs (Johnson, 1983; Rosenbaum, 1977; Schlesinger, 1986). Programs that have attempted to promote improved attitudes toward alcoholics have varied greatly in their approach and many have not been based upon a theoretical framework.

Research on the success of various programs in modifying negative attitudes toward alcoholics have yielded mixed and sometimes conflicting results. There has been inadequate consideration of issues related to measurement tools, research design and data analysis (Sawyer, 1978).

There has also been a lack of study dealing with student-related factors that may impede or create resistance to attitude change. Especially important in the case of attitudes toward alcoholics may be a previous traumatic personal relationship with an alcoholic parent or other significant person in the family (Black, Bucky & Wilder-Padura, 1986; Boudreau, 1982; McGuire, 1969), or, the effect of personal drinking habits (Chappel, Jordan, Treadway & Miller, 1977).

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If future nurses are to be adequately prepared for their role in the provision of care to alcoholics, a better understanding about the short-term and long-term impact of various educational approaches that are aimed at promoting positive attitudes toward alcoholics is needed. Attitude change programs should also be based on a theoretical framework which can be tested through research.

Aim of the Study

The aim was to improve understanding of methods for improving attitudes of student nurses toward alcoholics. An evaluation was conducted to determine the effects of a three-hour Attitudes Toward Alcoholics (ATA) seminar based on Rokeach’s (1973) theory of attitude change, on student nurses’ attitudes toward alcoholics. As well, experience with an alcoholic and personal drinking habits were related to personal attitudes toward alcoholics.

Literature Review

To locate studies that examined the effect of specific programs on the attitudes of student health professionals toward alcoholics, a computer search was conducted using ERIC, MEDLINE, and Psychological Abstracts. Further studies were obtained by referring to the references of the primary articles. Studies were included if they involved post-secondary students enrolled in programs in health professions, and incorporated a formal research design. This yielded ten studies that examined the impact of a variety of educational experiences on attitudes of nursing, social work and medical students toward alcoholics (Bailey, 1970; Chappel, Jordan, Treadway & Miller, 1977; Chodorkoff, 1969; Chodorkoff, 1967; Davidhizar & Golightly, 1984; Ferneau, 1967; Fisher, Fisher & Mason, 1976; Gurel, 1976; Harlow & Golby, 1980; Sorgen, 1979).

The major features of each of the studies are outlined in chronological order in Table 1. Information is given on research design, measurement tools, sample size, program characteristics and research findings for each study. All of the ten studies used a pretest-posttest design; three of them included a control group. The average sample size was 35 and the range was 45. Measurement tools included the alcoholism questionnaire (Marcus, 1963) in four studies, and a semantic differential in three (MacKey, 1969). Two studies also used the version for alcoholics of the Attitude Toward Disabled Persons (Yuker, 1970) tool. All tools were reported to have previously established reliability and validity levels, but these were generally not reported within the articles.

The length of programs varied greatly. The shortest was 14 hours and the longest 12 weeks. It was difficult to compare time frames because specific
times spent in lectures, giving care to patients or in self-directed study were not indicated.

Most of the studies provided only limited information about specific content and pedagogic methods. Eight studies reported inclusion of psychosocial content, with four of these having some focus on attitudes. Discussion groups were incorporated in five studies but it was not stated whether they were structured in any specific way. In three studies, the students also had direct contact with alcoholics who were receiving treatment.

Table 1

Major Features of Ten Studies on Attitude Change Toward Alcoholics and Alcoholism

<table>
<thead>
<tr>
<th>Study</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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<td>PP</td>
<td>PP</td>
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<td>PP</td>
<td>PP</td>
<td>PP</td>
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<td>ACA</td>
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<td>ACA</td>
<td>SD</td>
<td>AQ</td>
<td>SD</td>
<td>AQ</td>
<td>AQ</td>
<td>ATDP</td>
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<td>Experimental n</td>
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<td>Control n</td>
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<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
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<td>x</td>
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<td>x</td>
<td>x</td>
<td>x</td>
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<td>Medical &amp; psychosocial content</td>
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<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Length</td>
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<td>12 wks</td>
<td>3 wks</td>
<td>30 hrs</td>
<td>9 mos</td>
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<td>10 days</td>
<td>3 wks</td>
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<td>x</td>
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<td>x</td>
<td>x</td>
<td>x</td>
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<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Outcomes + attitude chg.</td>
<td>p&lt;.05</td>
<td>p&lt;.05</td>
<td>x</td>
<td>p&lt;.05</td>
<td>x</td>
<td>p&lt;.05</td>
<td>x</td>
<td>p&lt;.05</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>+ Knowledge gain</td>
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<td>N/A</td>
<td>p&lt;.01</td>
<td>x</td>
<td>p&lt;.01</td>
<td>p&lt;.01</td>
<td>p&lt;.05</td>
<td>N/A</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
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<td>t-test</td>
<td>t-test</td>
<td>N/A</td>
<td>t-test</td>
<td>t-test</td>
<td>t-test</td>
<td>MANOVA</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

LEGEND: x = present; N/A = not tested; PP = pretest-posttest; SD = semantic differential; +C = with control group

In terms of outcomes, six of the studies reported improved attitudes; in three studies, this change was statistically significant. Five of the six studies completed after 1976 reported positive attitude change (two reported statistical significance) whereas only one of the four studies done prior to 1976 achieved the desired attitudinal effect. The findings lend some optimism for the role of education in changing negative attitudes toward alcoholics, but, the weak research design and lack of precision in defining treatment variables limit generalization of the findings.
Theoretical Framework

Rokeach's (1973) theory of attitude change was selected as the theoretical framework for this study because it utilizes a cognitive approach which is appropriate within an educational context. This theory differs from other attitude change theories in its emphasis on values and self-conceptions. Rokeach (1983) states that a state of cognitive inconsistency will result when contradictions involving values are seen to have implications with respect to one's self-concept. The more a contradiction relates to self-cognitions, the greater the self-dissatisfaction. The psychological state of self-dissatisfaction is seen as "the central mechanism that triggers attitude change" (Rokeach, 1973). The model suggested by Rokeach is illustrated in Figure 1.

\[
\text{Increased awareness of contradictions between professional values and personal attitudes toward alcoholics} \quad \rightarrow \quad \text{Self dissatisfaction} \quad \rightarrow \quad \text{Striving to bring attitudes in line with professional values}
\]

Figure 1
Theoretical model for the study

The method that Rokeach suggests is best suited to change attitudes is to "expose persons to information about their own belief system, or to selected features of it, in order to make them consciously aware of certain contradictions that chronically exist within it below the level of awareness" (Rokeach, 1973, p. 233). Awareness of contradictions between one's attitudes and values should lead to attitude change and reduced incompetent or immoral self-conceptions.

This study builds on Rokeach's theory of attitude change by examining whether increasing student nurses' awareness of their attitudes toward alcoholics and any contradiction between these attitudes and professional nursing values leads to short-term and long-term attitude change.
Hypotheses

1. Student nurses who do participate in the ATA (Attitudes Toward Alcoholics) seminar (versus those who do not participate) will have more positive attitude scores on posttest 1 (one week later).

2. Student nurses who do participate in the ATA seminar (versus those who do not participate) will have more positive attitude scores on posttest 2 (two months after ATA seminar).

3. Student nurses who report having an alcoholic family member will have more negative attitude scores than student nurses who do not report this.

4. Student nurses who report being non-drinkers of alcohol will have more negative attitude scores on both posttests than student nurses who report they drink alcohol.

Assumptions

1. Attitude change can result from a brief but significant experience.

2. Attitudes are reflective of a person’s values.

3. People are able to identify and report their attitudes.

Limitations

1. The use of a non-random sample may result in findings that are related to unique features of the sample under study.

2. Participation in the seminar was voluntary and students who chose to participate may have had characteristics different from those who did not participate.

3. The variable, experience with an alcoholic parent, was self-reported data based on individual perception.

4. The experimental group may have communicated information about the ATA seminar to the control group.

Delimitation

Generalization of findings is limited because the size of the study sample was small in comparison to the number of diploma nursing students in Canada.

Methods

Sample

The sample consisted of 96 second year nursing students enrolled in a two-year diploma nursing program. There were 88 females and 8 males with the majority being between 19 to 21 years of age.
Equal numbers of students were randomly assigned to an experimental or control group. The experimental group attended the ATA seminar and the control group were given free time.

**Data collection**

Data were collected using the Alcoholism Questionnaire (Marcus, 1963) and the Attitudes Toward Alcoholics Persons tool (Yuker, 1965). The use of two tools permitted a stronger test of the hypotheses, and allowed for comparison of the two attitude measures.

The Alcoholism Questionnaire was developed at the Toronto Addiction Research Foundation and has been used in numerous studies with nurses, physicians, social workers and teachers (Fenau, 1967; Marcus, 1963; Sorgen, 1979). It was developed from a factor analytic study and has established reliability and validity ratings (Harlow & Golby, 1980; Marcus, 1963, 1963a, 1963b).

The Attitudes Toward Disabled Persons (ATDP) tool (Yuker, Block & Campbell, 1960) is a 30-item Likert scale. It is a well-researched instrument with content validity and split-half reliability ranging from .78 to .84 (Shaw & Wright, 1969). An "alcoholic" version of the ATDP, which is constructed by substituting the word "alcoholic" for "disabled", was used in this study. Items were also modified to eliminate any gender bias. The ATAP has been validated for use in alcohol attitude research (Schmid & Schmid, 1973; Sorgen, 1979).

Demographic data were also collected on gender, age, relationships with alcoholic family members and drinking habits.

**Treatment**

The Attitudes Toward Alcoholics Seminar was approximately three hours in length. It incorporated a number of participatory exercises (Table 2) aimed at increasing students’ awareness of their attitudes toward alcoholics, and of how these compared with the attitudes and values advocated by the nursing profession. The rationale for using only one training seminar was that the seminar was serving to reinforce values and beliefs that are incorporated throughout the nursing program. The importance of the seminar was that it highlighted the incongruency that often exists between what is espoused as nursing’s position of caring toward all clients and the ambivalent and negative attitudes that students often experience toward alcoholics.

The first exercise consisted of having the students write a short description of their attitudes toward alcoholics. The importance of honest responses was
impressed upon the students by informing them that the exercise was
designed to assist them in becoming more aware of personal attitudes. The
benefits of having students write down their attitudes and beliefs were evi-
dent when reading their descriptions, which were vivid expressions of their
feelings, beliefs, attitudes and experiences.

Following the Attitude Exercise, the subjects viewed a videotape entitled,
"Attitudes". This video is the first in a four-part series on alcohol and the
physician, developed by the KROC Foundation for the Study of Addictions.
It is 20 minutes in length and traces the development of one person's attitude
toward alcoholics from early childhood to adult life.

Students were asked for their reaction to the videotape and how it related to
their own views toward alcoholics and alcoholism. Discussion was encour-
aged and it was emphasized that there are a wide variety of opinions sur-
rounding the topic.

Table 2

Outline of the "Attitudes Toward Alcoholics" Seminar

<table>
<thead>
<tr>
<th>Topic</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to the Seminar</td>
<td>10 minutes</td>
</tr>
<tr>
<td>Attitude writing exercise</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Videotape - &quot;Attitudes&quot;</td>
<td>20 minutes</td>
</tr>
<tr>
<td>Large group discussion</td>
<td>20 minutes</td>
</tr>
<tr>
<td>Break</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Small group discussion</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Large group feedback</td>
<td>25 minutes</td>
</tr>
<tr>
<td>Role-playing exercise</td>
<td>40 minutes</td>
</tr>
<tr>
<td>Summary and evaluation</td>
<td>15 minutes</td>
</tr>
</tbody>
</table>

Students were then organized into groups of six or seven and were asked to
identify the values advocated by the nursing profession toward the treatment
of alcoholics and to discuss strategies for overcoming adverse attitudes and
reactions to alcoholics. Following the small group discussion, the entire
group reassembled and the discussion points were presented by a group
recorder.
The final exercise consisted of three role-playing situations. In each of the role-play situations, two students acted the part of a nurse and an alcoholic. The purpose of the role-play situations was to demonstrate possible responses to difficult situations nurses can encounter in working with alcoholics and to help students internalize what it might feel like to be an alcoholic who has sought treatment. Three situations were described and student volunteers were selected. The role players and the audience were asked for input after each situation.

At the end of the seminar, the students were asked to identify what they liked and did not like about the seminar and whether the seminar had influenced their attitudes toward alcoholics. These responses were submitted in writing.

**Design**

A modified posttest-only control group design (Campbell & Stanley, 1963) was used to test the research hypotheses.

Equal numbers of students were randomly assigned to the experimental and control groups. The experimental group attended regular classes and participated in the three-hour ATA seminar. The control group attended all regular classes but did not participate in the ATA seminar. Posttests were completed in the week following the seminar and again two months after the first posttest.

In order to control for experimenter bias, a nursing professor who was not known to the students conducted the seminar. Specific instructions were given to assist with the seminar. The researcher attended the seminar to observe whether the intended approach was implemented.

**Data analysis**

The data were analyzed using the statistical package for the Social Sciences (Klecka, Nie and Hull, 1975). Descriptive statistics were computed for the demographic variables gender, age, relationship with alcoholics, drinking habits, ATAP scores and AQ scores.

A multivariate analysis of variance (MANOVA) was conducted, using the scores obtained on the ATAP and the Alcoholism Questionnaire for the first and second posttests to determine whether any of the scores changed significantly. The .05 level of significance was chosen because it is commonly used in attitude studies.
Findings

Seventy-nine students (91.8%) completed the demographic questionnaire, the AQ and the ATAP one week after the ATA seminar. Forty-one of the respondents had attended the seminar (experimental group) and 38 had not (control group). Two months later, 35 subjects from the experimental group and 37 subjects from the control group completed the AQ and the ATAP a second time.

Cross tabulation analysis of the demographic data revealed that the majority of subjects were females (89.9%) aged 16-25 years (69.6%) who drank regularly (85%). In terms of experience with alcoholics, 25% reported having an alcoholic parent, 7.6% an alcoholic sibling and 26.6% an alcoholic friend.

Hypothesis #1

The only factor that showed a significant difference was Factor One (Table 3). Factor One relates to the belief that emotional difficulties or psychological problems are an important contributing factor in the development of alcoholism. The experimental group concurred with this belief more strongly than the control group.

Table 3

Multivariate Analysis of Variance with AQ I Scores

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Hypoth SS</th>
<th>Error SS</th>
<th>Error MS</th>
<th>F</th>
<th>Sig. of Univariate F</th>
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<tbody>
<tr>
<td>F1</td>
<td>5.24</td>
<td>98.00</td>
<td>1.27</td>
<td>4.12</td>
<td>.04</td>
</tr>
<tr>
<td>F2</td>
<td>.87</td>
<td>77.81</td>
<td>1.01</td>
<td>.86</td>
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<tr>
<td>F3</td>
<td>.006</td>
<td>55.41</td>
<td>.72</td>
<td>.008</td>
<td>.92</td>
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<tr>
<td>F4</td>
<td>.10</td>
<td>87.66</td>
<td>1.14</td>
<td>.08</td>
<td>.77</td>
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<td>F5</td>
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<tr>
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<td>.92</td>
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<tr>
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<td>42.49</td>
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<td>.867</td>
<td>.35</td>
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</table>

Multivariate F = .87; Significance F = .55


**Figure 2**

Comparison of AQ factor profiles for Experimental and Control groups with Expert group

**Hypothesis 2**

The second hypothesis stated that student nurses who participate in the ATA seminar will have more positive attitude scores on the second post-test (two months later) than student nurses who do not participate. A MANOVA was computed using ATAPI and ATAPII as dependent variables. The MANOVA results indicated that the experimental group had higher ATAPII scores; the mean ATAPII scores for the experimental and control groups were 102 and 95.7 respectively. The multivariate test of significance had an F value of 6.75, (p = .01).

The AQII mean factor scores were compared using t-test analysis. There was no significant difference between any of the mean factor scores. There was less than a 0.5 point spread between the nine mean factor scores obtained by the experimental and control groups.
To determine the significance of the AQ mean factor scores, the AQ I factor scores for the experimental and control group were plotted alongside those obtained by alcohol experts in a study done by Marcus in 1963. The graph of the AQ factor profiles for the experimental and control groups (Figure 2) was consistent with the graph of factor scores previously obtained by the expert group in Marcus’ study on all but Factor One. In terms of Factor One, the two groups in this study were situated on the disagree side of the scale, whereas the expert group were on the agree side. There is less than a one-point difference between the mean factor scores obtained by the experts and those obtained by the two study groups on the other eight factors. Marcus (1963) states that differences in mean factors scores which are less than one are not likely to be significant.

**Hypothesis 3 and 4**

MANOVA procedures were also used to address the third and fourth hypotheses. The MANOVA used the ATAPI and ATAPII scores as the dependent variables and group status (grp), experience with an alcoholic parent (alcp) and frequency of drinking (freq) as the independent variables. The results of these analyses (Table 4) indicated that the only variable which had a significant multivariate F was group status (F=3.08, p <.01). The AQ questionnaire does not provide a global score; as such, the AQ results were not used in testing the third and fourth hypotheses.

**Table 4**

**Multivariate Analysis of Variance with ATAP scores**

<table>
<thead>
<tr>
<th>Source of variation</th>
<th>Posttest I</th>
<th></th>
<th>Posttest II</th>
<th></th>
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<tr>
<td></td>
<td>F</td>
<td>Sig</td>
<td>F</td>
<td>Sig</td>
</tr>
<tr>
<td>Group status (Grp)</td>
<td>4.03</td>
<td>.05*</td>
<td>6.75</td>
<td>.01**</td>
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<tr>
<td>Alcoholic parent (AIP)</td>
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<td>.80</td>
<td>2.17</td>
<td>.14</td>
</tr>
<tr>
<td>Frequency/drinking (Freq)</td>
<td>.98</td>
<td>.43</td>
<td>1.37</td>
<td>.24</td>
</tr>
<tr>
<td>Grp x Alp</td>
<td>1.68</td>
<td>.19</td>
<td>.36</td>
<td>.54</td>
</tr>
<tr>
<td>Grp x Freq</td>
<td>1.32</td>
<td>.27</td>
<td>2.09</td>
<td>.10</td>
</tr>
<tr>
<td>AIP x Freq</td>
<td>.34</td>
<td>.79</td>
<td>1.05</td>
<td>.37</td>
</tr>
<tr>
<td>Grp x AIP x Freq</td>
<td>2.72</td>
<td>.07</td>
<td>.09</td>
<td>.90</td>
</tr>
</tbody>
</table>

* p<.05
** p<.01
The ATAP results support the first and second hypotheses. Students who attended the ATA seminar had significantly higher scores (p=.01) on both posttests than those students who did not attend. No difference existed on eight of the nine items of the AQ test between the experimental and control groups during either posttest. No significant relationship was found between the variables, experience with an alcoholic parent and frequency of drinking, and ATAP scores. Self-reported attitude change data obtained from the experimental group during the ATA seminar indicated that 46% believed that their attitudes had become more favorable as a result of the seminar.

One explanation for the difference in findings between the ATAP and the AQ is that the two tools measure different concepts. In the 10 studies that were reviewed, only Sorgen (1979) used two questionnaires in the same study. Sorgen also reported opposite findings; she found no ATAP difference but reported significant differences in four of the nine AQ factors.

Marcus (1963) states that the Alcoholism Questionnaire was designed to measure opinions and beliefs about alcoholics and alcoholism. There are salient differences between beliefs and attitudes and it is possible for a person to have appropriate beliefs concerning alcoholism and yet hold negative attitudes toward alcoholics.

To understand the significance of the AQ scores better, a comparison was made between the AQ scores obtained by the nursing students in this study and AQ scores obtained by experts in the field of alcoholism treatment reported in an earlier study (Marcus, 1963). This comparison indicated that the nine mean factor AQ scores were highly similar for the two groups, suggesting that the students in this study held opinions and beliefs that were consistent with those of experts working in the field of alcoholism. This is encouraging because it means that students can be viewed as having made appropriate responses to the AQ items.

The results from the first ATAP posttest support Rokeach's (1973) theory that attitude change is integrally linked to one's values and self-conceptions. The ATA seminar stressed the importance of professional nursing values that emphasize the right of all people to be respected and to receive understanding and competent care. It also afforded the students an opportunity to reflect on their own attitudes toward alcoholics.

Rokeach (1973, p. 229) states that, "If there is a contradiction between a value and an attitude, the less central attitude should change in a direction that will make it consistent with the value." Furthermore, any information that produces self-dissatisfaction, even if transmitted by a lecture should result in the desired attitude change." In this study, the ATA seminar attempted to produce self-dissatisfaction in students whose attitudes toward
alcoholics contradicted professional nursing values that they should implicitly accept in aspiring to become nurses. The findings were consistent with that of Rokeach and McLellan (1972) who found that subjects who were given information about the values held by significant others were likely to compare these with their own values.

The findings also indicate that short-term changes in attitudes toward alcoholics are possible and that they can persist over a period of months. Rokeach states that long-term changes are "less susceptible to alternative interpretations because the more removed in time a posttest is from an experimental treatment, the more likely that the changes will be genuine ones" (1973, p. 232).

The ATAP MANOVA results did not show that a significant relationship existed between having an alcoholic parent and holding negative attitudes toward alcoholics. The written attitude descriptions of some students indicated a link between negative experiences with an alcoholic family member or relative and ambivalent or negative attitudes toward alcoholics. One student reported that, although her alcoholic father had left home when she was eleven, she still had an ambivalent attitude toward alcoholics. Another student reported that her negative attitude was the result of being molested by an alcoholic. Other students, however, reported that the experience of living with an alcoholic parent gave them better insight into alcoholism and helped them to be less critical of alcoholics in general.

The literature suggests that traumatic personal relationships with alcoholics can have a long-lasting negative impact on attitudes (Black, Bucky, & Wilder-Padura 1986). What remains unclear is why this happens to some people and not others. The students who reported that they drank alcohol evidenced attitudes similar to those who reported they did not drink. This finding differed from that of Chappel, Jordan, Treadway and Miller (1977) who found that medical students who reported being non-drinkers had more negative attitudes toward alcoholics.

**Discussion**

The results of this investigation demonstrate that attitudes of nursing students toward alcoholics can be positively influenced by a three-hour attitude seminar. It is important to note, however, that many nursing programs also address the area of attitudes within their clinical practicums. A replication study would be useful in determining whether the ATA seminar would also be effective with other groups.

The questions raised by the different results obtained from the Alcoholism Questionnaire (AQ) and the Attitudes Toward Alcoholics Persons (ATAP)
tool should be further addressed. The tools measure different concepts. To date, there have been few studies that have used more than one tool, and consequently, little is known about the comparability of various belief and attitude measures.

The relationship between attitudes and behaviour should also be considered. This study accepts Rokeach's (1973) theory that attitudes can best be understood in relation to the values people hold and the kind of person they aspire to be. Attitudes are seen as an important influence on behaviour, not as a necessary or sufficient cause of behaviour. For example, some students may have positive attitudes toward alcoholics, but be unsure of how to help them or their behaviour may be strongly influenced by the expectations of others.

The intent of this study was to promote improved attitudes toward treating alcoholics. During the seminar, students indicated awareness that a generalized negative attitude exists among health professionals toward alcoholics. They noted reasons for this and discussed ways of dealing with difficult situations. Recognizing that there are many recommended approaches for helping alcoholics, students need assistance to identify which approaches are congruent with professional values.

The results of this study indicate that participating in an intense educational seminar can influence student nurse's attitudes toward alcoholics. The ATAP results and the written reports demonstrate that students who are given opportunities to examine their attitudes and professional values can improve their attitudes toward alcoholics. Students noted, in the review period, that the seminar had heightened their awareness of the problems that exist concerning the care of alcoholics. They identified the need for further classes dealing with problems that confront nurses when working with alcoholics and their families.

Many questions still exist, however, in relation to the nature of attitudes and the qualitative differences between student attitudes and beliefs. There has been no indepth analysis of nurses attitudes and beliefs toward alcoholics reported in the literature; therefore one should be undertaken. The qualitative findings from the student papers indicated that some students who had positive or negative attitudes scores on the ATAP reported they had uncertain or ambivalent attitudes toward alcoholics. Attitude measures sometimes force responses which may not be totally accurate. Studies that include qualitative data should lead to a deeper understanding of the complex nature of attitudes and about how best to foster empathetic attitudes toward alcoholics and other groups that are the subject of prejudice.
More educational research is needed if progress is to be made in overcoming negative attitudes toward alcoholics. Educators must recognize the importance of attitudes and the impact that attitudes have on the care provided to alcoholics and their families. More educational experiences are needed that help students to address their attitudes toward alcoholics and to acquire the knowledge and skills needed to deal with the challenges related to working with alcoholics. It is also essential that health care professionals and nurse educators role model empathetic and supportive attitudes toward alcoholics and their families to their students. Alcohol abuse and related problems are deemed to affect twenty percent of the population (Edwards, 1987): nursing education can ill-afford to neglect such a widespread concern.

REFERENCES


RÉSUMÉ

Les attitudes à l’égard des alcooliques chez les étudiants en sciences infirmières

Cette étude avait pour objectif de concevoir une démarche pédagogique susceptible d’aider les étudiants en sciences infirmières à adopter des attitudes positives à l’égard des alcooliques. Le concept d’attitude et les théories de modification des attitudes ont été étudiés pour identifier le schéma théorique susceptible de convenir à un séminaire de trois heures portant sur les "Attitudes à l’égard des alcooliques" (AEA).

Le séminaire AEA qui incorpore la théorie de modification des attitudes de Rokeach a été organisé pour un échantillon randomisé d’étudiants inscrits au diplôme en sciences infirmières. Des épreuves de post-testing, l’ATAP (Yuker, 1965) et le questionnaire sur l’alcoolisme (Marcus, 1963) ont été administrés une semaine et deux mois après le séminaire. Les résultats de l’ATAP ont révélé que les attitudes des étudiants en sciences infirmières qui avaient participé au séminaire AEA à l’égard des alcooliques étaient nettement plus positives que celles d’un groupe témoin qui n’avait pas suivi ce séminaire. D’après les résultats du questionnaire sur l’alcoolisme, les sujets n’affichent pas de différence marquée au niveau des croyances. Par ailleurs, les données qualitatives obtenues lors du séminaire AEA indiquent également que les attitudes du groupe expérimental reflètent une amélioration du comportement à l’égard des alcooliques.
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