

The Perceptions and Attitudes of Nursing Staff in State Psychiatric Hospitals Regarding The Causes and Treatment of Substance Abuse and Effecting Factors

Bölge Psikiyatri Hastanelerinde Çalışan Hemşirelerin Madde Bağımlılığı Neden ve Tedavisine İlişkin Algı ve Tutumları

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ABSTRACT

Objective: This study was performed with the aims of determining the perceptions of nursing staff in psychiatric hospitals regarding the causes and treatment of substance addiction as well as their attitudes towards people with substance abuse problems.

Method: This study was carried out with 389 nurses working at 5 state psychiatry hospitals in Turkey. In this study, Demographic Questionnaire, the Causes of Drug Abuse Scale (CADAS), Drug Abuse Scale (CUDAS), Attitudes Scale (AS), and a demographic questionnaire were used. Independent sample t-test, variance, correlation, and linear regression analyses were used.

Results: In this study, a negative relationship was established between the nurses' perception of the causes of substance addiction and their attitude towards people with substance abuse problems; a positive relationship was found between the nurses' perception of the treatment of substance abuse and their attitude towards people with substance abuse problems ($p < 0.05$).

Conclusion: Nursing staff working in psychiatric hospitals in Turkey have the perception that a person takes substances in order to "cope with problems" and for reasons pertaining to his/her "social environment" and in order to recover from substance abuse, they should "avoid the substance" and "seek social-professional help".

Key Words: Nurse, addiction, substance abuse, treatment, psychiatry hospital.

ÖZET

Amaç: Çalışma, Ruh Sağlığı ve Hastalıkları Hastaneleri'nde çalışan hemşirelerin, madde bağımlılığı nedenlerine ve tedavisine ilişkin algılarını ve madde kötüye kullanım problemi olan bireye yönelik tutumlarını belirlemek amacıyla yapılmıştır.

Yöntem: Çalışma, Türkiye'de 5 Ruh Sağlığı ve Hastalıkları Hastanesi'nde çalışan 389 hemşire ile yürütülmüştür. Araştırmada, "Tanıtıcı Bilgi Formu", "Madde Kötüye Kullanım Nedenleri Ölçeği-MKKNÖ", "Madde Kötüye Kullanım Tedavileri Ölçeği-MKKTÖ" ve Tutum Ölçeği-TÖ (Attitudes Scale-AS) kullanılmıştır. Verilerin değerlendirilmesinde, t-testi, varyans analizi ve korelasyon ve lineer regresyon analizi kullanılmıştır.

Bulgular: Çalışmada, hemşirelerin madde bağımlılığının nedenlerine ilişkin algıları ile madde kötüye kullanım problemi olan bireye yönelik tutumları arasında negatif; madde kötüye kullanım problemi olan bireylerin tedavisine ilişkin algıları ile bu bireylere yönelik tutumları arasında ise pozitif yönlü bir ilişki olduğu belirlenmiştir ($p < 0.05$).

Sonuç: Türkiye'de Ruh Sağlığı ve Hastalıkları Hastaneleri'nde çalışan hemşireler, bir insanın "problemleriyle başetmek" ve "sosyal çevresi" nedeniyle madde kullandığı ve madde bağımlılığından kurtulabilmesi için "maddeden kaçınması" ve "sosyal-profesyonel olarak yardım alması" gerektiği algısına sahiptir.

Anahtar Kelimeler: Hemşire, bağımlılık, madde kötüye kullanımı, tedavi, psikiyatri hastanesi.

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INTRODUCTION

Substance abuse is an increasing health problem in Turkey and the entire world (1-4). In recent years, the number of individuals who suffer from substance abuse has steadily increased in Turkey; however, there is still a lower prevalence of abuse in Turkey compared to other European countries or the U.S.A. (4-6). In a study carried out with face-to-face interviews in 2002, 1.3% of the Turkish population reported abusing substances at least once during their lifetimes (5). In one research study, the prevalence of alcohol use was found to be 35-45%; the lifetime prevalence rates of other substances were as follows: marijuana 4%, volatile (thinner etc.) 4%, and ecstasy 2-2.5%. The rate of marijuana use was found to be 41.5% between 2003 and 2005; between 2012 and 2013 the rate was 78.6% in patients under 18 years of age who applied for inpatient substance abuse treatment (7).

Many biopsychosocial factors can lead an individual to abuse substances (8). Biological features include genetic predisposition, age and gender characteristics. Psychological features include personality traits, maladaptive coping strategies in dealing with problems and stressors, and the presence of abusive or addictive behaviors in family members. For example, the presence of a family history of alcohol and drug abuse, adolescent age and male gender may increase an individual's predisposition for substance abuse (5, 8). In addition, people with uncontrolled behaviorally might abuse substances to organize their negative behaviors, and people who have controlled behaviorally might abuse substances to protect themselves from risky or anxious situations. An individual might have an increased tendency towards addiction if any family members use substances as a habit or coping strategy to address problems. Furthermore, individual's biological and psychological features, many socio-cultural factors play a role in the occurrence of substance abuse, such as the availability of substances, the acceptability of the individual with substance abuse within society, environmental effects and intra-familial relationships, socioeconomic level, peer relations, cultural attitudes and mass media (8, 9). Examples of socio-cultural factors that increase substance use include population growth, rapid

urbanization, industrialization, immigration, socio-cultural changes leading to the weakening of social ties, the availability and noxious use of technology, and entertainment culture (1, 9, 10). Additionally, the rate of substance abuse can be increased with the acceptance and approval of substance use in a society and attitudes that consider substance abstinence as being conservative, cowardly and worthy of scorn (8,9). People who suffer from substance abuse may have various physical, emotional and social problems that may result in permanent damage to their emotional health. These emotional and mental problems comorbid with substance abuse may lead to hospitalization (11). Therefore, as more people develop substance abuse problems, more people are taken to hospitals for treatment, resulting in increased numbers of patients with substance abuse for nurses to care for. Although a great deal of time and effort is consumed, it may be difficult for nurses to look after these patients because the process of recovery is slow or the response to treatment is slow; this difficulty may cause nurses to have negative attitudes towards these patients (12).

In Turkey, the rate of substance abuse is lower compared to other countries, despite being in a location conducive for transporting substances and the relative lack of policies pertaining to the prevention of substance abuse. Substance use is illegal, and traditions and unwritten laws do not approve of substance use (5, 9). Overall, even if substance use behaviors occur on a social level, there is a societal tendency towards stigmatizing people who use substances. This stigma characterizes these people as disruptive, unrestful and stormy; these individuals are ostracized by society (13). Nurses are shown to occasionally approve of or accept these negative attitudes which are prevalent in society (13-17).

The nursing care of people with substance addiction problems in Turkey is carried out in private hospitals, special health centers, State Psychiatry Hospitals (GPH), the "Alcohol and Substance Abuse Treatment Center" (ASATC) of state hospitals, and the "addiction" departments of university hospitals. Nurses are posted in these units in accordance with the rotations made by the hospital administration. In 2011, the Ministry of Health defined "Nursing of Addiction" as being

among the nursing fields that are legally licensed with authority and responsibilities established by regulations (18); however, in practice, no special qualifications or skills are demanded from the nurses in order to work in the care and treatment of people with substance use problems.

Studies on substance abuse in Turkey are usually aimed at determining the prevalence of substance use and the reasons for it (5). In general, mental health hospital studies do not examine the perceptions and attitudes of nurses towards substance addiction, its causes and treatment and the individuals affected by it (19). This study was performed on nurses working in Alcohol and Substance Abuse Treatment Center" (ASATC) and GPH affiliated with the Ministry of Health, with the aim of establishing nurses' perceptions regarding substance abuse and treatment, and their attitude towards people with substance use problems (illicit drug use) and its influencing factors.

METHOD

This descriptive, cross-sectional study was performed between February and April 2011 in GPH in Turkey, affiliated with the Health Ministry. The study originally planned to include 6 psychiatric hospitals which have ASATC departments; however, one of the hospitals did not grant permission, so the study was performed in 5 hospitals. A total of 720 nurses comprised the target population of the study. After excluding nurses who were absent from their institutions due to reasons such as being on leave, having report or a change of position, 450 nurses (62.5% of the target population) were reached. Thirty-seven nurses refused to take part in the research study due to reasons such as not having time or not willing to fill out a survey. Research data were analyzed from 389 survey participants, after excluding the data from 24 nurses who did not completely fill out the survey forms (Table 1).

Table 1: The Distribution of Nurses According to the Working Hospitals

HOSPITALS	Total number of nurses in the staffing pool	Number of nurses reached in the study	Number of nurses who completed questionnaires	Number of nurses who did not complete questionnaires	Number of nurses who refused to participate
Adana Dr.Ekrem Tok GPH.	103	90	84	2	4
İst. Bakırköy Ord.Prof. Dr. Mazhar Osman GPH	251	139	126	5	8
Elazığ GPH	98	74	65	4	5
İstanbul Erenköy GPH4	55	42	32	4	6
Manisa GPH	213	105	82	9	14
TOTAL	720	450	389	24	37

Measures

Instruments developed in different cultures, particularly those aimed at measuring attitude, sometimes fail to completely reflect the societal norms, values and viewpoints in Turkish cultural terms; these differences may cause limitations and difficulties in our evaluations. Therefore, three scales (CADAS, CUDAS, and AS) whose development and validity-reliability studies were carried out in Turkish society were used as

the data gathering tools in this research study.

1. Demographic Questionnaire: The demographic questionnaire was developed by the investigators and comprised 13 closed- and open-ended questions, aimed at investigating the following: socio-demographic characteristics, professional characteristics, having been trained on substance abuse and caring for people with substance addiction problems.

2. Causes of Drug Abuse Scale (CADAS): The CADAS was developed by Çirakoğlu (2005). It is a

scale that aims to establish perceptions regarding substance addiction. In the study of the validity-reliability of both the scale and this sample group, Cronbach's Alpha internal consistency coefficient was found to be 0.95 (2). Internal consistency among the components of the scale had high internal validity indirectly. The scale consists of 56 items within four subscales. The construct validity was evaluated for this sample group using a four-factor analysis: a total of 58% of the variance in 33% for the first factor, 11% for the second factor, 8% for the third factor and 6% for the fourth factor.

In the factor analysis, four factors explained 58% of variance analysis (Problems and coping, excitement seeking, social environment, tendency). Construct validity ($0.58 > 0.40$) of the CADAS provided the causes of nurses' perceptions of substance abuse measures by 58%. (20). The scale was prepared as a five-point Likert-type scale. High scores show the tendency regarding the cause of substance misuse (2).

3. Cures for Drug Abuse Scale (CUDAS): The CUDAS was developed by Çırakoğlu (2005). It is a scale aimed at establishing the perceptions regarding what a substance abuser should do (treatment) in order to achieve recovery from the addiction. In the validity-reliability study of the scale, the internal consistency coefficient was found to be 0.95; for this sample group, the coefficient was .98. The 47-item scale consists of 4 scale and, therefore, it was determined to be a reliable and valid scale ($0.66 > 0.40$). The scale was prepared as a five-point Likert-type scale. Low scores represent the perception of nurses about what is required to recover from substance abuse (2).

4. Attitude Scale (AS): The AS was developed by Çırakoğlu (2005). It is a scale that aims to establish the attitude towards placing a social distance from substance abuser. The scale consists of 20 items. The scale was prepared as a five-point Likert-type scale. The highest score possible was 100 and the lowest score was 20. High scores correspond to a positive attitude towards the substance abuser (2). Cronbach's Alpha internal consistency coefficient for the scale was found to be .85 for this sample group. Therefore, the scale items measure attitudes towards individuals with substance abuse problems as a reliable measure. Due to the high internal consistency of the internal validity of this scale, a single-factor analysis of variance of 33% validity for explaining

the structure is not adequate ($0.33 > 0.40$).

Analysis Plan

The tools were completed by the participants. The investigators visited the nurses in every institution and explained how to fill out the forms. The nurses, while filling out the scales, selected the items that would complete the statements such as: "A person starts to use substances because..." for the CADAS, "What should a person do in order to get rid of recovery from substance addiction?" for the CUDAS and "An individual taking substances..." for the AS. Nurses considered "heroin, drug, cocaine and other illicit drugs whose use and possession are illegal in Turkey" as substances while they were answering the all scale items.

Data were evaluated using SPSS 18.0 statistical package software in the computer environment. Data were sought when assessing the response to the following research questions:

- * How are nurses' perceptions of causes and treatment of substance abuse?
- * How are nurses' attitudes towards individual with substance abuse problem?
- * Is nurses' perception of substance abuse causes and treatment of individuals with substance abuse problems affecting the attitudes towards them?
- * Are nurses' socio-demographic characteristics affecting the attitudes towards individual with substance abuse problem?

The number-percent distributions were given and relationships between variables were analyzed by t-test, variance, correlation, and linear regression analysis.

Study Ethics

Written approval was obtained from the Ege University Nursing High School Ethical Committee for the study, from Cem Çırakoğlu for the scales, and the Provincial Directorate of Health for the study. Additionally, nurses who participated in the study were interviewed and completed the study voluntarily without any pressure.

RESULTS

In our study, most of the nurses were female (82.8%). Before an amendment to the law was made

in 2007, only females could become nurses in Turkey. Therefore, in our study, female nurses are the majority. The mean age of the nurses was 33.79 ± 7.58 years. The average span of the nurses' professional career was 12.77 ± 8.81 years and their mean period in the present institution was 7.26 ± 7.18 years. Survey data

show that 67.4% of the nurses stated that they had not been educated regarding substance abuse; 56.3% stated that they had taken care of or are still taking care of a person with substance addiction problems while 43.7% stated that they had never taken care of person with substance use problems (Table 2).

Table 2: Distribution of Nurses According to Vocational Characteristics

PROFESSIONAL FEATURES	N	%
Age (years)		
20-29	101	26.0
30-39	160	41.1
40-49	93	23.9
50 and ↑	35	9.0
<i>X = 33.79±7.58</i>		
Gender		
Female	322	82.8
Male	67	17.2
Level of Education		
Vocational School of Health	77	19.8
Associate's Degree	135	34.7
Undergraduate	168	43.2
Master's Degree	9	2.3
Place of Employment		
İst. Bakırköy Ord.Prof.Dr.Mazhar Osman GPH.*	126	32.4
İstanbul Erenköy GPH.*	32	8.2
Adana Dr.Ekrem Tok GPH.*	84	21.6
Elazığ GPH.*	65	16.7
Manisa GPH.*	82	21.1
Duration of working as a nurse		
Less than 1 year	4	1.0
1 – 5 Years	95	24.4
6 – 10 Years	96	24.7
11 – 15 Years	61	15.7
16 – 20 Years	52	13.4
21 - ↑ Years	81	20.8
<i>X = 12.77±8.81 Years</i>		
Duration of working at the institution		
Less than 1 year	36	9.3
1 – 5 Years	192	49.4
6 – 10 Years	69	17.7
11 – 15 Years	31	8.0
16 – 20 Years	31	8.0
21 - ↑ Years	30	7.7
<i>X = 7.26±7.18 Years</i>		
Employment Status		
Permanent Civil Servant (657)	211	54.2
State Contract Officer (4 / b)	171	44.0
Revolving Fund Contract	7	1.8
Educational situation		
Received education	127	32.6
Did not receive education	262	67.4
Care of person with substance use problem		
History of providing care	135	34.7
Currently providing care	84	21.6
Negative History	170	43.7
TOTAL	389	100,0

Note. *GPH: Government Psychiatry Hospital

Nurses' Perceptions and Attitudes about Causes and Treatment of Substance Abuse

Nurses' scores on sub-dimensions of the CADAS and their total scale scores were above average (Table 3). These results show that nurses develop an association between the cause of substance abuse and the belief that an individual has a tendency to abuse drugs to "cope with problems" and due to their "social environment".

Nurses' scores on sub-dimensions of the CUDAS and the total scale scores were below average (Table 3). These results show that, regarding the treatment of drug addiction, nurses believe that the only way a substance abuser can recover is by "seeking for professional and social

help," "avoidance" and a "change of personality".

The mean total attitude scale score was 49.80 ± 15.13 (Table 3). This result shows that the nurses have a tendency to have a negative attitude and place a social distance between themselves and persons with substance abuse problems. When asked the question, "would you be disturbed if a person with substance abuse problems were to become a teacher in primary school?" (Scale item 5), the most negative common answer reported. When asked the question, "would you be disturbed to play a team game, such as football, basketball, and volleyball, with a person with substance abuse problems as a teammate?" (Scale item 13), was the most positive common answer reported.

Table 3: Total and Subscale Scores of Nurses

<i>Scales and Sub-Dimensions</i>	<i>Mean Score</i>	<i>SD</i>	<i>Min.</i>	<i>Max.</i>
CADAS Total	188.35	33.19	56	280
<i>Problems and coping</i>	92.20	16.96	26	130
<i>Excitement seeking</i>	36.07	8.93	13	65
<i>Social environment</i>	43.50	7.82	12	60
<i>Tendency</i>	16.29	4.53	5	25
CUDAS Total	79.69	37.41	47	235
<i>Help seeking, and avoidance</i>	24.18	14.20	16	80
<i>Personality change</i>	23.25	13.05	15	75
<i>Social activity</i>	19.90	9.07	11	55
<i>Change</i>	12.36	4.25	5	25
AS	49.80	15.13	20	100

Note. CADAS: Causes of Drug Abuse Scale , CUDAS: Cures for Drug Abuse Scale , AS: Attitude Scale

Affecting Factors of Nurses' Attitudes toward Individual with Substance Abuse

Our analyses determined that there is a statistically significant relationship between the AS score averages and the CADAS – CUDAS score averages of the nurses ($p < .05$). There was a significant negative linear relationship between the mean scores of the CADAS and AS ($t = -2.139$, $p = 0.03$) (Figure 1) and a significant positive linear relationship between the mean scores of the CUDAS and AS ($t = 8.919$, $p = 0.00$) (Figure 2) (Table 4).

It was determined that the CADAS and CUDAS subscale and total scale score averages were not significantly different according to some variables ($p > 0.05$).

In other words, as the nurses' age ($p = 0.00$)

and time in profession ($p = 0.00$) and institution ($p = 0.02$) increases, their mean Attitude Scale score decreases. The mean total AS scores of the male nurses compared to the female nurses ($p = 0.04$), of the nurses working in Erenkoy GPH compared to the other hospitals ($p = 0.00$), and of nurses working with contracts compared to the staff ($p = 0.00$), were statistically significantly higher. The mean AS scores of the nurses with an associate's degree was significantly lower compared to the other nurses ($p = 0.00$) (Table 5).

As a result of the multiple regression analysis, the nurses' sociodemographic variables (age, gender, education, professional and organization of working time, and the staff of the hospital, employment status), and the nurses' perceptions of causes and treatment of

substance abuse were effective on the nurses' attitudes toward individual with substance abuse were found significantly ($p=0.00$). However, the effect of each variable on the attitudes of nurses is examined; only working which hospital

($p=0.00$) and perception of the causes and the treatment of substance abuse ($p=0.00$) are effected on the nurses' attitudes, the relationship between the other variables and the nurses' attitudes were not found significantly ($p>0.01$).

Table 4: Results of the Regression Analysis of AS, CADAS and CUDAS Assessments

Variable	B	Std Error	β	t	p
Constant	59.099	4.415		13.385	.000
CADAS	-.049	0.023	-.108	-2.139	.033*
R = .108 R2= .012 F = 4.576 P = .033					
Constant	36.484	1.649		22.128	.000
CUDAS	.167	0.019	0.413	8.919	.000**
R = .413 R2= .171 F = 79.550 P = .000					

Table 5: Variables Affecting Nurses' Attitude Scale Score Averages

Age	B = - 0.293	p= 0.004**
Gender	t = 2.101	p= 0.036*
Level of education	F = 4.641	p= 0.003**
Place of employment	F = 9.413	p= 0.000**
Duration of working as a nurse	B = - 0.245	p= 0.005**
Duration of working at the institution	B = - 0.261	p= 0.015*
Employment Status	F = 10.536	p= 0.000**
Receiving education about substance abuse	t = 0.921	p= 0.357
Duration of working with persons with substance use problems	F = 0.321	p= 0.725

* According to the independent variables, there was a statistically significant difference between mean scale scores (P < 0.05).

** According to the independent variables, there was a statistically significant difference between mean scale scores (P < 0.01).

□ According to the independent variables, there was no statistically significant difference between the mean scale scores p<0.05

Table 6: The Results of the Regression Analysis AS and Socio-demographic Variable

Variable	B	Std Error	β	t	p
Constant	62,164	8,584	-	7,242	,000**
Place of employment	-2,308	,409	-,260	-5,642	,000**
Age	-,275	,245	-,135	-1,124	,262
Gender	2,716	1,981	,066	1,371	,171
Level of education	-,037	,902	-,002	-,041	,967
Duration of working as a nurse	-,019	,231	-,011	-,084	,933
Duration of working at the institution	,064	,137	,030	,468	,640
Squad status	,479	1,671	,017	,287	,775
CADAS	-,030	,021	-,065	-1,453	,147
CUDAS	,162	,018	,393	8,767	,000**
R = .513 R2= .263 F = 15.022 P = .000**					

Note. ** Arguments statistically significant at 0 .01 (P-value ≤ 0.01)

DISCUSSION

More than half of the nurses stated that they received no education at all regarding substance abuse and the care of persons with substance abuse problems; almost half of them stated that they had not taken care of a person with substance abuse problems before. Kivircik-Akdede et al. (2004) stated that negative attitudes and judgments towards a disease are directly related to having insufficient knowledge regarding the disease (21). Findings from the research study by Allen (1993) also demonstrated that education of nurses can affect their attitudes towards patients with alcohol abuse problems (22). In our study, half of the nurses were close to substance abuse problems as caregivers with adequate knowledge and experience; however, these nurses developed a social aloofness towards their patients and negative attitudes emerged.

Nurses' Perceptions and Attitudes about the Causes and the Treatment of Substance Abuse

In Turkey, nurses working in GPH have the perception that an individual uses drugs to "cope with problems" and due to their "social environment," rather than because of "excitement seeking" and/or "personal tendency". Therefore, the Turkish nurses believe the etiology of substance abuse is more psychological (distress and difficulties, maladaptive coping style) and social (peer relationships, family relationships, growing population, rapid urbanization, immigration, changing social factors linked to the weakening of cultural and social ties). At the same time, nurses believe that the treatment of substance abuse problems can heal an addicted patient. However, nurses believe that an individual should create a change in oneself rather than change their social environment in order to recover from an addiction. Nurses consider alcohol and substance abuse problems as personal problems; in practice, this belief has caused these patients to be ignored and considered as "the victim of their own choice." They are not respected and they are considered to be a problem. (12, 23, 24). In a study investigating the perception of the nurses on regarding the addicted person as being "ill", this viewpoint was stated to be the essential helpful factor in the intervention (25).

While the nurses have stated that they would be quite uncomfortable with a "person with substance abuse problem teaching in a primary school", they also stated that they would be relatively less uncomfortable "being teammates in games such as football, basketball, and volleyball". In other words, while they could be friends socially in a team game with a person with substance abuse problems, they could not accept them being a teacher. Nurses would like to have some distance in the social strata between substance abusers and the tendency to ignore this population is increased if they are young teenagers. Similar to our findings, many studies have examined the attitudes of health professionals towards individuals with alcohol and substance abuse problems in the U.S.A., England and Australia and found that the nurses working in different departments had negative attitudes towards these individuals (14, 15, 17).

Affecting Factors of Nurses' Attitudes toward Individual with Substance Abuse

There is an inverse relationship between the nurses' perceptions of the causes of substance abuse and their attitude towards the person with substance abuse problems, and a direct relationship between their perceptions regarding the treatment of substance addiction abuse and their attitude towards the person with substance abuse problems. In other words, as the nurses attribute substance abuse to a cause and as the treatment suggestions increase, nurses' tend to show a negative attitude and place a social distance between themselves and the individual person with substance abuse problems.

The nurses' age, gender, educational status, time in profession and institution, and staff status did affect their attitude towards persons with substance abuse problems. In other words, as they age and time in their profession and institution increases, they assume a more negative attitude towards persons with substance abuse problems. Separately, it is seen in our study that those nurses who have associate's degree or graduated from a vocational school of health have more negative attitudes towards drug-addicted individuals. In Turkey, the number of nurses who have bachelor's degree or master's degree and who work in this

field of medicine has increased in recent years. The experience of these nurses both in the profession and the institution are usually limited. Thus, the older nurses working in the institutions where we conducted our research are, in fact, mostly nurses that have a high school diploma or associate's degree. Because the curricula of high school and associate's degrees are narrower in scope than the bachelor's and master's curricula, care for patients with substance abuse problem is reduced or not included in the curriculum. In addition, the nurses who are older and have longer professional careers or a longer duration of work in the institution have much more contact and experience with these patients. In Corrigan and colleagues study, which was performed with young people, showed that being in close contact with someone who is suffering from alcohol dependence can cause stigmatization and discriminatory attitudes (26). In this manner, experienced nurses had inadequate levels of knowledge, and the number of negative connections and perceptions with substance abusers has increased and solidified. Studies have shown that there are many factors affecting the attitudes and behaviors of nurses towards persons with substance abuse problems. Clancy et al. (2006) and Selleck and Redding (1998) stated that past experience and knowledge constitutes one of these factors (27, 28). In the literature, it is emphasized that substance abuse takes a very small place in the educational curriculum of nurses and that education on substance abuse will decrease negative attitudes in nurses (17, 29-31). Therefore, it is suggested that hospitals give extensive in-service training to all nurses regarding substance abuse and that the graduate and undergraduate educational programs should also be considered within this context.

Nurses' attitudes toward substance abuse were affected by current hospitals' perceptions and their own perceptions. The correlation between variables was significant, but age, gender, education level, time in profession and institution, staff availability and drug addiction had a limited impact; it was concluded that the effect of these factors may be due to random chance. According to these findings, nurses are affected adversely by working in Erenköy Hospital and having the belief that treatment for substance abuse is

possible only in the presence of a personal effort.

The nurses' educational status regarding substance abuse and their experience in having cared for people with substance abuse problems did not affect their attitude towards persons with substance use problems. In other studies with nurses, no relationship was found between the educational status and their therapeutic attitude towards persons with substance abuse problems (32, 33). It has been established that education has an effect upon the therapeutic attitude only in studies where role support is combined with education (33, 34). In our research, the nurses who received training on substance addiction stated that the training they received was not very extensive and that the training in question consisted of short-term programs in which they participated mostly as passive listeners. Consequently, it is expected that the attitude scores are not different between the nurses who received substance abuse training and those who did not. According to these results, it is suggested that nurses working should receive not only in-service training programs but extensive role support (such as clinical decision making and career opportunities) in conjunction with education.

CONCLUSION

Nurses working in GPH in Turkey have the perception that a person uses substances primarily to "cope with problems" and due to their "social environment", and in order to recover from substance abuse, they should "avoid the substance" and "seek social-professional help". It has also been established that nurses have a negative attitude towards people with substance abuse problems and they tend to place a social distance in between themselves and those patients. Nurses, who are older, have longer professional careers, whose duration of work in the institution is longer, and whose level of education is low show more tendencies to place a social distance. Nurses, who are not getting enough information about approaches and care giving to individual with substance abuse problems during the vocational training and professional service, and getting professional knowledge and skills over the years, have more negative attitudes. This negative attitude of nurses may cause

impairment of the relationship with the patient, and both nurse's and the patient's perception of the providing care is dissatisfied and not secure, reduction of the job performance of nurses.

Therefore, according to these results, it can be concluded that extensive and regular in-service training programs and personal-professional support programs should be organized and instituted urgently. Additionally, the quality and content of the education offered to nurses in Turkey should be reevaluated and organized with the aim of improving the perception and attitude of the nurses regarding persons with substance abuse problems.

Limitations of the study

The findings of this research study empirically demonstrate that the nurses working in the Hospitals of Mental Health and Psychiatry in Turkey have negative attitudes towards drug-addicted individuals and show a tendency to place a social distance. However, this research has some limitations. The participants were selected on a voluntary basis. The research was not randomized, making it open to the likelihood of bias. Secondly, only 54% of the target population answered the entire survey because of time limitations and it was difficult to reach the institutions repeatedly. However, because this is the first study of its kind, this research will form the basis for the future research studies on behalf of our country.

REFERENCES

- Altıntaş H, Temel F, Benli E, ve ark. Tıp fakultesi birinci sınıf öğrencilerinin madde bağımlılığı ile ilgili bilgi, görüş ve tutumları. *Bağımlılık Dergisi* 2004; 5: 107-114.
- Cırakoğlu OC, Işın G. Perception of drug addiction among Turkish University students: Causes, cures, and attitudes. *Addictive Behaviors* 2005; 30: 1-5.
- Pinikahana J, Happell B, Carta B. Mental health professionals' attitudes to drugs and substance abuse. *Nursing and Health Sciences* 2002; 4: 57-62.
- Ben-Natan M, Beyil V, Neta O. Nurses' perception of the quality of care they provide to hospitalized drug addicts: Testing the theory of reasoned action. *International Journal of Nursing Practice* 2009; 15: 566-573.
- Ögel K. Madde kullanım bozuklukları epidemiyolojisi. *Türkiye Klinikleri J Int Med Sci* 2005; 1: 61-64.
- Royo-Bordonada MA, Cid-Ruzafa J, Martin-Moreo JM, Guallar E. Drug and alcohol use in Spain: Consumption habits, attitudes and opinions. *Public Health* 1997; 111: 227-284.
- Psychiatric Association of Turkey (Türk Psikiyatri Derneği) Alkol yasası ile ilgili alkol madde kullanım bozuklukları çalışma birimi raporu. <http://www.psikiyatri.org.tr/news.aspx?notice=1148> Accessed date: 12 Ocak 2014.
- Ögel K. Madde kullanımı ve bağımlılığın nedenleri. <http://www.ogelk.net/Dosyadepo/etyoloji.pdf> Accessed date: 28 Ağustos 2013.
- Coşkunol H. Türkiye'de madde kullanımı konusunda durum analizi. http://www2.bayar.edu.tr/cbukam/docs/Madde_Bagimliliği_2013_Mayıs/Hakan_Coskunol.pdf Accessed date: 18 Ocak 2014.
- Kauffman SE, Silver P, Poulin JY. Gender differences in attitudes toward alcohol, tobacco and other drugs. *Social Work* 1997; 42: 231-241.
- Brown SE, Suppes T, Adinoff B, Thomas NR. Drug abuse and bipolar disorder: Comorbidity or misdiagnosis. *Journal of Affective Disorders* 2001; 65: 105-115.
- Crother CE, Dorrian J. Determinants of nurses' attitudes toward the care of patients with alcohol problems. *International Scholarly Research Network ISRN Nursing*. 2011; 1-11.
- Taskın EO. Damgalama, ayrımcılık ve ruhsal hastalık. *Psikiyatri, Psikoloji ve Psikofarmakoloji (3P) Dergisi* 2004; 12 (Additional 3): 5-12.
- El-Guebaly N, Toews J, Lockyer J, et al. Medical education in substance-related disorders: Components and outcome. *Addiction* 2000; 95: 949-957.
- Eliason MJ, Gerken KC. Attitudes shown by nursing college students, staff, and faculty towards substance abuse. *Journal of Substance Use* 1999; 4: 155-163.
- Gürlek-Yüksel E, Taşkın EO. Türkiye'de hekimler ve tıp fakültesi öğrencilerinin ruhsal hastalıklara yönelik tutum ve bilgileri. *Anadolu Psikiyatri Dergisi* 2005; 6: 113-121.
- Happell B, Taylor C. We may be different, but we are still nurses: An exploratory study of

- drug and alcohol nurses in Australia, *Issues in Mental Health Nursing* 1999; 20: 19–32.
- 18- Resmi Gazete 19 Nisan 2011 Tarihli 27910 sayılı hemsirelik yönetmeliğinde değişiklik. <http://www.resmigazete.gov.tr/main.aspx?home=http://www.resmigazete.gov.tr/eskiler/2011/04/20110419.htm&main=http://www.resmigazete.gov.tr/eskiler/2011/04/20110419.htm> Accessed date: 8 Haziran 2012.
- 19- Gilchrist G, Moskalewicz J, Slezakova S, et al. Staff regard towards working with substance users: A European multi-centre study. *Addiction* 2011; 106: 1114–1125.
- 20- Emiroğlu B, Karadayı G, Aydemir O, Uçok A. Şizofreni hastalarında işlevsel iyileşme ölçeğinin Türkçe versiyonunun geçerlik ve güvenilirlik çalışması. *Noröpsikiyatri Arşivi*, 2009; 46: 15-24.
- 21- Kıvrıkcık-Akdede BB, Alptekin K, Özden-Topkaya S, ve ark. Gençlerde şizofreniyi damgalama düzeyi. *Yeni Symposium* 2004; 42: 113-17.
- 22- Allen K. Attitudes of registered nurses toward alcoholic patients in a general hospital population, *International Journal of the Addictions* 1993; 28: 923–930.
- 23- Cartwright AKJ, Gorman DM. Processes involved in changing the therapeutic attitudes of clinicians toward working with drinking clients. *Psychotherapy Research* 1993; 3: 95-104.
- 24- Howard M, Chung S. Nurses' attitudes towards substance misusers. I. Surveys. *Substance Use and Misuse* 2000; 35: 347–365.
- 25- Tsai Y-F, Tsai M-C, Lin Y-P, et al. Facilitators and barriers to intervening for problem alcohol use. *Journal of Advanced Nursing* 2010; 66: 1459–1468.
- 26- Corrigan PW, Lurie BD, Goldman HH, et al. How adolescents perceive the stigma of mental illness and alcohol abuse. *Psychiatr Serv* 2005; 56: 544-550.
- 27- Clancy C, Oyefeso A, Ghodse H. Role development and career stages in addiction nursing: An exploratory study. *Journal of Advanced Nursing* 2006; 57: 161–171.
- 28- Selleck CS, Redding BA. Knowledge and attitudes of registered nurses toward perinatal substance abuse. *Journal of Obstetric, Gynecologic, & Neonatal Nursing (JOGNN)* 1998; 27: 70-77.
- 29- Hagemaster J, Handley S, Plumlee A. et al. Developing educational programmes for nurses that meet today's addiction challenges. *Nurse Education Today* 1993; 13: 421–425.
- 30- Rassool GH, Oyefeso N. The need for substance misuse education in health studies curriculum: a case for nursing education. *Nurse Education Today* 1993; 13: 107–110.
- 31- Rassool GH. Nursing and substance misuse: Responding to the challenge. *Journal of Advanced Nursing* 1993; 18: 1401–1407.
- 32- Albery IP, Heuston J, Ward J, et al. Measuring therapeutic attitude among drug workers. *Addictive Behaviours* 2003; 28: 995–1006.
- 33- Ford R, Bammer G, Becker N. The determinants of nurses' therapeutic attitude to patients who use illicit drugs and implications for workforce development. *Journal of Clinical Nursing* 2008; 17: 2452–2462.
- 34- Ford R, Bammer G, Becker N. Improving nurses' therapeutic attitude to patients who use illicit drugs: Workplace drug and alcohol education is not enough. *International Journal of Nursing Practice* 2009; 15: 112–118.