✣ **RESEARCH PAPER** ✣

Nurses' perception of the quality of care they provide to hospitalized drug addicts: Testing the Theory of Reasoned Action

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Nurses' perception of the quality of care they provide to hospitalized drug addicts: Testing the Theory of Reasoned Action

A correlational design was used to examine nursing staff attitudes and subjective norms manifested in intended and actual care of drug users based on the Theory of Reasoned Action. One hundred and thirty-five nursing staff from three central Israeli hospitals completed a questionnaire examining theory-based variables as well as sociodemographic and professional characteristics. Most respondents reported a high to very high level of actual or intended care of drug users. Nurses' stronger intentions to provide quality care to drug users were associated with more positive attitudes. Nursing staff members had moderately negative attitudes towards drug users. Nurses were found to hold negative stereotypes of drug addict patients and most considered the management of this group difficult. Positive attitudes towards drug users, perceived expectations of others and perceived correctness of the behaviour are important in their effect on the intention of nurses to provide high-quality care to hospitalized patients addicted to drugs.

Key words: drug addicts, nurses, quality of care, stereotypes, Theory of Reasoned Action.

INTRODUCTION

Over the past few decades, there has been a significant rise in the number of general hospital patients addicted to drugs. Addiction disorders affect 20–50% of hospitalized patients. The World Drugs Report 2007 states that the global prevalence of illegal drug use by 15- to 64-year-olds covers 5% of the entire population. In Israel, the prevalence reached 10.5% of all 18- to 40-year-olds in 2005.[1]

Nurses providing daily care must handle this complex population. The research clearly indicates the considerable difficulties experienced by nurses caring for drug users in general hospitals.[2,3] Nurses' attitudes towards these patients are negative and influenced by many stigmas.[4] However, no study has examined the components

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influencing intended and actual quality care provided by nurses to drug users within a theoretically based framework.

Given the status of the population, in the future nurses will need to spend more of their time caring for drug users. This constitutes a potential problem for the provision of health care to drug users if nurses' attitudes towards working with this patient group have an impact on the type and quality of care provided.

Although the roles and attitudes of physicians, consultants and pharmacists who care for patients who use psychoactive drugs have been the topic of several studies,[5,6] research on the role of nursing in this field and nurses' attitudes towards these patients has been negligible. The current research is the first Israeli study to examine attitudes of nurses towards patients who are drug users.

People using psychoactive drugs who seek medical care at general hospitals often find it difficult to receive adequate health-care services. These predicaments stem from negative health beliefs, values and stereotypes towards drugs, problems with the identification of appropriate health-care professionals for this population, the question of whether these patients are eligible for care and the considerable difficulties involved in caring for them. These people have many social and health-care needs, which increase their vulnerability.[2] Few studies have investigated the role of individuals and society in forming stereotypes of stigmatized groups such as psychoactive drug users.[7] In addition, the attitude of nurses towards this population in Israel and elsewhere has received scant research attention.

Research performed to date has found that health beliefs, values and stereotypes of drugs and their use affect nurses' behaviour towards patients who use them. The nursing staff has negative, pessimistic and stereotypical opinions of people with stigmatized illnesses, such as patients with hepatitis C, AIDS and psychoactive drug users.[6] The staff considers these patients to be 'dangerous'[2] and in addition, nurses associate use of psychoactive drugs with personality malfunction and weak character.[5] The general population, as well, has a negative attitude towards this group, augmented by terms such as 'druggie' and news reports of associations between the use of psychoactive drugs and crime.[2] Nevertheless, most nurses have been found to believe that their responsibilities include assessment, guidance and education of patients who use psychoactive drugs.[8]

People's willingness to provide help and support in stigmatized situations depends on who is perceived as responsible. Research has proven that anger and lack of sympathy emerge towards people considered responsible for their own condition, that is, where different behaviour or lack of behaviour could have led to avoidance of their current health condition. Although health-care workers provide quality care to people who are partially responsible for their own health condition, such as patients with heart disease and obesity, this is not true of stigmatized patients. Thus, responsibility does not sufficiently justify health-care workers' unwillingness to care for these patients, which include patients who use psychoactive drugs.[6]

The literature clearly indicates nurses' considerable predicaments when caring for drug-addicted patients in general hospitals.[9] Smeltzer and Bare show that this stems from the difficulties experienced by addicts who attempt to attend to their health but are sometimes unable to solve their health problems as efficiently as healthy people.[10] Another reason is difficulties encountered by nursing staff and patients' families in cases of recurring addictions, particularly after undergoing rehabilitation programmes. Peckover and Chidlaw also found that nurses had not been properly prepared for working with people who use psychoactive drugs.[2]

Nonetheless, psychiatrists' positive opinion of drug addiction as a curable disease was found to facilitate better quality care.[8] Mental health clinics and services treating addictions have indeed improved the care of people who use psychoactive substances. However, there are still differences between the care offered by mental health clinics and the care offered by non-expert services, which often underestimate the importance of caring for people who use such substances.[2]

These studies have a number of theoretical and methodological rational limitations. First, they provide only a limited understanding of nurses' attitudes towards working with drug addicts as they use various methodologies. In addition, the majority have failed to distinguish between attitudes towards drug addicts and attitudes towards working with drug addicts.

The present study aimed to address these limitations directly by adopting a theoretical and methodological approach informed by applying the Theory of Reasoned Action (TRA),[11] a standardized approach to the study of attitudes. This approach has not been used previously in studies of nurses' attitudes towards working with drug addicts.

Theory of Reasoned Action

According to the TRA, there are two types of beliefs: behavioural beliefs and normative beliefs. Behavioural beliefs are an individual's assumption that a certain behaviour will lead to certain results. In other words, the individual assumes that if he or she acts in a certain way this will have certain results, to which he or she attributes a certain value. Normative beliefs reflect the individual's subjective evaluation (i.e. belief) of how 'significant others' would wish him or her to act in order to perform or avoid a specific behaviour, considering his or her motivation to act as they wish him or her to. An individual's intention to act in a certain manner is affected by two main factors: their attitude towards the behaviour—a personal component, and subjective norms—which reflect social leverage. Behavioural attitudes stem from the individual's judgment whether performing the behaviour would be 'good' or 'bad' for him. Thus, attitudes are a function of the individual's beliefs concerning the personal results expected to follow from realization of their intentions. This subjective norm is the individual's personal perception of the positive or negative social pressures exerted on him or her to perform or avoid a certain behaviour. A person who believes that 'significant others' support a certain behaviour will perceive the social pressures as supporting the behaviour, and vice versa. Thus, the subjective norm applies pressure facilitating performance or avoidance of the behaviour independently of the individual's attitude towards this behaviour. Behavioural intention is defined as the individual's subjective probability of performing a specific behaviour. The intention of an individual to perform (or avoid) a certain behaviour is the determinant of his or her behaviour. In other words, the only predictor of a behaviour is behavioural intention. Theoreticians emphasize that intention is the immediate cause of performing a certain behaviour, if it does not change before the actual behaviour is observed. The target behaviour is the response that we are interested in predicting or changing.

Ajzen and Fishbein are aware that it is not always possible to predict behaviour based on behavioural intention.[11] They claim that in some situations arousing from the individual or from external circumstances positive intention will not lead to the target behaviour. The researchers relate to this group of external variables as a non-integral part of the model and therefore they are termed external variables. Nonetheless, they believe in the potential significance of these variables as influencing the formation of behavioural intention. Situations stemming from the individual include personality traits, sociodemographic variables, education, experience etc. Situations stemming from external circumstances include situational variables not controlled by the individual, such as organizational characteristics. External variables (personality and situational) might influence behavioural beliefs, evaluation of outcomes, normative beliefs and the relative weight that individuals attribute to components of the behavioural attitude and of subjective norms related to behaviour prediction.

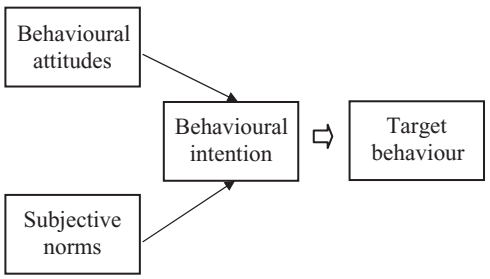

Figure 1. Theoretical model.

The relationships tested in the present study are presented in Figure 1. Accordingly, the following research question was addressed: Are nursing staff members' attitudes and subjective norms related to their intended and actual quality care of drug addicts?

Aims

The present study aimed to examine nursing staff members' attitudes and subjective norms, as conveyed by actual and intended nursing care of drug addicts, using the TRA.

METHODS

Participants

One hundred and thirty-five nursing staff members from general hospitals in central Israel participated in the study. The participants were employed in departments of internal medicine, which had a high chance of caring for drug addicts. Participants' characteristics are presented in Table 1. The majority were female (85.9%) and married (75.6%). Their mean age was 38.6 (SD: 9.62). Regarding their professional characteristics, 61.5% were postgraduate registered nurses and the rest were registered nurses. Participants had an average of 15.1 (SD: 9.96) years of experience in nursing.

Table 1 Characteristics of participants (n = 135)

Characteristic	N	%
Sociodemographic characteristics		
Gender		
Male	19	14.1
Female	116	85.9
Marital status		
Married	102	75.6
Widowed	1	0.7
Single	18	13.3
Divorced/separated	14	10.4
Professional characteristics		
Position		
Nurse practitioner	6	4.4
Registered nurse	46	34.1
Postgraduate registered nurse	83	61.5

Instruments

The TRA questionnaire

Following the procedure described by Ajzen and Fishbein,[11] a questionnaire was designed by the authors to measure the independent variables presented in the model and affecting nurses' intended and actual provision of quality care to drug addicts.

An initial version of the questionnaire was pilot tested on a sample of 20 nursing staff members. Items with small variances were not included in the final version of the questionnaire. The questionnaire is composed of 82 questions, of which most are closed-end questions.

Intended and actual provision of quality care to patients addicted to drugs

In order to examine respondents' behaviour, participants were asked to what degree in their opinion they provided the same level of quality care to drug addicts and to all other patients over the past year. In order to examine intended behaviour, the same question was asked regarding potential care of these patients in the future. Replies were provided on a six-grade Likert scale, where 6 = 'definitely yes' and 1 = 'definitely not'.

Attitudes

Forty-nine items deal with nurses' attitudes towards patients who are drug addicts. Replies were provided on a six-grade Likert scale, where 6 = 'absolute agreement' and 1 = 'absolute disagreement'. Alpha Cronbach = 0.85. Ten of the questions dealt with various stereotypes, that is, attributing predetermined qualities to this population based on other traits mentioned in the literature in regard to drug addicts. The stereotypical traits include: violent, low socioeconomic status, unhygienic, has contagious diseases, bad mannered, scary, dangerous, low cognitive level, family with low cognitive level and weak character. Alpha Cronbach = 0.83.

Subjective norms

A 12-item scale was used to measure participants' perceived expectations of significant others regarding performance of the behaviour. The subjective norm scale included three social referents: family members, coworkers and supervisors. Each social referent group was rated according to the respondent's perceptions of whether that group advocated or objected to the respondent's provision of quality care to patients who are drug addicts, on a scale ranging from 1 = 'definitely not' to 6 = 'definitely yes'. The Cronbach alpha reliability for subjective norms in this study was 0.82.

In addition to the theoretical constructs, participants' sociodemographic and professional characteristics were assessed:

1. Sociodemographic variables included gender, age, marital status and place of birth.

2. Professional characteristics included position and number of years in the profession.

Data collection

Two hundred questionnaires were distributed, soliciting the cooperation of nurses who care for patients who are drug addicts in departments of internal medicine at three central Israel medical centres.

An information sheet explaining the nature and importance of the study was attached to the questionnaire. A total of 135 questionnaires were returned, yielding a response rate of 86%.

Ethical considerations

The study and the questionnaire were approved by the research ethics committee of the Nursing Department at Pat Matthews Academic School of Nursing. In addition, respondents were briefed on the aims of the study and their written consent was obtained. They were fully informed about the study and about their right to refuse to

Table 2 Means, SD and range for attitudes, stereotypes, subjective norms, intention and behaviour of respondents towards patients who are drug users ($n = 135$)

Variable	M	SD	95% CI
Attitudes†	2.3	0.66	2.2–2.6
Stereotypes‡	3.0	0.79	2.9–3.1
Subjective norms†	3.8	1.14	3.6–4.0
Intention†	5.0	1.17	4.5–5.4
Behaviour†	4.0	2.32	3.6–4.4

† Scores potentially range from ?1 to 6. ‡ Scores potentially range from 1 to 5. CI, confidence intervals.

participate or to refuse to answer any questions with which they felt uncomfortable.

Data analysis

Descriptive statistics (mean and SD) were used to describe the data on each study variable. Before testing the overall hypothesis of the study, Pearson correlation coefficients were calculated among model components. Once empirical relationships were established, regression analyses were performed.

RESULTS

Descriptive statistics

The mean and SD of study variables are presented in Table 2. Nursing staff members had moderately negative attitudes towards drug users.

The research population indicated that the stereotypes presented in Table 3 are moderately characteristic of the population of 'drug users'. A negative correlation was found between nurses' level of stereotypes concerning drug addicts and nurses' actual behaviour ($r = -0.32$, $P < 0.01$). Thus, nurses with more stereotypical views of patients who are drug addicts perceive the quality of care that they provide to patients who are drug addicts as lower than that provided to other patients. Respondents believe that drugs, particularly pot and marihuana, should not be legalized. In addition, most of the respondents disagree with claims that patients who use drugs are responsible for their health condition and do not deserve high-quality care but admit that patients who use drugs are particularly difficult patients.

Table 3 Means and SD of stereotypes of patients who use drugs ($n = 135$)

Stereotype	M	SD	95% CI
Violent	3.61	0.97	3.4–3.7
Low socioeconomic status	3.12	1.27	2.9–3.3
Unhygienic	3.28	1.21	3.0–3.4
Has contagious diseases	3.28	1.17	3.0–3.4
Uncultured	2.62	1.14	2.4–2.8
Scary	3.02	1.19	2.8–3.2
Dangerous	3.26	1.14	3.0–3.4
Low cognitive level	2.65	1.12	2.4–2.8
Family with low cognitive level	2.20	1.10	2.0–2.3
Weak character	3.40	1.38	3.1–3.6
Total	3.04	0.79	2.9–3.7

Cores potentially range from 1 to 5. CI, confidence intervals.

Most of the respondents reported that they feel confident in their abilities to provide adequate care to patients who use drugs, know enough about problems caused by drug use, and do their best to optimally solve problems related to care of patients who use drugs. In addition, they reported that they feel they have a high ability to diagnose and identify patients who use drugs and 'overdose' situations but that they are afraid to treat patients who use drugs for fear of violence and manipulation. Most of the respondents moderately agree with the claims that they regard work with patients who use drugs as satisfactory, and that they believe they have the necessary qualities, training, knowledge, tools and experience to provide quality care and advice to these patients. However, if they were to encounter a patient who uses drugs, they would feel uncomfortable treating him. Moreover, they are moderately concerned of becoming infected by contagious diseases such as HIV and hepatitis. Most of the respondents moderately agree that caring for patients who are drug addicts disrupts department routines and that they are difficult patients. A negative correlation was found between nurses' declarations of difficulty in caring for patients who are addicts and their actual behaviour ($r = -0.28$, $P < 0.001$). Thus, nurses who indicate difficulties in the care of patients who are drug addicts perceive the quality of care provided in practice to such patients as lower.

Respondents' perception of subjective norms, presented in Table 4, indicates that they tend to agree that

Table 4 Distribution of subjective norms regarding patients who use drugs ($n = 135$)

Variable	The significance of providing adequate care as perceived by			Tendency to act according to the opinions of		
	M	SD	Range	M	SD	Range
My superiors	5.27	1.22	1–6	5.15	1.12	1–6
Nurses who work with me	4.83	1.32	1–6	3.43	1.56	1–6
The medical staff	5.00	1.25	1–6	4.06	1.58	1–6
The patient's family	5.37	1.12	1–6	3.37	1.64	1–6
My family	4.64	1.48	1–6	3.16	1.71	1–6
The patient	5.30	1.22	1–6	3.73	1.63	1–6
Total	5.07	1.09	1–6	3.82	1.14	1–6

their superiors, colleagues, medical staff, patients' families, their own family and the patients themselves think that respondents should provide adequate treatment to patients who are drug users. Respondents tend to attribute much significance to the opinions of their superiors and the medical staff, but moderate significance to the opinions of colleagues, patients' families, their own families and patients themselves.

Examination of actual care of patients who are drug addicts shows that respondents reported providing high (20%) to very high (41.5%) level of care to patients who are drug addicts. Approximately 6.6% reported that they provided low to very low level of care. Regarding intention to provide quality care to patients who are drug addicts, of those who reported not having previously cared for patients who are drug addicts (19.3%), the majority reported that they have a high (38.5%) to very high (38.5%) level of intention to provide quality care to such patients, whereas 3.8% reported that they would provide a very low level of care.

Pearson's correlation coefficients were computed for model components (Table 5). Consistent with the model, subjective norm, attitude and behaviour were significantly correlated with intention. The strongest correlation was between intention and attitude ($r = 0.61$, $P < 0.05$), followed by subjective norms ($r = 0.32$, $P < 0.05$). No correlation was found between actual behaviour and subjective norms.

After the main anticipated empirical relationships had been established, the predictive effect of model components on participants' intentions to provide quality care was examined. First, we examined the effect of each of the independent variables followed by their combined effect. As shown in Table 6, the measure of attitude, when examined by it self, accounted for 38% of the variance in intention scores. Subjective norm, tested alone, accounted for 10.3% of the variance in intention, and

Table 5 Correlations among major model components ($n = 135$)

Variable	Behaviour	Intention	Attitude
Subjective norm	0. 24	0.32**	0.25*
Attitude	0.24**	0.61**	—
Intention	0.24**	—	—

* $P < 0.05$; ** $P < 0.01$. —, no data.

Table 6 Regression analyses of intentions on attitudes, subjective norms and perceived behavioural control ($n = 135$)

Variable	β	SE *B*	*B*	*R*%
Simple				
Attitude	0.61*	1.43	6.10	38.0
Subjective norms	0.32*	0.31	0.60	10.3
Behaviour	0.24*	0.20	0.20	6.2
Multiple				
Attitude	0.56*	0.28	1.06	46.1
Subjective norms	0.26*	0.60	1.50	—
Behaviour	0.21*	0.33	0.60	—

* $P < 0.05$. —, no data.

behaviour, tested alone, accounted for 6.2% of the variance. Regression of these three components on intention showed that subjective norm and perceived moral obligation added a small but significant contribution to the model containing the attitudes measure. Thus, stronger intentions to provide quality care to patients who use drugs were associated with more positive attitudes.

DISCUSSION

In regard to the research question, the applicability of an expanded version of the TRA for understanding nursing staff members' intentions and behaviour was partially supported by our findings. The data were consistent with the predicted relationships among model components: both the correlation coefficients and the beta weights from the multiple regression indicated that attitudes, subjective norms and behaviour were significant predictors of behavioural intention, but not of actual behaviour. This suggests that positive attitudes towards patients addicted to drugs, perceived expectations of others and perceived correctness of the behaviour, have an important effect on the intention of nurses to provide high-quality care to hospitalized patients addicted to drugs. Personal attitudes were the main determinants of intention to provide quality care to patients addicted to drugs. A probable explanation of the difference between the effect of attitudes and subjective norms on behaviour and intended behaviour is that the statements expressing behavioural views were formulated in such a way that nurses reported their own behaviour. This is not an objective method, as respondents would not normally report that they are unsure of their own abilities and that they have nothing to offer these patients. Another possible explanation might stem from nurses' difficulty to support a behaviour that has no legal justification in Israel. According to the 'Patients' Rights Act' (1996), nurses are obliged to care for anyone who requires medical treatment without discriminating between patients on the basis of religion, race, sex, nationality, country of origin, sexual orientation etc. In contrast, when referring to intended behaviour, nurses do not perceive that it can serve as a basis for accusations of illegal behaviour, rather as behaviour based on personal attitudes.

Similar to Peckover and Chidlaw,[2] many people who use psychoactive drugs were found to have encountered discrimination and prejudice on behalf of caregivers. Nurses were found to have negative stereotypes of patients who use drugs and nurses perceive the quality of care they provide to patients who use drugs as lower. These correlations were found in other studies as well. According to Skinner *et al*., the nursing staff has a negative, pessimistic and stereotypical view of people with stigmatized diseases, such as hepatitis C, AIDS and psychoactive drug users.[6] Mclaughlin *et al*. also found that South African nurses associate use of psychoactive drugs with personality deficiencies and weak character.[5] However, their awareness of the discrimination is individual; they feel that they provide low-quality care but in practice, this increases awareness of the problematic stereotype.

The difficulty of working with addicted patients is another factor affecting nurses' perception of the quality of care provided in practice or potentially to patients who use drugs. It seems that the more difficult the work with patients who use drugs, the lower nurses' perception of the quality of care provided in practice to these patients. Difficulties are manifested in claims that caring for patients who use drugs disrupts department routines and that these patients are particularly troublesome. One possible reason is that nurses might idealize the situation. Rassool *et al*. show that almost half the prospective nurses reported that most patients who use drugs are unpleasant to work with.[4] The literature clearly indicates major problems experienced by nurses caring for patients addicted to drugs in general hospitals.

The major limitation of the research, as stated above, is the form of the dependent variable, self-report of behaviour by nurses. This leads to idealization of the actual state of affairs, as most respondents reported that they cared for or intend to provide high-level care to patients who use drugs, in contrast with the literature examined. This incompatibility might result from respondents' inability to objectively assess the quality of care that they provide or intend to provide. Another aspect is respondents' concern about declaring that they do not provide a high level of care to any of their patients, for fear that this will become known to others.

In conclusion, Ajzen and Fishbein's[11] model proved to be a useful framework for examining links between nurses' intentions to provide non-discriminatory quality care and their attitudes, normative beliefs and behaviour. Study findings encourage nurse educators to explore staff members' attitudes, beliefs and expectations of significant others before implementing educational programmes.

It is extremely important to change nurses' stereotypes towards patients who use drugs. This can be executed by

holding guest talks in various and organized settings such as 1-day courses or at nursing schools during initial training. Guest lectures will be given by patients who use or have used drugs in the past and who are inconsistent with socially prevalent stereotypes. Another recommendation is to emphasize the patient's right to receive medical treatment with no discrimination based on religion, race, sex, nationality, country of origin, sexual orientation or others, as stated in the 'Patient's Rights Act' (1996). This might be addressed by designing and distributing posters raising awareness of this sensitive issue.

One way of alleviating hardships related to caring for this population is by holding workshops for nurses aimed at identifying difficulties, coping with and providing support for work with drug-addicted patients. The workshops should be held in small groups by a person experienced in group instruction, enabling participants to share the frustrations of their work with these patients. Members of the group will discuss potential moderators of their problems and ways of improving the quality of care provided to this population through comprehending the difficulties.

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