

# Perceptions and Attitudes of Nurses Working At Emergency Unit About the Causes and Treatment of Addiction

## Acil Serviste Çalışan Hemşirelerin Bağımlılığın Nedenleri ve Tedavisine İlişkin Algı ve Tutumları

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### SUMMARY

**Objectives:** This study was carried out to determine the emergency nurses' perceptions towards the reasons and treatment of substance addiction their attitudes towards the individuals having problem of substance addiction.

**Methods:** This descriptive study was carried out in three hospitals which have psychiatry clinic in a city in Aegean Region. 86 nurses, who was working in the emergency unit (n=125) and accepted participating, constituted the sample of the study. 4 Forms were used as data collection tools. Descriptive Information Form, Reasons of Substance Abuse Scale-RSAS, Substance Abuse Treatment Scale-SATS, and Attitude Scale-AS. In data evaluation, descriptive statistics, t-test, variance analysis, and correlation analysis were used.

**Results:** 53.5% of the nurses made care to a substance user patient in any period of their professional life and 80.2% of them explained that they haven't had an education about that subject before. The Emergency unit nurses' average scores of Attitude Scale (AS) was 49.43±19.59. showed that nurses has negative attitudes towards social distance to people who has substance use problem. The nurses' socio-demographic and professional characteristics and having the knowledge and experience of caring to a substance user patient before, were effective negatively on the reasons for substance use and nurses perceptions about people who wants to give up on substance and nurses attitudes about substance users. Nurses believe that a person uses substance primarily because of "coping with the problems" and "social environment" and a substance user individual must have a change for him/her in order to be able to recover from addiction. They think that the individual must "avoid the substance use and get socio-professional help" and must "change the personality characteristics" to achieve.

**Conclusion:** Emergency nurses have the tendency of negative attitude towards the patients having the problem of substance abuse.

**Keywords:** Addiction; emergency; emergency nurse; substance abuse; treatment.

### ÖZET

**Amaç:** Çalışma acil serviste çalışan hemşirelerin, madde bağımlılığı nedenlerine ve tedavisine ilişkin algılarını ve madde kötüye kullanım problemi olan bireye yönelik tutumlarını belirlemek amacıyla yapılmıştır.

**Gereç ve Yöntem:** Tanımlayıcı tipteki araştırma, Ege Bölgesi'nde bir ilde psikiyatri kliniği bulunan üç hastanenin acil servislerinde çalışan 86 hemşire ile yürütülmüştür. Veri toplama aracı olarak 4 form kullanılmıştır. Tanıtıcı Bilgi Formu, Madde Kötüye Kullanım Nedenleri Ölçeği, Madde Kötüye Kullanım Tedavileri Ölçeği ve Tutum Ölçeği. Verilerin değerlendirilmesinde, tanımlayıcı istatistikler, t-testi, varyans analizi ve korelasyon analizi kullanılmıştır.

**Bulgular:** Hemşirelerin %53.5'i mesleki yaşamlarının herhangi bir döneminde madde bağımlısı bir hastaya bakım vermiş ve %80.2'si bu konuda daha önce herhangi bir eğitim almadığını belirtmiştir. Acil hemşirelerinin tutum ölçeği puan ortalamaları, madde kötüye kullanım problemi olan bireylere yönelik sosyal mesafe koyma yönünde olumsuz tutum eğilimine sahip olduklarını göstermektedir. Hemşirelerin sosyodemografik ve mesleki özellikleri ile madde bağımlısı bir bireye daha önceden bakım verme konusundaki bilgi ve deneyim sahibi olma durumları, madde bağımlılığının nedenlerine ve madde kullanan bir insanın madde bağımlılığından kurtulmak için neler yapması gerektiğine (tedavisine) ilişkin algılarını ve madde kullanan bir insana yönelik tutumlarını olumsuz yönde etkilemektedir. Hemşireler, bir kişinin öncelikli olarak "problemleriyle başetmek" ve "sosyal çevresi" nedeniyle madde kullandığına ve bağımlılıktan kurtulabilmesi için kişinin kendisinde değişim yaratması gerektiğine inanmaktadır. Bunun için kişinin "maddeden kaçınması ve sosyal-profesyonel olarak yardım alması" ve "kişilik özelliklerini değiştirmesi" gerektiğini düşünmektedir.

**Sonuç:** Acil hemşireleri, madde kötüye kullanım problemi olan bireye yönelik sosyal mesafe koyma yönünde olumsuz bir tutum eğilimine sahiptir.

**Anahtar sözcükler:** Bağımlılık; acil servis; acil hemşiresi; madde kötüye kullanımı; tedavi.

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### Introduction

Addiction is an increasingly important health problem in both Turkey and the world in recent years.<sup>[1-5]</sup> The number of individuals having substance abuse problem has gradually increased.<sup>[2,6,7]</sup> In parallel with this increase, the number of hospitalizations related to substance abuse has also increased each passing day.<sup>[8]</sup> A study conducted in Ireland showed that 50% of hospitalization rates are related to substance abuse.<sup>[8]</sup>

Another study found that drug-addicted individuals apply to emergency service 30% more than those who are not addicted.<sup>[9]</sup> One more study indicated that more than 50% of hospitalizations result from problems related to substance abuse.<sup>[10]</sup> Due to these health problems or repetitive hospitalizations of addicted individuals, nurses working in emergency services to which these addicted individuals frequently apply occupy an important position to provide early diagnosis and therapy.<sup>[8,11]</sup> At this point, emergency nurses' knowledge, attitude, and skills about nursing and treatment of addicted individuals play a determinant role in shaping nursing services to be given to these patients.<sup>[5,8,12,13]</sup>

Addiction refers to a situation in which individuals use substances excessively to the extent that their physical and mental health and the balance among family, society, and profession are seriously deteriorated. It is a brain disease characterized by improper and repetitive use of substances leading to repetitive problems and unintended consequences.<sup>[7,14,15]</sup> It is a multiple disease. Many biopsychosocial factors can cause substance abuse.<sup>[16]</sup> Besides individuals' biological and psychological characteristics, among sociocultural aspects, many factors such as accessibility of substances, social acceptability of individuals having substance abuse problem, environmental effects and domestic relations, coping skills of individuals for stress, socioeconomic level, peer relationship, cultural attitudes, and mass communication play a role in causing substance abuse problem.<sup>[16–18]</sup> For example, reasons such as urbanization, industrialization, migration, social factors, and entertainment culture facilitate access to the substance and increase substance use.<sup>[1,16,19]</sup> Also, acceptance and approval of substance use in a society, and regarding individuals not using substances as conservative and coward and insulting them have increased substance abuse rates.<sup>[16,18]</sup> From this perspective, addiction is a complex situation that should be handled keeping in mind various aspects. Addiction not only affects individual health, but also seriously affects family life. It has highly adverse effects on public safety and economy,<sup>[7,20]</sup> including traffic accidents, suicide, criminal tendency, family fragmentation, disruption in business life, job loss, and other economical problems.<sup>[21]</sup> Addiction is an expensive and destructive disease with its effects on the society and individual health. Today many health care professionals have accepted that treatment of addiction is not easy at all.<sup>[7,20]</sup> Despite great efforts and the time spent, recovery period or response to treatment takes time. Therefore, nurses find providing care to these patients difficult.<sup>[22,23]</sup> This situation highlights nurses' negative attitudes toward these patients. Various studies have indicated nurses' perceptions and negative attitudes, similar to those of the society, toward individuals having substance use problem.<sup>[2,24–29]</sup> Melby et al. (1992) found that 85% of nurses considered individuals having substance abuse prob-

lem as a danger for the society.<sup>[28]</sup> Another study by Anderson et al. (2001) revealed that nurses working in an emergency unit were reluctant to provide service to individuals having alcohol abuse problem.<sup>[30]</sup> Ford et al. (2008) also stated that nurses' therapeutic behaviors decreased as do their refusal to illegal substances increase.<sup>[24]</sup> The fact that a nurse who is responsible for treatment and care of an individual having substance abuse problem has a negative attitude, looks down on the patient, and avoids being in touch with the patient can seriously damage the relationship between the patient and the nurse.<sup>[22,31,32]</sup> These negative beliefs, values, and stereotyped thoughts can prevent nurses from performing their professional roles and patients from receiving holistic care. This situation can negatively affect the therapeutic relationship between the nurse and the patient and also the quality of care provided by nurses.<sup>[2,26,31,33–35]</sup> At this point, emergency services are the main risk areas because addicted individuals receive their first intervention in these places.<sup>[36]</sup> Hence, it is essential to determine the attitudes of nurses working in emergency services toward individuals having substance abuse problem. However, the studies conducted on this issue to date are not sufficient. This study examined not only the attitudes of nurses working in emergency services toward individuals having substance abuse problem but also their perceptions about reasons and treatment of substance addiction and sociodemographic characteristics affecting these perceptions. The present study results would offer an insight into training programs to be organized for emergency nurses on this issue. In other words, the aim would be to provide education on drug control to various vocational counselors within the Ministry of Health as part of Emergency Action Plan Against Drug published in 2015.<sup>[37]</sup> The study results would guide in structuring learning contents for this purpose so that emergency nurses become conscious with standardized education and provide more qualified nursing services to addicted patients.

## Materials and Method

This descriptive and relational study was carried out in emergency services of hospitals having psychiatry clinic in a city located in the Aegean region between January and February 2015. The aim was to conduct this study in four hospitals; however, one hospital administration did not give permission. Therefore, this study was carried out in three hospitals. The sample of the study consisted of 125 nurses. Excluding nurses who were not available due to reasons such as leave of absence, sick leave, and change of duty, 86 nurses agreed to participate in the study. Thus, the researchers reached to 69% of the study universe.

## Data Collection Tools

This study used four forms as data collection tools.

**1. Introductory Information Form:** This form comprised close- and open-ended questions prepared for determining nurses' sociodemographic characteristics (age, sex, educational status, marital status), professional characteristics (years of professional working, years of working in the institution, work system, situation and duration of care provision to patient having substance abuse problem), and status of receiving information on substance addiction and care provision to patients having substance abuse problem.

**2. Causes of Drug Abuse Scale (CADAS):** This scale was developed by Çırakoğlu (2005). It aimed to determine perceptions about causes of drug addiction. Cronbach alpha internal consistency coefficient of the scale was found to be 0.92 for both validity and reliability analyses and for this subject group. This 56-item scale consisted of four subdimensions.<sup>[3]</sup>

**Problems and Coping:** This subdimension comprised No. 1, 2, 8, 16, 17, 22, 24, 35, 38, 40, 41, 45, 46, 53, 56, 59, 61, 62, 63, 67, 68., 74, 75, 76, 77, and 79 items (26-item). The maximum possible score of this subdimension was 130, and the minimum was 26. Higher points indicated the perception about the fact that the causes of drug abuse include problems and coping with these problems.<sup>[3]</sup>

**Sensation Seeking:** This subdimension comprised No. 5, 10, 19, 20, 30, 32, 33 34, 42, 55, 64 70., and 72 items (13-item). The maximum possible score of this subdimension was 65, and the minimum was 13. Higher points indicated the perception about the fact that the causes of drug abuse include sensation seeking.<sup>[3]</sup>

**Social Environment:** This subdimension comprised No. 4, 15, 18 29, 31 37, 43, 44, 47, 52 72, and 84 items (12-item). The maximum possible score of this subdimension was 60, and the minimum was 12. Higher points indicated that the cause of drug abuse is a perception about social environment.<sup>[3]</sup>

**Tendency:** This subdimension comprised No. 60, 65, 81, 82, and 83 items (5-item). The maximum possible score of this subdimension was 25, and the minimum was 5. Higher points indicated the perception about the fact that the cause of drug abuse is a tendency to use substances.<sup>[3]</sup>

This was a 5-point Likert-type scale. On the basis of the responses of nurses on each statement, each item was graded as follows: Not Important At All, 1; Not Important, 2; Neither Agree Nor Disagree, 3; Important, 4; Very Important, 5. The maximum possible score of this scale was 280, and the minimum was 56. Higher points indicated nurses' perceptions about the causes of drug abuse in an individual.<sup>[3]</sup>

**3. Cures for Drug Abuse Scale (CUDAS):** This scale was developed by Çırakoğlu (2005). This scale aimed to determine perceptions about what an individual with substance

abuse problem should do to recover from substance addiction (treatment process). Validity and reliability analyses of the scale found internal consistency coefficient to be 0.96; it was found to be 0.98 for this sample group. This 47-item scale consisted of 4 subdimensions.<sup>[3]</sup>

**Help Seeking and Avoidance:** This subdimension comprised No. 1, 2 3, 4 5, 8, 9, 10, 12, 17, 18, 19, and 20 items (16-item). The maximum possible score of this subdimension was 80, and the minimum was 16. Lower points indicated the perception about the fact that substance addiction recovery can be possible with social or professional help-seeking and substance-avoidance behavior.<sup>[3]</sup>

**Personality Change:** This subdimension comprised No. 1, 29, 31 36, 41, 43 44., 48 49 50, 51 56, and 57 items (15-item). The maximum possible score of this subdimension was 75, and the minimum was 15. Lower points indicated the perception about the fact that substance addiction recovery can be possible with personality and perspective changes in individuals.<sup>[3]</sup>

**Social Activity:** This subdimension comprised No. 11, 13 23, 24 30., 35, 37 39 40, 52, 45 and 59 items (11-item). The maximum possible score of this subdimension was 55, and the minimum was 11. Lower points indicated the perception about the fact that substance addiction recovery can be possible with the participation of an individual who uses substances in social activities.<sup>[3]</sup>

**Change:** This subdimension comprised No. 26, 27 55 65, and 67 items (5-item). The maximum possible score of this subdimension was 25, and the minimum was 5. Lower points indicated the perception about the fact that substance addiction recovery can be possible with social change in an individual.<sup>[3]</sup>

This was a 5-point Likert-type scale. On the basis of the responses of nurses on each statement, each item was graded as "Strongly Agree=1," "Agree=2," "Neither Agree Nor Disagree=3," "Disagree=4," "Strongly Disagree=5". The maximum possible score of this scale was 235, and the minimum was 47. Lower points indicated nurses' perception about what an addicted individual should do to recover from substance addiction.<sup>[3]</sup>

**4. Attitude Scale (AS):** This scale was developed by Çırakoğlu (2005). This scale aimed to determine nurses' attitudes toward maintaining a social distance from an individual with substance use problem. This was a 20-item and 5-point Likert-type scale. On the basis of the responses of nurses on each statement, each positive item was graded as "Absolutely Yes=1," "Yes=2," "Neither Agree Nor Disagree=3," "No=4," "Absolutely No=5"; No. 4, 7, 10, 17, and 20 negative items were graded in a totally opposite manner. The maximum possible score of this scale was 100, and the

minimum was 20. Higher points indicated positive attitude toward a substance-addicted individual. In original version of the scale, the Cronbach alpha value was not analyzed, and for this sample group, the Cronbach alpha internal consistency coefficient was found to be 0.83.<sup>[3]</sup>

### Data Assessment

Data were collected based on self-rating. The researchers went to every research institution, gave information to nurses on the purpose of the study and obtained written consents from nurses who volunteered to participate. While responding to all scale items, the nurses chose items that could be answered for statements on the CADAS, CUDAS, and AS “An individual starts using alcohol-substance because ...,” “What should an individual do to recover from alcohol-substance addiction?,” and “An individual who uses alcohol-substance ...,” respectively. The nurses also considered “heroin, marijuana, cocaine, and other psychoactive substances,” the use of which is illegal in Turkey.

Collected data were analyzed in computer environment using SPSS (Statistical Package for Social Sciences) 16.0 software (SPSS, IL, USA). During study data analysis, the one-way analysis of variance and Student t test, in addition to descriptive statistics methods (means, standard deviation), were used to evaluate and compare quantitative data. Correlation analysis was also performed to evaluate the relationship between two variables. The results were evaluated in 95% confidence interval and 0.05 significance level.

### Ethical Principles of the Study

To initiate the study, an approval with decision number dated November 11, 2014 and numbered 241 was obtained from Izmir Kâtip Çelebi University, Non-interventional Clinical Studies Ethics Committee. Furthermore, written permissions were received from Cem ÇIRAKOĞLU and the head of the department to use scales and conduct the study, respectively. However, the researchers met with nurses who agreed to participate in the study, and conducted the study on a volunteer basis without putting pressure on nurses on participating in the study and by giving required information about the study to them.

### Results

Of nurses, 69.0% were females, 52.3% were married, and the mean age was 42.74±9.83 years. This study found that 67.4% of nurses had a bachelor's degree and their mean working time was 9.70±6.19; their mean working time in the current institution was 4.72±4.31, and their mean working time in the emergency service was 4.06±8.71. Of nurses who had the title of a nurse, 79.1% stated that they studied as a service nurse (Table 1); 80.2% and 13.9% stated that they had not received education earlier on substance addiction and pro-

**Table 1.** Distribution of nurses by their sociodemographic and professional characteristics

	n	%
<b>Age</b>		
20–29	27	31.4
30–39	52	60.5
40–59	7	8.1
Mean±SD=42.74±9.83		
<b>Sex</b>		
Female	69	80.2
Male	17	19.8
<b>Marital status</b>		
Single	33	38.4
Married	45	52.3
Divorced/Being separated	8	9.3
<b>Educational status</b>		
Medical vocational high school	13	15.1
Associate degree	12	14.0
Undergraduate	58	67.4
Postgraduate	1	1.2
Other	2	2.3
<b>Job</b>		
Nurse	64	74.4
Nurse-midwife	2	2.3
Midwife	3	3.5
Health officer	9	10.5
Other	8	9.3
<b>Professional position</b>		
Head nurse	6	7.0
Service nurse	68	79.1
Other	12	14.0
<b>Years of professional working</b>		
More than 1 year	1	1.2
1–5 years	27	31.4
6 years and more	58	67.4
Mean±SD=9.70±6.19		
<b>Years of working in the Institution</b>		
More than 1 year	0	0.0
1–5 years	61	70.9
6 years or more	25	29.1
Mean±SD=4.72±4.31		
<b>Years of working in the emergency service</b>		
Less than 1 year	0	0.0
1–5 years	70	81.4
6 years or more	16	18.6
Mean±SD=4.06±8.71		
<b>Total</b>	<b>86</b>	<b>100.0</b>

SD: Standard deviation.

viding care to substance-addicted individuals, and that they obtained information on substance addiction from lessons during their education, respectively. While 53.5% of nurses reported that they had provided care to a drug-addicted patient, 46.5% of them stated that they had never provided care to such a patient (Table 2).

This study found “problems and coping,” “sensation seeking,” “social environment,” and “personal education” subscale mean scores of nurses on the CADAS to be 93.58±21.49, 42.09±15.56, 44.19±10.43, and 17.01±4.90, respectively. The findings revealed that emergency nurses had perception about the fact that an individual shows a tendency to use substance primarily to “be able to cope with their problems” (Table 3).

**Table 2.** Distribution of nurses by their status of providing care to a substance-addicted Individual and having knowledge about this issue

	n	%
Status of providing care		
Nurses providing care	46	53.5
Nurses not providing care	40	46.5
Duration of care provision		
Never	40	46.5
Less than 1 year	24	27.9
1–3 years	18	20.9
4 years or more	4	4.7
Status of receiving education		
Nurses not receiving education	69	80.2
Nurses receiving education	17	19.8
Place where nurses obtained information		
Subjects	12	13.9
In-service training	3	3.5
Radio/TV	1	1.2
Internet	0	0.0
Other	1	1.2
Total	86	100.0

The study also found “help seeking and avoidance,” “personality change,” “social activity,” and “change” subscale mean scores of nurses on the CUDAS to be  $33.79 \pm 18.77$ ,  $26.89 \pm 12.54$ , and  $13.43 \pm 4.91$ , respectively (Table 3). The findings showed that nurses had perception about the fact that recovery from substance addiction can be primarily possible by “participating in activities,” “seeking professional and social help,” “avoidance from substance,” and “changing personality traits.”

The mean score of nurses on the AS was found to be  $49.43 \pm 19.59$  (Table 3). This revealed that nurses had a negative attitude toward substance-addicted individuals.

This study examined whether subscale mean scores of nurses on the AS, CADAS, and CUDAS differed by certain variables. It found that subscale mean scores on the AS, CADAS, and CUDAS did not differ by sex, marital status, educational status, professional position, years of working in

the current institution and emergency service, the status of receiving education about substance addiction, and the status of providing care to a substance-addicted individual ( $p > 0.05$ ). It is worth discussing that the AS scores were not different at a statistically significant level by nurses’ status of receiving education on substance addiction and providing care to such a patient; in other words, attitudes of nurses who had received education earlier and had not or had provided care to an addicted patient were similar (Table 4).

This study determined that “Problems and Coping” ( $r_{PB} = -0.304$ ;  $p = 0.004$ ), “Social Environment” ( $r_{SÇ} = 0.254$ ;  $p = 0.033$ ), and “Tendency” ( $r_E = -0.230$ ;  $p = 0.018$ ) subscale mean scores of nurses on the CADAS, and “Change” ( $r_D = -0.238$ ;  $p = 0.027$ ) subscale mean scores of nurses on the CUDAS were different at a statistically significant level by nurses’ age. This study found a negative correlation between subdimensions of the CADAS and age and a positive correlation between subdimensions of the CUDAS and age. In other words, as the age of nurses increased, their subscale scores on the CADAS decreased while subscale scores on the CUDAS increased (Table 5). With the increasing age, nurses’ tendency to attribute substance addiction to a reason and belief about the fact that individuals could recover from substance addiction by socially changing themselves decreased.

This study showed a negatively statistically significant correlation between professional working time of nurses and some subdimensions of the CADAS. “Problems and Coping” ( $r_{PB} = -0.262$ ;  $p = 0.015$ ) and “Tendency” ( $r_E = -0.217$ ;  $p = 0.045$ ) subscale mean scores on the CADAS were found different at a statistically significant level by professional working time. As nurses’ working time increased, their CADAS subscale mean scores, and hence their tendencies to attribute substance addiction to a reason, decreased (Table 5).

## Discussion

Of nurses, 80.2% and nearly half stated that they had

**Table 3.** CADAS, CUDAS, and AS scale mean scores of nurses

Scale name	Mean±SD	Minimum-Maximum
Causes of Drug Abuse Scale (CADAS) (1 point tendency about reason)		
Problems and Coping (PC)	93.58±21.49	26–130
Sensation Seeking (SS)	42.09±15.56	13–65
Social Environment (SE)	44.19±10.43	12–60
Tendency (T)	17.01±4.90	5–25
Cures for Drug Abuse Scale (CUDAS) (1 point cure tendency)		
Help Seeking and Avoidance (HSA)	37.44±21.32	16–80
Personality Change (PC)	33.79±18.77	15–75
Social Activity (SA)	26.89±12.54	11–55
Change (C)	13.43±4.91	5–25
Attitude Scale (AS) (1 point positive attitude)	49.43±19.59	20–100

SD: Standard deviation.

**Table 4.** Mean scores of nurses on Attitude Scale by their status of receiving education and providing care to a substance-addicted individual

	Number	X	Mann-Whitney U	p
Status of receiving education				
Nurses receiving education	17	46.29		
Nurses not receiving education	68	42.18	522.000	0.538
Status of providing care				
Nurses providing care	46	40.82	796.500	0.375
Nurses not providing care	39	45.58		

**Table 5.** Variables affecting emergency nurses' CADAS, CUDAS, and AS Mean Scores

	Age	Years of professional working
Causes of Drug Abuse Scale (CADAS)		
Problems and coping (PC)	r=-0.304 p=0.004**	r=-0.262 p=0.015**
Sensation seeking (SS)		
Social environment (SE)	r=-0.254 p=0.033*	
Tendency (T)	r=-0.230 p=0.018*	r=-0.217 p=0.045*
Cures of Drug Abuse Scale (CUDAS)		
Help Seeking and Avoidance (HSA)		
Personality Change (PC)		
Social Activity (SA)		
Change (C)	r=0.238 p=0.027*	

\*There is statistically significant difference at  $p < 0.05$  level between scale mean scores by independent variables.

\*\*There is statistically significant difference at  $p < 0.01$  level between scale mean scores by independent variables.

There is no statistically significant difference between scale mean scores by independent variables.

never received education on providing care to an individual having substance abuse problem, and that they had not provided care to such an individual, respectively. Similarly, a study of Anderson et al. (2001) indicated that 53% of emergency nurses were reluctant to intervene in alcohol use-related problems of patients applying to emergency service, and were in need of receiving education on this issue.<sup>[30]</sup> This finding was remarkable keeping in mind the fact that participating emergency nurses do not have adequate knowledge and skills about “care and treatment of an individual who has substance abuse and substance addiction problem” and probably they are prejudiced about care. Moreover, this result formed an idea that emergency nurses, who provided/would provide care to such a special patient group, mostly gained their knowledge and skills by trial and error. In this way, nurses who start working or work in the field without having adequate knowledge and skills probably have a negative attitude toward individuals having substance abuse problem. Thus, Kıvrıkcık Akdede et al. (2004) stated that negative judgments and attitudes toward a disease are directly associated with having inadequate knowledge and false beliefs about the disease.<sup>[36,38]</sup> A study by Allen (1993) showed that the educational status of nurses could have an effect on their at-

titudes toward patients having alcohol abuse problem.<sup>[39]</sup> It is indicated that education and training is the main factor that can affect the abilities of nurses who provide care to patients having alcohol/substance abuse problem on a large scale.<sup>[22]</sup> However, studies have shown that in-service training given to nurses increases positive attitudes toward patients having alcohol/substance abuse problem.<sup>[26,40,41]</sup>

Nurses working in emergency service believe that individuals primarily use substance to “be able to cope with their problems” rather than “sensation seeking,” “personal tendency,” and/or “social environment.”

Nurses think that individuals should change themselves on an individual basis rather than changing their social environment to recover from substance addiction. Therefore, nurses believe that individuals should increase social activities, avoid substances and receive professional help, and change their personality traits. In a study examining nurses' perceptions about factors that facilitate and prevent intervening in individuals having alcohol abuse problem, nurses considered addicted individuals as a major obstacle in intervention in individuals having alcohol abuse problem. In other words, nurses considered patients' “indifference to inter-

vention” and “having low motivation to change” as the most important reasons of reluctance to intervene in an alcohol-addicted individual. In addition to this, nurses indicated that regarding addicted individuals as a “patient” was the main facilitator in the intervention.<sup>[42]</sup> Emergency nurses regard alcohol/substance abuse problem as a personal problem. As a result, these patients are ignored as “a victim of their own choices,” seen as a problem, and do not get respect in practice. This situation can be the reason of the fact that patient incline away from nurses and the therapeutic relationship between the patient and the nurse and the quality of care deteriorate.<sup>[2,30,31,39,43]</sup>

Mean scores of emergency nurses on the AS revealed that nurses had negative attitude toward individuals having substance abuse problem. Similar to this study, many studies conducted in the USA, England, and Australia on the attitudes of health care professionals toward individuals having alcohol/substance abuse problems also found that nurses working in different units had negative attitude toward these individuals.<sup>[41,44,45]</sup> Negative attitudes shown to patients with substance abuse problem by nurses in an environment where care is provided lead to deterioration of the relationship between nurses and patients. Moreover, the care provided is perceived as insecure and unpleasant in terms of both patient and nurse. This situation prevents substance-addicted individuals from receiving humanely and qualified care.<sup>[26,43,46]</sup>

All sociodemographic and professional characteristics of emergency nurses except “age and professional working time” have no effect on nurses’ perceptions about the reasons of substance abuse and its treatment. Younger and less experienced emergency nurses mostly attribute substance addiction in an individual to a reason and believe that individuals can recover from substance addiction by socially changing themselves. In this context, young and less experienced nurses attribute substance addiction to the fact that the individual is in need of coping with his/her problems and has a tendency in this direction. These nurses think that this individual should avoid substances and get socio-professional help for treatment.

Emergency nurses’ status of receiving education on substance addiction and providing care to such an individual had no effect on their attitudes toward an individual having substance abuse problem. In other words, attitudes of emergency nurses who received or did not receive education on substance addiction, or provided or did not provide care to an addicted patient are not different and negative. This finding is in line with the available knowledge on the fact that nurses’ negative beliefs, values, and thoughts do not change even if they come across such patients and probably they contact with the patients less.<sup>[22,31,32]</sup> Moreover, other studies con-

ducted with nurses did not find a correlation between nurses’ therapeutic attitudes toward an individual having substance abuse problem and education provided on substance addiction.<sup>[24,31]</sup> An effect of education on nurses’ therapeutic behaviors was only determined in studies including education along with role support.<sup>[24,46]</sup> It is thought that emergency nurses who have received or have not received education have different attitudes because they received education via didactic teaching in the way of transforming passive information. However, it is underlined in the literature that substance abuse is slightly included in the curriculum, and that education preparation on substance abuse can reduce the negative attitude of nurses.<sup>[25,34,40,43]</sup> Thus, Aydemir et al. (2015) conducted a study with student nurses and found that students who received a course on addiction had more positive attitudes toward alcohol/substance-addicted individuals than those who did not receive a course.<sup>[47]</sup> Therefore, it is essential and important that qualified and comprehensive in-service training programs on providing care to an alcohol/substance-addicted individual should be organized for nurses and also education curricula should be reviewed within the scope of this issue.

### Limitations of the Study

This study had certain limitations. Since this study was conducted as a term project within Nonthesis Masters Program, it could not be performed with a larger sample because of time limitation. Moreover, although the study was performed with four hospitals in the planning phase, the representative population decreased further because one hospital management did not give permission.

### Conclusions

Participating emergency nurses had a negative attitude toward individuals having alcohol/substance abuse problem and showed a tendency to maintain a social distance from these individuals. Furthermore, nurses had a belief that individuals primarily use substances to “cope with their problems” and these individuals should “participate in social activities” to recover from substance addiction. This study found that nurses’ “age and professional working time” had an effect on nurses’ beliefs about the reasons of substance abuse and treatment of addiction. With increasing age and broadening of professional experience, nurses’ tendency to attribute substance addiction to a reason and belief that individuals can recover from substance addiction by socially changing themselves have decreased. The findings of the present study emphasized that comprehensive and regular in-service training programs and personal-professional support programs on providing care to substance-addicted individuals should be urgently designed and generalized for nurses working in emergency services, one of the units where these

individuals receive acute care and treatment. Moreover, it will be significant to review both professional and postgraduate nurse-oriented education curricula in terms of content, extent, and quality, and restructure them to positively improve nurses' perceptions and attitudes toward individuals having substance addiction. In addition to all these, it is important to employ "specialist" nurses having knowledge and skills about providing care to these patients in units where these patients receive care and treatment.

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