Community health nurses' perceptions of their ability to work with alcoholics and their families
by Carol Anderson Judge

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Nursing
Montana State University
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Abstract:
The purpose of this study was to determine how community health nurses practicing in Montana
perceived their ability to give nursing care to alcoholics, their families and others affected by the
disease. The magnitude of alcoholism in Montana and the role pf the community health nurse in caring
for alcoholics provided the stimulus for conducting this study.

A self-constructed questionnaire was mailed to 128 community health nurses practicing in Montana in
1981. One-hundred-and-five community health nurses returned the questionnaires and were included in
the final study. Results from the questionnaires were displayed in tables using numbers and percents
along with descriptive narratives.

The findings of this study determined that 34 percent of the community health nurses who participated
in this study perceived their background to be inadequate for working effectively with 'alcoholics and
their families. The nurses' education on alcoholism had been inadequate in 62.8 percent of their basic
nursing education programs. Ninety percent of the nurses expressed interest in attending a one or two
day workshop on alcoholism.

Implications for nursing include the need for nurses to be well prepared both academically and
clinically to give nursing care to alcoholics, their families, and others affected by this steadily
increasing disease.
COMMUNITY HEALTH NURSES' PERCEPTIONS OF THEIR ABILITY
TO WORK WITH ALCOHOLICS AND THEIR FAMILIES

by

Carol Anderson Judge

A thesis submitted in partial fulfillment
of the requirements for the degree
of
Master of Nursing

MONTANA STATE UNIVERSITY
Bozeman, Montana

June 1983
The thesis has been read by each member of the thesis committee and has been found to be satisfactory regarding content, English usage, format, citations, bibliographic style, and consistency, and is ready for submission to the College of Graduate Studies.

Date: 5/23/83

Kathleen Chafetz
Head, Major Department

Approved for the College of Graduate Studies

Date: 5/24

Michael Balro
Graduate Dean
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Signature  Carol Anderson Judge
Date    May 11, 1983
ACKNOWLEDGMENTS

I am very pleased to have this opportunity to express my appreciation to the following people who helped me to see this project through to completion: Harriet Anderson, committee chairperson, for her knowledge, guidance and patience; Valeria Williams and Dorothy Sowa, committee members, for their guidance, support and understanding; my parents and sister, who faithfully assisted in countless, important ways; and last but surely not least, my sons, Tommy and Pat, without whose constant faith, steady encouragement, love and sacrifice, I would never have been able to persevere.
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The purpose of this study was to determine how community health nurses practicing in Montana perceived their ability to give nursing care to alcoholics, their families and others affected by the disease. The magnitude of alcoholism in Montana and the role of the community health nurse in caring for alcoholics provided the stimulus for conducting this study.

A self-constructed questionnaire was mailed to 128 community health nurses practicing in Montana in 1981. One-hundred-and-five community health nurses returned the questionnaires and were included in the final study. Results from the questionnaires were displayed in tables using numbers and percents along with descriptive narratives.

The findings of this study determined that 34 percent of the community health nurses who participated in this study perceived their background to be inadequate for working effectively with alcoholics and their families. The nurses' education on alcoholism had been inadequate in 62.8 percent of their basic nursing education programs. Ninety percent of the nurses expressed interest in attending a one or two day workshop on alcoholism.

Implications for nursing include the need for nurses to be well prepared both academically and clinically to give nursing care to alcoholics, their families, and others affected by this steadily increasing disease.
Nurses have indicated for years that they are unable to assist the alcoholic and his family effectively and that they find it difficult and frustrating when they have attempted to do so. They express the need for more education in alcoholism, as well as direct experience in working with alcoholics.

Nurses were of the opinion that nurse-educators and specialists in the field of alcoholism should provide opportunity for nursing students and members of the profession to have current information on alcoholism. After the nurse becomes well informed, it is her responsibility, through participation in civic groups, especially teenage groups, to pass on to the public what is known about this illness (Johnson, 1965, p. 21).

Johnson stated further that the most important finding of her study was that nurses want more clinical experience within an educational setting in caring for alcoholics. They requested more time to work with alcoholics, to be included in the medical management and for assistance in counseling alcoholics and their families (Johnson, 1965).

Alcoholism in the United States has become increasingly recognized as a major public health problem and a debilitating disease. It is ranked as the third major public health problem in the nation. Alcoholism's impact on the nation's health is enormous. It is estimated that there are at least ten million Americans afflicted with the disease and that each alcoholic adversely affects four other people - usually
family members. In terms of dollars, the 1981 cost estimate was $42 billion in loss of productivity in the workplace, violent crimes, accidents, fires and medical care costs. The scope of the problem is compounded further by denial, lack of identification of the problem and lack of reporting, poor preparation of the medical community and ignorance on the part of the general public.

Montana ranks third in the nation in per capita consumption of beer and eleventh in overall per capita consumption of alcoholic beverages. The Montana United Indian Association estimates that 70 percent of the Native Americans in Montana need services for the treatment of alcoholism. Further statistics show that there are 86,563 alcohol abusers in Montana today. Fifty-six percent of drivers killed in Montana had consumed alcohol prior to the accident. Alcohol abuse presents a public health problem of enormous proportions in Montana (Alcohol and Drug Abuse Division, 1980).

Statement of Purpose

The magnitude of alcoholism in Montana and the role of the community health nurse in caring for alcoholics provided the stimulus for conducting this study. The purpose was to determine how community health nurses practicing in Montana perceived their ability to give nursing care to alcoholics, their families and others affected by the disease.
The Problem

How do community health nurses currently working in Montana perceive their ability to work with alcoholics, their families and others affected by the disease?

Definition of Terms

Alcoholism: "Alcoholism is a primary, progressive, pathological, constitutional reaction to alcohol ingestion; psychological symptoms are secondary, derivative and progressive regardless of premorbid psychosocial antecedents" (Milam, 1978, p. 3).

Community Health Nursing: Community health nursing combines nursing practice and public health practice in order to promote and preserve the health of populations as a whole. It includes health promotion, health maintenance, health education, coordination and continuity of care applied to the individual, family, group and community.

Community Health Nurses: Registered nurses employed by a local official agency which provides community health nursing services in their respective community.
CHAPTER 2

REVIEW OF THE LITERATURE AND CONCEPTUAL FRAMEWORK

The review of literature presented in this chapter is organized into three sections. The first section deals with the scope of alcoholism; the second with the preparation of nurses who work with alcoholics, their families and others affected by this disease; the third section describes the conceptual framework used for this study.

The ever-increasing incidence of alcoholism as a disease, and the numerous far-reaching problems which accompany it have caused considerable concern in the medical community for some time. John F. Mueller, Director of the Alcoholism Training Program of the Malcolm Bliss Mental Health Center, St. Louis, Missouri, addressed the scope of the alcoholic problem in 1974. He stated, "The illness ranks as the third or fourth greatest public health problem in the country" (Mueller, 1974, p. 245).

The scope of the problem is magnified by its impact on others. The National Council on Alcoholism estimates that each alcoholic adversely affects the mental health of at least four family members adding another 24 to 36 million people who feel the impact of this destructive disease. Cote and Roche (1978) found that 80 percent of the patients troubled by alcohol were being sent home from the hospital without any kind of treatment for their alcoholism. Knott, Fink, and Beard (1974)
estimated that roughly a fourth of the patients on the wards of general hospitals are suffering from alcohol-related problems.

Each year the estimated number of alcoholics grows. By 1978 the number of chemically dependent persons was estimated to be 10 million in the United States, with another 40 million who are adversely affected by the disease (Bakadash, 1978). As the number of alcoholics increase, the cost to the nation rises.

The Surgeon General in 1979 stated,

Alcohol abuse and alcoholism are estimated by the Alcohol, Drug Abuse, and Mental Health Administration to have cost the nation nearly $43 billion in 1975, including health and medical costs, lost production, motor vehicle accidents, violent crimes, fire losses, and social response programs (Surgeon General, 1979, p. 125).

Alcoholism has been identified as one of the major national health problems, yet has been virtually disregarded in curriculums for health care professionals (Mueller, 1974). More recently, officials at Dartmouth Medical School in Hanover, New Hampshire, stressed the importance of physicians understanding the health problems presented by people who are afflicted with alcoholism. The Dartmouth officials stated the need for "integrating the subject of alcohol into existing courses at the medical school, because alcoholics and alcoholism have an impact on virtually all medicine's areas of concern, from the kidney to the brain to the personality" (Learning About Alcoholism, 1981, p. 1005).

Several researchers have found that professionals as well as non-professionals tend to have ambivalent, moralistic and negativistic attitudes toward alcoholics (Pittman, 1967; Ferneau and Morton, 1968).
These attitudes may be based on the fact that many persons working with alcoholics "have no relevant training and thus tend to consider this illness within a layman's stereotype framework" (Powell, Mueller, and Schwerdtfeger, 1974).

In 1975, McIver reiterated that many nurses and doctors lack information and understanding of the problems of the alcoholic, and that schools of nursing and medicine tend to ignore it in their curriculum planning. McGee in 1977 stressed that "some nurses are further handicapped in their dealings with these patients by feelings of inadequacy, the notion that they are dealing with a 'hopeless case,' that nothing constructive can be done to help the alcoholic or an inherent disapproval of alcohol use" (McGee, 1977, p. 30).

Cooper and Murphy stated in 1978 that nurses are not adequately prepared to care for alcoholics, and that the dissemination of new knowledge and the results of research are the responsibility of nurse educators.

In 1979, Williams discussed the same concerns. She stated that many nurses are at a loss in dealing with alcoholic patients, or believe they should not be involved in their care. Yet, we in nursing education emphasize holistic care—that is, care of the whole patient; mental, physical and spiritual. How then can we prepare students to work with patients with alcohol-related problems?" (Williams, 1979, p. 470).

Williams conducted a survey of recovering alcoholics to learn from them which nursing actions had helped them most. These recovering alcoholics identified as helpful those nursing actions which are supportive as well as educational in nature, and which are easily used by beginning students. Williams concluded by suggesting that during the
early stages of nursing education, when interviewing skills and the nurse-patient relationships are emphasized, an effective teaching-learning strategy would be to invite a recovering alcoholic to participate in discussion groups and do role playing. She also suggested that students attend an Alcoholics Anonymous open meeting. At these meetings, students would see and hear positive evidence that recovery from alcoholism does occur, thus making it possible for the students to project optimism when they are working with patients lacking hope (Williams, 1979).

In an article entitled, "Changing Nursing Students' Attitudes Toward Alcoholic Patients: Examining Effects of a Clinical Practice," Patricia E. Harlow and Marshall J. Goby emphasized that even today, health care professionals still are receiving little information about alcoholism in their programs of study (Harlow, Goby, 1980). Furthermore, they argue that "although nurses undoubtedly occupy a critical position in treatment of alcoholic patients, in most nursing curriculums students do not have direct experience related to treatment for alcoholism" (Harlow, Goby, 1980, p. 59).

The community health nurse is in a unique position to work with alcoholics and/or their family members outside the hospital or institution. The community health nurse sees them in the schools, the workplace and within the general nursing case load of patients. Community health nursing practice allows for early identification of patients and families at risk, early intervention, and participation in follow-up treatment. In addition, prevention and education are appropriate to community health nursing practice. How effectively these
components of community health nursing care are carried out depends on how knowledgeable nurses are about alcoholism.

Kessel and Walton (cited in Globetti, 1973/74), stressed the numerous insidious problems the recovering alcoholic faces when he returns to his community setting. He is extremely vulnerable, in need of prolonged emotional support and help in rebuilding his role in the community. Globetti (1973/74) emphasized that workers in the fields of mental health and alcohol education need to determine which groups in their communities need education in developing a greater understanding of the alcoholic's condition. This is within the scope of the community health nurses' responsibilities. Community health nurses, however, must be knowledgeable about alcoholism before they educate others.

The community health nurse is in an advantageous position to assess and identify problems, disseminate information to the alcoholic and his family, and act as a resource person (Green, 1978). The role of the community health nurse in the area of alcoholism cannot be overstated or overestimated. Dianne E. Green, in her article "Alcoholism and the Nurse," made an accurate and succinct point regarding one of the most important roles of the community health nurse. She emphasized that community health nursing is oriented toward prevention. The community health nurse intervenes at the primary, secondary and tertiary levels in working with alcoholics and their families (Green, 1978).

The review of literature illustrates the scope of the problem of alcohol abuse, both in terms of the alcoholics themselves and also in terms of others directly affected by the abuse. The literature also supports the observation that while nurses give care to alcoholics and
their families and friends, nursing education has not met nurses' needs in providing adequate education and experience within the area of nursing care of the alcoholic.

**Conceptual Framework**

The conceptual framework for this study was the nursing process. The nursing process provides an organized approach for the community health nurse to give care to the alcoholic and his family.

The nursing process is made up of four components: assessment, planning, implementation, and evaluation. Through the utilization of these components, the community health nurse helps people to help themselves in achieving the highest level of health possible. This approach can be used when providing nursing care to an individual, a family, a group or a community. Spradley (1981) emphasized the importance of the community health nurse's utilization of the nursing process as she works with the client toward achieving his optimal level of health.

Assessment of the needs of the alcoholic and his family is the first phase of the nursing process. The community health nurse begins with a systematic approach when needs are prioritized, objectives and goals established, and the nursing care plan is developed. The next phase is the action phase or implementation of the plan which is achieved in collaboration with the client and the family. The final phase is the evaluation of the process. The nursing process is a continuous cycle (Spradley, 1981).
Summary

The literature has supported the concept that alcoholism is a treatable, complex disease of enormous proportion in the nation and the state. Health care professionals need knowledge about alcoholism and experience in working with clients and families afflicted with the disease. The community health nurse is in a unique position to work with alcoholics in a variety of settings and finds the use of the nursing process both appropriate and effective.
CHAPTER 3

METHODOLOGY

A descriptive survey design was developed for this study to determine how community health nurses currently working in Montana perceive their ability to work with alcoholic patients, their families and friends in the community health setting.

A questionnaire developed by the researcher was sent to all community health nurses practicing in Montana in 1981. The questionnaire collected information regarding the nurses' perceptions about their ability to work with alcoholics, their educational preparation for this task, their interest in additional educational opportunities, their understanding of the disease, and demographic data.

The questionnaire developed by the researcher employed the use of closed-ended questions as well as scaled, ranking and checklist types of questions. This construction style allows for less ambiguity and misinterpretation of the questions, as well as ease of response facilitating a potentially higher return rate. It also permits more accurate coding and data tabulation. The questionnaire was constructed in four parts: educational preparation; employment information; knowledge base about alcoholism, and interest in further education on alcoholism (Appendix A).

The questionnaire was pretested to assess validity and reliability by administering it to seven community health nurses working in Flathead
County. The nurses were asked to answer the questionnaire and then comment regarding difficulties encountered in answering. The seven completed questionnaires were returned without comment.

The questionnaire was mailed to 128 community health nurses in Montana. Permission to use the mailing list, and assistance with mailing, were provided by the Bureau of Nursing of the State Department of Health and Environmental Sciences.

Population

The population studies consisted of community health nurses practicing in Montana. The Montana State Department of Health and Environmental Sciences Bureau of Nursing listed 135 nurses employed in community health nursing in Montana in 1981. One-hundred-and-five community health nurses completed and returned the questionnaires which were used in the final study.

Method of Collecting Data

The questionnaire was mailed to 128 community health nurses practicing in Montana. Seven nurses were used for the pretest. A cover letter explaining the purpose of the study, the procedures for completing and returning the questionnaire, and the time limitations accompanied the questionnaire (Appendix B). The cover letter provided assurance that all responses would be held in strict confidence and that no one would be identified. Participation permission or informed consent was inferred when the nurses completed and returned the questionnaires.
13.

Analysis of Data

Responses were coded and tabulated. Tabulations were performed for each question-response option. Results of the tabulations are presented in table form, including both numbers and percentages. A narrative statement follows each tabulation.

Analysis of the data collected is accomplished by the use of descriptive non-parametric statistics.
CHAPTER 4

RESULTS

Introduction

The purpose of this study was to determine how community health nurses perceive their ability to work with alcoholics, their families and others affected by the disease.

A mailed questionnaire developed by the researcher was utilized to elicit information on educational preparation, employment information, knowledge of alcoholism and interest in further education on alcoholism.

The population studied consisted of community health nurses practicing in Montana in 1981. The Montana State Department of Health and Environmental Sciences Bureau of Nursing identified 135 community health nurses who were employed in community health nursing in Montana. Seven of these participated in the pilot study. Questionnaires were mailed to the other 128 community health nurses. One-hundred-and-five (82%) of the questionnaires were returned and used in the final study.

The results of this study are presented in four sections. The first section discusses the demographic data of the nurses; the second section, the nurses' perceptions of their educational preparation for working with alcoholics and their families; the third section, the nurses' responses to questions about knowledge of alcoholism; and the
The final section, the nurses' preference for future education on alcoholism, education on alcoholism, and their use of alcohol resources.

The demographic data of the community health nurses are summarized in Tables 1 through 7.

**Table 1. Community Health Nurses' Academic Status.**

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<tr>
<th>Academic Level</th>
<th>Number of Nurses</th>
<th>Percent</th>
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<tr>
<td>Associate Degree</td>
<td>3</td>
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<tr>
<td>Diploma</td>
<td>26</td>
<td>25.0</td>
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<tr>
<td>Bachelor's Degree</td>
<td>62</td>
<td>59.6</td>
</tr>
<tr>
<td>Master's Degree</td>
<td>4</td>
<td>3.8</td>
</tr>
<tr>
<td>Practitioner's Program</td>
<td>3</td>
<td>2.9</td>
</tr>
<tr>
<td>Other*</td>
<td>6</td>
<td>5.8</td>
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</tbody>
</table>

*Degree in field other than nursing.

**Table 2. Community Health Nurses' Year of Graduation.**

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<tr>
<th>Year Graduated</th>
<th>Number of Nurses</th>
<th>Percent</th>
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<tr>
<td>1940 - 1949</td>
<td>12</td>
<td>11.6</td>
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<tr>
<td>1950 - 1959</td>
<td>24</td>
<td>23.3</td>
</tr>
<tr>
<td>1960 - 1969</td>
<td>17</td>
<td>16.5</td>
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<td>1970 - 1979</td>
<td>50</td>
<td>48.5</td>
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**Table 3. Areas Served by the Community Health Nurses' Agencies of Employment.**

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<tr>
<th>Service Area of Employing Agency</th>
<th>Number of Nurses</th>
<th>Percent</th>
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<tr>
<td>City</td>
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<tr>
<td>City/County</td>
<td>64</td>
<td>62.1</td>
</tr>
<tr>
<td>County</td>
<td>29</td>
<td>28.2</td>
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<tr>
<td>Multi County</td>
<td>9</td>
<td>8.7</td>
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<tr>
<td>No Response</td>
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</table>
Table 4. Population Served by Community Health Nurses' Agencies of Employment.

<table>
<thead>
<tr>
<th>Population of Community By Employing Agency</th>
<th>Number of Nurses</th>
<th>Percent</th>
</tr>
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<tbody>
<tr>
<td>5,000 - 10,000</td>
<td>23</td>
<td>22.5</td>
</tr>
<tr>
<td>10,000 - 15,000</td>
<td>13</td>
<td>12.7</td>
</tr>
<tr>
<td>15,000 - 20,000</td>
<td>4</td>
<td>3.9</td>
</tr>
<tr>
<td>20,000 - 50,000</td>
<td>19</td>
<td>18.6</td>
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<tr>
<td>Over 50,000</td>
<td>43</td>
<td>42.2</td>
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<tr>
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Table 5. Community Health Nurses' Employment Status.

<table>
<thead>
<tr>
<th>Status of Employment</th>
<th>Number of Nurses</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Part-Time</td>
<td>25</td>
<td>24.3</td>
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<tr>
<td>Full-Time</td>
<td>78</td>
<td>75.7</td>
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Table 6. Length of Time Employed in Community Health Nursing.

<table>
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<th>Years Employed in Community Health Nursing</th>
<th>Number of Nurses</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Less Than 5 Years</td>
<td>50</td>
<td>48.1</td>
</tr>
<tr>
<td>5 Years or Longer</td>
<td>54</td>
<td>51.9</td>
</tr>
<tr>
<td>No Response</td>
<td>1</td>
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</table>

Table 7. Participation in Alcohol Workshop Since Graduation.

<table>
<thead>
<tr>
<th>Workshop Participation</th>
<th>Number of Nurses</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have Participated</td>
<td>65</td>
<td>62.5</td>
</tr>
<tr>
<td>Have Not Participated</td>
<td>39</td>
<td>37.5</td>
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</tbody>
</table>
Sixty-two of the 105 respondents (59.6%) held a Bachelor's degree in Nursing; twenty-six (25%) had completed a diploma program. Of the six respondents who checked the "other" option, three had completed a diploma program in nursing and had subsequently earned a Bachelor's degree in another field. The three remaining respondents had completed a Master's degree in Public Health (Table 1).

Fifty (48.5%) of the 105 respondents had graduated in the ten-year period preceding this study. Fifty-three nurses (51.4%) had graduated from their basic nursing education more than ten years previously (Table 2).

A majority of the 105 respondents were employed by City/County agencies (62.1%) (Table 3). Forty-three (42.2%) of the 105 responding nurses worked in areas with a population of over 50,000. Twenty-three (22.5%) of the respondents were employed in rural areas with populations of between 5,000 and 10,000 (Table 4). Seventy-eight of the nurses (75%) were employed full-time (Table 5).

Length of practice in the community health setting was almost equally divided with 50 nurses (48.1%) having worked as community health nurses for less than five years and 54 nurses with five years or more experience (51.9%) (Table 6). Sixty-five of the 150 respondents (62.5%) had attended workshops or conferences on alcoholism since completion of their basic nursing education (Table 7).

The responses to the questions on the nurses' perceptions of their educational preparation for working with alcoholics and their families are summarized in Table 8. The responses were grouped for analysis and
Table 8. Nurses' Assessment of Their Education With Regard to Alcoholism.

<table>
<thead>
<tr>
<th>Question</th>
<th>Nurses' Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much education on alcoholism was included in your basic nursing program?</td>
<td>Inadequate (1-3)</td>
</tr>
<tr>
<td></td>
<td>Adequate (4-7)</td>
</tr>
<tr>
<td></td>
<td>Very Adequate (8-10)</td>
</tr>
<tr>
<td>In relation to the alcoholics/families with whom you work, was this amount of academic preparation adequate/inadequate?</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Background for working with alcoholics/families.</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>53</td>
</tr>
<tr>
<td></td>
<td>15</td>
</tr>
</tbody>
</table>

discussion. Responses 1 through 3 were rated as inadequate, 4 through 7 as adequate, and 8 through 10 as very adequate.

Sixty-six of the 105 respondents (62.8%) stated that they had little or no education on alcoholism in their basic nursing program. Thirty-three of the responding nurses (31.4%) indicated their education on alcoholism in their basic program was average, and three of the nurses responded that they had received a very adequate amount of education on alcoholism.

Sixty-five of the 105 respondents (61.9%) responded that the amount of academic preparation they had received was inadequate in relation to the alcoholics and their families with whom they work. Thirty of the nurses responding (28.5%) indicated the amount of preparation to be adequate and seven (.06%) of the nurses responded their academic preparation was very adequate.
Thirty-six of the 105 responding nurses (34%) indicated they believed their background for working with alcoholics and their families to be inadequate. Fifty-three of the nurses (50%) thought their background was adequate, and fifteen nurses (14%) said their background was very adequate.

The nurses' responses to questions about knowledge of the complexity, negative effect, and treatment of alcoholism is summarized in Tables 9 through 11. The responses were grouped into three categories for analysis and discussion.

Table 9. Responses to Statements Pertaining to Complexity of Alcoholism.

<table>
<thead>
<tr>
<th>Complexity of Disease</th>
<th>Response Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Below Average</td>
</tr>
<tr>
<td></td>
<td>(1-3)</td>
</tr>
<tr>
<td>I understand that alcoholism is a physical disorder.</td>
<td>6</td>
</tr>
<tr>
<td>I understand that alcoholism is a psychological disorder.</td>
<td>7</td>
</tr>
<tr>
<td>I understand that alcoholism is a social disorder.</td>
<td>8</td>
</tr>
</tbody>
</table>

These results indicate that the respondents recognize that alcoholism is a complex disease. Fifty nurses indicated that alcoholism is a physical disorder, forty-nine a psychological disorder, and forty-seven a social disorder (Table 9).

The responding nurses recognized the negative effect alcoholics have on their families and peer groups. The largest number of responses, eighty-nine, indicated the extremely negative effect
alcoholism has on the family members, and fifty-two nurses said that the alcoholic person has an extremely negative effect on peers (Table 10).

Ten of the 105 responding nurses viewed treatment to be ineffective. One-hundred-and-two nurses strongly supported the concept of including families in the treatment of alcoholics and indicated they should always be included (Table 11).

Tables 12 and 13 summarize the nurses’ responses to questions about their interest in an alcohol education session and their use of and satisfaction with local alcohol resources.

Table 10. Responses to Statements Pertaining to Negative Effects of Alcohol.

<table>
<thead>
<tr>
<th>Negative Effects of Disease</th>
<th>Response Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minimal (1-3)</td>
</tr>
<tr>
<td>The alcoholic person has a negative effect on the members of the immediate family.</td>
<td>0</td>
</tr>
<tr>
<td>The alcoholic person has a negative effect on members of the peer group.</td>
<td>6</td>
</tr>
</tbody>
</table>

Table 11. Responses to Statements Pertaining to Treatment of Alcoholism.

<table>
<thead>
<tr>
<th>Treatment of Disease</th>
<th>Response Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment of alcoholism.</td>
<td>Not Effective (1-3)</td>
</tr>
<tr>
<td>Families of alcoholics should be included in treatment.</td>
<td>10</td>
</tr>
<tr>
<td>(Never) (Sometimes) (Always)</td>
<td>1</td>
</tr>
</tbody>
</table>
Table 12. Interest in an Alcohol Education Session.

<table>
<thead>
<tr>
<th>Nurses Preferences</th>
<th>Number of Nurses</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interested in session</td>
<td>93</td>
<td>90.3</td>
</tr>
<tr>
<td>Not interested in session</td>
<td>10</td>
<td>9.7</td>
</tr>
<tr>
<td>No response</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Table 13. Use of Local Alcohol Resources and Satisfaction With Those Resources.

<table>
<thead>
<tr>
<th>Local Alcohol Resources</th>
<th>Number of Nurses</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of Resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have used local resources</td>
<td>75</td>
<td>75</td>
</tr>
<tr>
<td>Have not used local resources</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>No response</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Satisfaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was satisfied with local resources</td>
<td>50</td>
<td>68.5</td>
</tr>
<tr>
<td>Was not satisfied with local</td>
<td>23</td>
<td>31.5</td>
</tr>
<tr>
<td>resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No response</td>
<td>32</td>
<td></td>
</tr>
</tbody>
</table>

Ninety-three (90.3%) of the nurses indicated they were interested in attending an educational session on working with alcoholics and their families (Table 12). Seventy-five (75%) of the responding nurses had worked with, or used local community alcohol services. Fifty nurses (68.5%) indicated they were satisfied with these services (Table 13).

Summary

Thirty-four percent of the community health nurses who participated in this study indicated that they perceived their background for working with alcoholics and their families to be inadequate. Sixty-two percent of the respondents stated that the education on alcoholism included in
their basic nursing program was inadequate, and 62 percent of the 105 responding nurses indicated they had attended workshops or conferences on alcoholism since they completed their basic nursing program.

Almost all of the nurses indicated they would be interested in attending an educational session on working with alcoholics if one were available to them. A one or two day workshop was the most desirable format.
CHAPTER 5

DISCUSSION

Summary and Conclusions

The purpose of this study was to ascertain how practicing community health nurses perceive their ability to care for alcoholics, their families and others affected by this disease.

The review of literature indicated growing statewide and national concern over the magnitude of alcoholism as a health problem. It is estimated that there are at least 10 million Americans afflicted with this disease and another 40 million persons touched by the adverse effects of alcoholism. As the alcohol problem grows, health care professionals need to review curricula to be sure adequate information on the disease is included. Limited formal education on alcoholism may account, in part, for nurses' feelings of inadequacy in working with alcoholics and their families.

The conceptual framework for this study was the nursing process. The nursing process provides an organized approach for the community health nurse in working with alcoholics and their respective families.

The population for this study included 105 community health nurses practicing in Montana in August 1981. A pilot study was done using seven community health nurses from one community. The remaining 128 nurses were mailed a descriptive survey type questionnaire designed by
One-hundred-and-five (82%) completed and returned questionnaires and provided the data for the findings of this study. Tables and narrative interpretations are provided in Chapter 4 to demonstrate the results. From these data the researcher was able to reach the following conclusions: 34 percent of the community health nurses who participated in this study indicated that they perceived their background for working with alcoholics and their families to be inadequate; 66 of the 105 respondents stated that they had little or no education on alcoholism in their basic nursing program; and 65 of the respondents responded that the amount of academic preparation they had received was inadequate in relation to the alcoholics and their families with whom they work. Almost two-thirds of the nurses had attended alcohol workshops after graduation. This clearly points out the need for continuing education in the area of alcoholism.

Responses of the nurses indicated that they understood that alcoholism is a complex disease, with physical, psychological, and social components. The nurses were in agreement that alcoholics have a
very negative effect on their families and, to a lesser degree, a negative effect on their peer groups. All but 10 percent of the community health nurses viewed the treatment of alcoholism to be effective. The nurses recognize the importance of including family members in the alcoholism treatment process.

The results of this study indicated the knowledge about alcoholism was gained following the nurses' basic nursing programs. This indicates the importance for quality continuing education. Ninety percent of the nurses indicated interest in attending an educational session, on alcoholism and working the alcoholics and their families, if one were available to them. A one or two day workshop was the most desirable format for obtaining further education on alcoholism. Three-fourths of the nurses had worked with or used their local alcohol services and two-thirds of them indicated satisfaction with the services.

Limitations of the Study

1. The self constructed questionnaire.
2. With mailed questionnaires, respondents who may not understand the directions or particular questions do not have the opportunity for clarification.
3. Responses to mailed questionnaires may be incomplete and the researcher is unable to gain further information.

Implications for Professional Nursing Practice

Alcoholism is steadily increasing on both the statewide and national levels and, at the same time, community health nurses are in a
unique position to detect and work with alcoholics and their families. One-third of the community health nurses who took part in this study indicated that their background was not adequate to work with alcoholics effectively. Ninety percent indicated a desire for further education in this area.

Alcoholism is an illness with physical, emotional, and social components and, as such, is an area of health care which community health nurses encounter in their practice. In order to provide effective nursing care, nurses must be prepared both theoretically and clinically in the pathophysiology, treatment, and rehabilitation concepts of alcoholism. In nursing practice today, this does not appear to be true.

It is of special importance that community health nurses be prepared both academically and clinically in the area of alcoholism because of the unique opportunities to intervene with alcoholics and their families outside hospitals and institutions.

**Recommendations for Future Study**

From the results of this study and the conclusions reached, the following are recommendations for further study:

1. A study of curricula of Schools of Nursing to identify what is now being taught on alcoholism.
2. Explore the need for continuing education offerings on alcoholism for community health nurses.
3. Identify the community health nurse’s role in working with alcoholics and their families in rural settings.

Bakadash, D. Essentials the nurse should know about chemical dependency. JPN and Mental Health Services, October, 1978, 33-36.


Parks, G. *Alcoholism primer for nurses.* *The Pennsylvania Nurse,* February, 1979, 7-11.


Rosien, A. Changing attitudes (yours?) towards alcoholism. Patient Care, February 1979, 15-49.


Williams, A. The student and the alcoholic patient. Nursing Outlook, 1979, 470-472.

Appendix A. Questionnaire.

The following questions will take only a few minutes of your time. Your responses will be kept completely anonymous; in no way will you be identified. Please check the appropriate response for each question and when you are finished, return it to me in the enclosed stamped and addressed envelope. I would appreciate the completed form within two weeks.

1. Nursing education (check the highest degree held):
   _____ Associate degree in Nursing
   _____ Diploma
   _____ Bachelor's in Nursing
   _____ Master's in Nursing
   _____ Practitioner
   _____ Other (please explain) __________________________

2. In what year did you graduate from nursing school? __________

3. Have you attended any workshops or conferences on alcoholism since you completed your basic nursing program?
   _____ Yes
   _____ No
   If yes, how many _____? In what year(s)? ______________________

4. How much alcoholism education was included in your basic nursing program? (On the following scales, 1 = the least, 10 = the most.)

   None
   A lot
   1 2 3 4 5 6 7 8 9 10

5. In relation to the alcoholics/families with whom you work, was this amount of academic preparation:

   Inadequate
   Very adequate
   1 2 3 4 5 6 7 8 9 10
6. I believe my background for working with alcoholics/families is:

Inadequate 1 2 3 4 5 6 7 8 9 10  
Very adequate

7. Are you employed as a community health nurse:

___ Part-time
___ Full-time

8. How large of a geographic area does your community health agency serve?

___ City
___ City/County
___ County
___ Multi-County

9. What is the approximate population of the area your community health agency serves?

___ 5,000 to 10,000
___ 10,000 to 15,000
___ 15,000 to 20,000
___ 20,000 to 50,000
___ Over 50,000

10. What is the average number of patients in your community health case load per month?

11. In your average monthly caseload do you see or work with:

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholic patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Families of alcoholic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others who are affected</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>by alcoholism</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
12. In your monthly caseload what would be an estimate of the usual number of:

Alcoholic patients _____________________________

Families of alcoholics _________________________

Others who are affected by alcoholism? _______

13. How many years have you worked in Community Health Nursing? _____

(The following questions have to do with your understanding of alcoholism and again use a scale for indicating your answer, with 1 = the least, 10 = the most.)

14. I understand that alcoholism is a physical disorder:

Not at all  1  2  3  4  5  6  7  8  9  10

15. I understand that alcoholism is a psychological disorder:

Not at all  1  2  3  4  5  6  7  8  9  10

16. I understand that alcoholism is a social disorder:

Not at all  1  2  3  4  5  6  7  8  9  10

17. The alcoholic person has a negative effect on the members of the immediate family:

Minimally negative 1  2  3  4  5  6  7  8  9  10

18. The alcoholic person has a negative effect on members of the peer group:

Minimally negative 1  2  3  4  5  6  7  8  9  10

19. Treatment of alcoholism is:

Not effective  1  2  3  4  5  6  7  8  9  10

20. Families of alcoholics should be included in treatment:

Never  1  2  3  4  5  6  7  8  9  10
21. Are you familiar with the "intervention" (direct confrontation of the alcoholic by significant others) technique for approaching an alcoholic person?
   ___ Yes
   ___ No

22. Would you feel comfortable taking part in an "intervention?"
   ___ Never
   ___ Always
   ___ Sometimes (Please explain) __________________________________

23. Do you believe participation in the use of the intervention technique is an appropriate role for a CHN?
   ___ Never
   ___ Always
   ___ Sometimes (Please explain) __________________________________

24. Would you be interested in attending an educational session on working with alcoholics/families if one were available to you?
   ___ Yes
   ___ No

25. What format would be most desirable to you for obtaining further education in working with alcoholics/families?
   ___ One day workshop
   ___ Two day workshop
   ___ Full course over a longer period of time
   ___ Other (Please explain) __________________________________________
The Alcohol and Drug Division of the State Department of Institutions has been of great help in developing this study. The following questions will provide information for the Division. Your responses are optional.

26. Have you had occasion to work with or use your local alcoholism services?
   ______ Yes
   ______ No

27. Were you satisfied with the services?
   ______ Yes
   ______ No

Please explain: ____________________________________________________________
Appendix B. Letter to Community Health Nurses.

2300 Winne
Helena, Montana 59601
August 15, 1981

Dear Community Health Nurse:

I am a graduate student in the Master's of Nursing program of Montana State University. My area of emphasis is in community health nursing with a special interest in alcoholism and the community health nurse's ability to assist the alcoholic and the family.

I need your help through your participation in a study of community health nursing and alcoholism. I am sending you a copy of a questionnaire, along with a stamped, addressed envelope. The questionnaire is fairly brief and will take only a few minutes of your time. Please return it in the stamped, addressed envelope. I wish to assure you that you will remain anonymous, and that your participation is voluntary.

I hope you will take the time to answer the questionnaire and mail it back to me within two weeks. Confidentiality of your responses will be maintained.

Thank you for your kind cooperation.

Sincerely,

Carol Judge, R.N.
Community health nurses' perceptions of