

Exploring The Attitudes Towards Patients Diagnosed With Alcohol Use Disorder (AUD): A Qualitative Study Of Nurses At The National Referral Hospital, Bhutan

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ABSTRACT

Background: The kind of attitude expressed by the nurses may have significant effect on the recovery process of the patient and on their decision to avail treatment. It is anticipated that by exploring the attitudes of the nurses towards AUD patients and understanding the factors which influences these attitudes, more effective interventions can be developed to provide help and support to this group of patient and also to the nurses in being effective and appropriate in responding to the needs of this group of patient.

Purpose The study was conducted to explore the prevailing attitudes of nurses towards AUD patients, and to further explore the factors influencing these attitudes.

Methods: A total of fifteen nurses from Jigme Dorji Wangchuck National Referral Hospiatl were recruited based on convenience and purposive sampling techniques. Qualitative approach was employed by means of conducting face to face in-depth interviews using open ended questions. The qualitative data was analyzed using thematic analysis method.

Results: The findings from the study suggest that possessing adequate knowledge on alcohol and addiction, being regularly engaged with AUD patients or having few years of experience working with AUD patients were some of the factors which resulted in more positive attitudes among the nurses. On the contrary, insufficient skills and knowledge related to alcohol addiction and exhibition of aggressive behaviour by the patients could cause negative feelings and ultimately lead to negative attitudes.

Conclusion: Therefore, it is of paramount importance that a curriculum on alcohol addiction is introduced in diploma and degree nursing courses offered in Bhutan.

Keywords: Nurses' attitudes, Alcohol Use disorder, Substance Use Disorders, health workers' attitudes, Health professionals' attitudes.

BACKGROUND

Alcohol is socially accepted in Bhutan and therefore, highly used in the society. The per capita adult consumption of pure alcohol among Bhutanese is 8.47 litres, which is higher than the global consumption of 6.2 litres. Moreover, the alcohol abstention rate is only 64.7% which is much lower than the abstention rate of 80.4% in whole of South East Asian region ([Dorji, 2012](#); [WHO, 2004](#)).

Few studies were carried to explore the attitudes of health professionals or nurses towards substance or alcohol use disorders in other foreign countries. However, there is no prior research carried out on assessing the attitudes of nurses towards AUD patients in Bhutan. A research on attitudes of nurses in Brazil demonstrates that the nurses are tolerant and liberal to moderate alcohol use. However, they are found to be against alcoholism, because they perceived it as a disease. They related alcoholism to the willingness of an individual, thereby shaping their conceptions and attitudes towards alcoholic patients ([Vargas & Luis, 2008](#)).

In general, health care providers were found to have negative attitudes towards Substance Use Disorder (SUD) patients. A systematic literature review revealed that in general health care providers expressed negative attitudes towards patient with SUD ([Van et al., 2013](#)). There are various factors which influence health care providers' expression of attitudes towards SUD patients. The most powerful factors which predict positive attitude to work with SUD patients are having performed substantial assignments related to alcohol and drugs curriculum during the time of graduation and nurses who have completed graduate school ([Soares et al., 2013](#)). Studies also showed positive effects of training and education on health care providers' attitudes and perceived knowledge in working with SUD patients ([Soares et al., 2013](#); [Iqbal et al., 2015](#)).

Health care providers have more task- oriented approach towards delivering health care and therefore, are less involved with the patients. This results in decline in personal engagement and decreased empathy ([Van et al., 2013](#)). Ultimately, these consequences can influence health care providers' attitudes towards various patient groups. This may be because less engagement with the patient means that the health care providers or the nurses will not be able to know and learn about patient's condition, reasons for using alcohol/drugs thereby hindering their ability to gain knowledge, skills and experience in working and responding to the needs of the patients.

Nurses form the largest part of the workforce in the Bhutanese health care facilities like in any other country and they invest maximum amount of their time delivering care to the patients. Therefore, it is necessary to explore the attitudes of the nurses because the kind of attitude expressed by the nurses may have significant effect on the recovery process of the patient or on their decision to avail treatment. Moreover, it is anticipated that by exploring and examining attitudes of the nurses towards AUD patients and understanding the factors which influence these attitudes, more effective interventions can be developed in order to provide help and support to this group of patients and also to the nurses to become effective and appropriate in responding to the healthcare needs of this group of patients.

On the contrary, delivering health care to the SUD patients also lead to less engagement with the patient and more of avoidant nature of approach towards SUD patients. Avoidant nature comprises of decreased frequency and duration of nursing engagement with the patients, decline in nurse initiated engagement with patients, handling the patient using physical restraints and non-fulfillment of the needs of the patients ([Carveth, 1995](#)).

METHODS

Qualitative approach was deployed for this study and data was collected by conducting face to face in-depth interviews using open ended questions with the nurses. This was carried out to explore their prevalent thoughts, opinions and attitudes towards AUD patients and also to gain an understanding of underlying factors which influence these thoughts and opinions. A qualitative research method allows for study of an exploratory nature. It aims to accumulate open ended, emerging data, which is then used to evolve into themes ([Campbell, 2014](#)).

Ethical Clearance was sought from the Ethics Committee of the Medical Faculty of Heidelberg University and Research Ethics Board of Health (REBH), Ministry of Health, Bhutan prior to conducting the study. The study was conducted for duration of seven months from January to July 2018.

Study site

The study was conducted at JDWNR hospital, located in the capital (Thimphu) of Bhutan. This hospital was first established in the year 1972. It is the apex health care institution in the country. It has multi-specialties and therefore, is a national tertiary referral centre and regional referral centre hospital for the western region of Bhutan.

The rationale behind choosing this hospital was because of the availability of highest number of nurses when compared to other health facilities.

Study population

The participants for this particular study are the Bhutanese nurses working at JDWNR hospital. The attributes of the participants are reflected in the table below:

Table 1: Attributes of the participants

Participants	Gender	Age	Number of years in service
Participant 1	Male	28	4 years
Participant 2	Male	34	8 years
Participant 3	Female	25	1 year
Participant 4	Female	31	9 years
Participant 5	Male	29	3 years
Participant 6	Female	29	5 years
Participant 7	Female	24	1 year 2 months
Participant 8	Female	26	2 years
Participant 9	Male	30	5 years
Participant 10	Female	27	1 year 3 months
Participant 11	Female	34	7 years
Participant 12	Male	29	5 years

Participant 13	Male	27	1 year 3 months
Participant 14	Female	44	24 years
Participant 15	Male	24	1 year 5 months

Questions for face to face interview with the participants were developed based on what the research questions are and checking if the questions could extract the answers for the overall research questions. A set of open ended questions were developed for the participants and these questions usually asked for explanations such as “How” and “Why” with regard to nurses’ opinion and thoughts on alcohol, their understanding of AUD condition, their attitudes towards AUD patients and factors which influence their attitude. This was meant for conducting an in-depth interview with the participants.

To ensure the validity of the questions prepared, it was presented to an expert to ensure the suitability of each and every question. Necessary changes were adopted as per the expert’s feedback. The set of open ended questions was also piloted prior to the conducting the actual study. The sampling method used was a combination of purposive sampling and convenience sampling

Ethical Considerations

Prior to conducting of interview, the participants were provided with the information sheet and instructed to read thoroughly and ask questions if anything was unclear. The information on the information sheet was also verbally explained to the participants prior to signing the consent form. The interviewer gave ample time to the participants to ask and clarify the information on the information sheet.

After confirming that the participants have clearly understood all the information on the information sheet, an informed consent was taken. Few demographic details such as name, age, gender, position levels of the participants were also noted prior to conduction of the interview. The interview was usually conducted in a closed room without interruption so that the participant feels free to express their thoughts. Face to face interview was conducted with the participants. The whole duration of interview was audio recorded and personal notes on the gesture and expressions were also made by the researcher for future reference. Probes were used in order to extract in depth information on the topic of the study.

Transcription of qualitative data

Interview recordings of participants were transcribed on an on-going basis at the end of the day. Interviews were listened to immediately after in order to check for accuracy and clarity of information. All interviews were recorded for accuracy as well as additional handwritten field notes were referred. The interviews which were conducted in English were transcribed verbatim from the recordings to Microsoft excel sheet. Some interviews which were conducted in national language and other local language were translated and then transcribed.

Data Analysis

Qualitative analysis is described as a process through which the relevant qualitative data, which is gathered from face -to -face interviews or on site observations etc are made understandable ([Caudle, 2004](#)). The process of data analysis was done though reading repeatedly and studying the transcripts to identify themes or patterns among the data. The researcher then identified the chunks of data (words, phrases, and paragraphs) and then

started ascribing one or two words summary to the chunks of data (Open Coding). These common themes, statements, and ideas were then analyzed for common relationships. Central themes and relationships were exhaustively searched for until they emerged. Central themes were identified and the open codes were then grouped under these different central themes (Closed Coding). The researcher then interpreted the experiences and attitudes of the nurses in regard to AUD patients to develop a narrative description of the meaning the researcher assigned to the quotation of the participants by interweaving the exact quotations from the participants

Limitations of study design

This study was carried out only in one geographical area (JDWNRH). Therefore, it does not study the attitudes of the nurses towards AUD patients in others parts of Bhutan and the results of this study cannot be extrapolated to other hospitals in other districts of Bhutan. Moreover, this study was carried out with the nurses of the only tertiary hospital in the capital of Bhutan

RESULT

Participants expressed that they should provide similar kind of health care services for this group (AUD) patients because they believe that this group of patients should be considered same like other groups of patients rather than differentiating among the different groups of patients. They also believe that these groups of patients are not inferior to other human beings.

"I do not differentiate on these patients. In fact I feel that as human beings we need to experience so many things. One would be to experience drinking alcohol. However, people should know how to limit the use of alcohol. I do not look down on the people who drink alcohol. I feel that this group of people is also same like us." (Participant 13)

"In my opinion, I feel that we should not differentiate among the patients with various diseases. We should treat all the patients equally." (Participant 12)

Participants also expressed that refusing to provide similar kind of health care services to this group of patients can have negative implications and further deteriorate the physical condition of the patients. Refusing to render the similar care and treatment can also influence the motivation level of the patient in a negative manner.

"I think they should be given equal importance because AUD is also a brain disease. If we do not provide care to this group of patients and ignore them, these patients will never get motivated and there are chances of relapse. Therefore, similar kind of care as provided to non-alcoholic patients has to be provided to this group of patients as well." (Participant 10)

"I think AUD patients should be given equal importance because AUD can also progress to ALD. There are chances of sudden seizure withdrawal treatment. Therefore, they should be treated." (Participant 14)

1. Attribution beliefs

Participant expressed that people consume alcohol not because of the intention to consume alcohol but basically due to some problems in their life prior to getting addicted. However, the reason for alcohol consumption changes after getting addicted to alcohol. Prior to getting

addicted to alcohol, they will think and try to control using alcohol as they are aware of the ill effects of regular use of alcohol.

"I feel that people consume alcohol because of so many factors. I never say that, "You have taken alcohol, you have to die". People drink only because of some problems or when one has to face difficult situations in life." (Participant 11)

"I do not think people drink with the intention to drink. I think they drink because of problems in their life. Once they are depended on alcohol or are addicted then it is a different thing. Before getting addicted, after drinking today they will think that I will not drink tomorrow as it is affecting my health and it may create problems." (Participant 12)

2. Providing care

Participants expressed that they like providing care to AUD patients because they believe that it is their professional responsibility to take care of these patients.

"I love taking care of them. Actually I mean I like providing services. It's just that the least we can do as a nurse. So, we are here to help and then I do not have personal reasons but because I have chosen this work. So, it's my job and it's just that at certain times, we need to go extra mile from doing a job and then I like what I do." (Participant 4)

"As it is my job, I need to like what I do. If we dislike providing care to alcoholics, how can we give care to the patient? They are mental disorder patients. After hearing their stories and problem and being able to help and support them is what I like." (Participant 5)

"I won't say dislike but there are times when you feel stressed. But then it is your profession so you are somehow compelled to like it." (Participant 15)

On the contrary, participants expressed that they are rendering services to this group of patient out of interest to work and not because it is their professional responsibility which they are required to perform under compulsion.

"I do not provide care to this patient under compulsion or by thinking that it is my job. I have interest to work in the hospital and I like providing care to this patient. I make sure that the AUD patient who is receiving care from me receives the best care." (Participant 13)

Participants expressed that they like providing care to this group of patients because the patients come to the hospital only when they are suffering from pain or physical discomfort. They feel that they should help them in times of need.

"It is because alcohol dependent people come when they are having problem and are in trouble. That is why I feel that people has come because of problem. Therefore, I feel that I should help them so that they can become better both in physical and mental health." (Participant 14)

"AUD patients are coming and seeking help from the health workers as they are suffering from pain. If they don't suffer from any pain or disease, then they won't come to the hospital and also they got admitted because of that serious disease condition. So at that time they need help." (Participant 1)

3. Factors influencing expression of attitudes

3.1 Readmissions

Participant expressed frustration for repeated admission to Detox Unit of AUD patients. However, they believed that this group of patients is similar to other patients who are in need of medical treatment. Therefore, they have the mind set and willingness to provide care and treatment to patients even if they come repeatedly for detoxification purpose.

“As a nurse working in detoxification unit for five years, sometimes you lose your head because some of the patients come time and again. But then there is always a mindset inside you saying that AUD patients are also patients and then they need treatment.” (Participant 9)

Apart from being frustrated, participants feel that their other colleague nurses become judgmental when they see the same patient repeatedly coming for admission for availing detoxification services.

“Some nurses have the habit of judging the patient prior to talking with the patient. Within staffs, they say that “this patient will not be able to quit alcohol and will relapse. This patient came here for so many times in the past.” And few nurses also ask to the patient, “You came again for detoxification?” (Participant 3)

Further on, participants expressed that as the frequency of admission of the patient increases, there is a tendency to avoid the patients and provide less quality care to them. This is because of the belief, that this group of patients is not adhering to what the health care providers are advising them to follow.

“For example, if patients A comes for the first time and the patient B comes for the second time and the patient C comes for the third time for detoxification or for seeking treatment for alcohol. I think it is normal to provide better care to patient A as he is coming for the first time. If the same patient comes to the hospital repeatedly for alcohol problems seeking treatment, it is automatic that we will think that this particular patient is not listening to us.” (Patient 12)

3.2 Deficient skills

Participant expressed that they were not competent and lacked certain skills and knowledge to treat and provide guidance to this group of patients. They expressed of feeling deficient and powerless in terms of providing care and interacting with AUD patients. Therefore, lacking certain skills and knowledge was one of the challenges faced by the participants when interacting and delivering care to them.

“In other ways I would say it is very challenging by seeing the number of patients admitted here and also considering the time constraints. And it’s challenging. Moreover, all the staffs who are actually working in our set up, I would say they are not clinically competent to work with this set of people because they need the special care and guidance.” (Participant 2)

“I find it challenging as I am not very qualified. I have just done diploma in nursing and midwifery course and the course related to psychiatry was briefly covered in duration of 1 month. Therefore, I am not very qualified and when I deal with the patient, we need to have knowledge and skills which I do not have. That’s why I find it challenging.” (Participant 8)

Participants were aware that they lacked counseling skills. Therefore, the nurses felt that they failed to convince the patients to quit on alcohol.

"The staff should be made aware and know how the psychological support should be given to AUD patients. We lack this skill as a nurse. The management should provide CMEs on these topics to nurses". (Participant 6)

"Health professionals lack knowledge in dealing with alcoholic patients. For this group of patients, counseling is also necessary but we do not have the background of counseling. How we give counseling is usually on the surface level. We usually say alcohol is not good for health and I do not think this kind of counseling should be given. As staff we do not have this background and we are not good at convincing the patient to quit using alcohol." (Participant 6)

3.3 Motivating patient

Participants expressed that motivating the patients to accept their disease condition and shifting them to another level of change is challenging with this group of patients.

"So the challenge here is the stages of change where you have to work on the patient who is completely in denial phase to putting them on another stage or another level." (Participant 9)

"Patients who are brought in by family are in denial. They deny that they drink too much and they deny that they are having withdrawal symptoms. They only say that they have abdomen pain. Their attendants say that the patient has been drinking and from his past ultrasound report, organs are damaged. But the patient is usually in denial stage. We smell of alcohol from them. Sometimes I get headache because even after we explain to them a lot of things, they are always in the denial state. These patients are sometime difficult to handle." (Participant 3)

In addition, keeping the patient in Detoxification Unit is also challenging because patients usually feel that undergoing detoxification is not very important and that if they have the mind to quit alcohol and remain sober, that is more than enough and there is no need for any other interventions such as post detoxification treatment or rehabilitation.

"The challenges are that, sometimes the patients never get motivated at all. Even in the ward, they get drunk and get intoxicated. These are the challenges. The other is if we talk about long term, they never get motivated even if we tell them to take Disulfiram, they say that they do not want to take it as if they think it from within, they can quit alcohol without the need of the interventions. It is a challenge to motivate the patient." (Participant 10)

As it is very difficult to shift the patient from one stage of change to another, participant expressed that their expectation is to have patients who are motivated and who come voluntarily to quit on alcohol.

"We need people who come in voluntarily saying I want to quit. That would be nice for us because they are already motivated and we can work on them." (Participant 9)

3.4 Aggressive behaviour of patient

Participants expressed that agitation, impulsiveness and aggressive behaviour as a result of intoxication and withdrawal symptoms during the time of admission were the some of the challenges encountered. With this kind of behaviour, participant felt difficult to calm them down and to have cooperation from the patients' side.

“Initially when they come to our set up, they are in intoxicated phase and basically they are in withdrawal phase. So, that is when they are very much agitated and impulsive. They do not cooperate initially. It is quite difficult to calm them down. As the days passes by they become calm with time. So, that’s the only challenge that I have felt and faced so far to calm them down and to deal with the agitation and impulsive nature.” (Participant 7)

3.5 Experience

Participants expressed that as the senior staffs are more experienced, they are better in interacting or dealing and providing care to AUD patients. Sometimes, patients tend to take advantage of the younger nurses. As the younger nurses lack experience and skills, they sometimes feel deficient and incompetent while having to care for this group of patients.

“As old nurses are more experienced, I feel that they are better. Even the alcoholic patients speak harshly to younger nurses. Old nurses are experienced and the patients listen to them but when we (as young nurses) talk to them, they take advantages of us. Old nurses are more experienced and they are better at explaining things to patients and better at dealing with patients.” (Participant 3)

“Old nurses are experienced and young nurses are less experienced. Old nurses are able to interact well and provide better care to the patients. When I say this I do not mean to say that young nurses do not provide better care. I only mean to say that there are slight differences between the old and young nurses when it comes to interacting or providing care.” (Participant 13)

“Senior nurses have more experience and knowledge. Therefore, they are able to explain to the patient in better way.” (Participant 8)

DISCUSSION

1. Understanding of AUD patients

The current study revealed that the nurses believed that they should deliver similar health care services to AUD patients like they deliver for patients with other disorder because they believe that this group of patient should be considered similar to other groups of patients rather than differentiating among the various groups of patients. Refusing to provide quality care to AUD patients in a similar manner as provided to patients with other disease may have implications and further worsen the condition of the patients. The worsening of physical condition associated to regular and heavy alcohol consumption can consequently result to negative effect on the family, work and personal life.

All the nurses in the present study considered that AUD patients are not inferior to patients with other diseases and therefore, should be delivered with similar care and treatment as delivered to other patients with other health conditions. However, the past study revealed that the health care providers perceived SUD as a disease which is different and inferior to other diseases. It was found out that primary care physicians scored drug dependence, alcohol dependence and alcohol abuse as a state which is of low standard of health when compared to HIV-AIDs, depression, hypertension and schizophrenia ([Amaral et al., 2010](#)). The reasons for discrepancy could be because of social desirability bias where the nurses in the present study feel obliged to regard and deliver similar kind of care and treatment to all the various groups of patients without partiality so that the people view them as favourable.

2. Factors influencing expression of attitudes**Effect of repeated admission on nurses**

Repeated admission of the patient to the detoxification unit results in frustration among the nurses. Apart from being frustrated, few nurses become judgmental when they encounter patients repeatedly coming for admission. As the frequency of admission of the same patient for detoxification increases, it is by nature that they have the tendency to provide less quality of care to them. This is because the nurses tend to think that the patient is not adhering to what they are saying and that there is no hope for improvement or recovery. This finding is in line with the belief that as the patients with AUD cannot recover increases, the self-esteem of the nurses in caring or responding to such patients' needs decreases. This is because patients who are most likely difficult to improve or recover are deemed to be, less confident the nurses treating them will feel in responding to the needs of the individual patients ([Crothers & Dorrian, 2011](#)). Therefore, this can lead to frustration, insufficient and inappropriate responds to the patients and ultimately lower quality of care.

Aggressive behaviour

Agitation, impulsiveness and aggressive behaviour as a result of intoxication and withdrawal symptoms during the time of admission were the some of the challenges encountered by the nurses. With this kind of behavior, nurses felt difficult to calm them down and to have cooperation from the patient's' side. Patients who became aggressive after consumption of alcohol are threat to the other patients and the nurses. This finding is consistent with the findings from the previous studies. Violence, manipulation and irresponsibility were the barriers in providing care to this group of patients. Majority of the health care providers have experienced delivering care and treating SUD patients who were aggressive. Moreover, the attitudes and actions of SUD patients were inappropriate that it could sometimes be harmful to other people ([Hill, 2010](#)). Physicians and nurses willingly confess that to have a feeling of empathy is more difficult during these situations and that their professional ideals feel injured or weakened ([Hill, 2010](#)).

Deficient in skills

This study revealed that nurses believed that they were not clinically competent and had inadequate skills (especially basic counseling skills) and knowledge to treat and provide proper guidance to AUD patients. One of the reasons being that, they were taught very little on psychiatric nursing, while pursuing general nursing and midwifery course. Therefore, nurses find providing care to this group of patients challenging as they have insufficient knowledge and certain skills required to handle this group of patients. This finding is consistent with the findings of several studies conducted in the past. A total of three studies revealed that health care providers generally have low levels of knowledge in relation to SUD and they feel that they do not possess specific knowledge and skills in delivering care to SUD patients ([Deans and Soar, 2005](#); [Vargas and Luis., 2008](#); [Chung et al., 2003](#)). Moreover, majority of health care providers also lack sufficient education, training and support structures in working with SUD patients ([Van et al., 2013](#)). In addition, a study conducted in Melbourne revealed that 91% of the nurses recognize and accept their need for further education in the field of alcohol and drugs and they also expressed their interest in participating in in-service education if it was available ([Happell & Taylor, 2001](#)).

The present study reveals that the young nurses are fresh graduates and lack experience working with this group of people. Therefore, some patients tend to take

advantage of them. As a consequence, this may result in having negative attitudes towards this group of patients. However, senior nurses are more experienced in interacting or dealing and providing care to AUD patients because of regular engagement with this group of patients. Regular engagement and constant contact with this group of patients had educated and sensitized the senior nurses thereby enabling them to have confidence in responding to the needs of this group of patients ([Happell et al., 2002](#)).

CONCLUSIONS

The overall findings suggest that Bhutanese nurses have positive opinions and attitudes towards AUD patients and factors such as education and training, being regularly involved with AUD patients and having previous experience working with AUD patients have the potential to create more positive attitudes among the nurses. However, repeated re-admission of AUD patients, insufficient skills and knowledge related to alcohol addiction and aggressive behavior of the patients could lead to negative attitudes.

RELEVANCE FOR CLINICAL PRACTICE

The findings from this study suggests that equipping Bhutanese nurses with the knowledge and skills related to alcohol addiction would enable the nurses to be more competent in order to respond to the psychological and health care needs of this group of patients. Therefore, it is of paramount importance that a curriculum on alcohol addiction is introduced in diploma and degree courses in nursing provided in Bhutan. Furthermore, the students enrolled in nursing courses are also given the opportunity to be posted in mental health hospitals or Detox Units so that the students have the opportunity to have interaction with the AUD patients during their training period. Secondly, CMEs on alcohol and addiction should also be given to in-service nurses on a timely basis.

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CONFLICTS OF INTEREST

The author and the co-authors have no conflict of interest to declare

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