

## Analysis of attitudes of Primary Health Care professionals regarding people with disorders due to alcohol use<sup>1</sup>

Lucélia Marques Martins Caixeta<sup>2</sup>

Leila Aparecida Kauchakje Pedrosa<sup>3</sup>

Vanderlei José Haas<sup>4</sup>

This study aimed to analyze the attitudes of Primary Health Care professionals regarding people with disorders due to alcohol use, conducted with 489 professionals working in a municipality of Minas Gerais, Brazil. Two self applicable instruments were used: questionnaire with socio-demographic information and Scale of Attitudes toward Alcohol, Alcoholism and Alcoholics (EAFAAA, in Portuguese). Collected data was analyzed using the SPSS software version 20.0. The results showed that the participants' attitudes were positive on all items of the scale (= 3.31; average = 3.33). The investigation of the attitudes showed a notion of view of professionals due to feelings, opinions and perceptions in relation to people with disorders due to alcohol use. Therefore, carrying out further studies to assist in strengthening these attitudes is necessary, in order to improve the assistance plan released to these individuals.

Descriptors: Alcoholism; Primary Health Care; Knowledge, Attitudes and Practice in Health.

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<sup>2</sup> MSc, Universidade Federal de Uberlândia, Uberlândia, MG, Brazil.

<sup>3</sup> PhD, Associate Professor, Universidade Federal do Triângulo Mineiro, Uberaba, MG, Brazil.

<sup>4</sup> PhD, Visiting Professor, Universidade Federal do Triângulo Mineiro, Uberaba, MG, Brazil.

Corresponding Author:

Leila Aparecida Kauchakje Pedrosa  
Universidade Federal do Triângulo Mineiro  
Av. Frei Paulino, 30  
CEP: 38025-180, Uberaba, MG, Brasil  
E-mail: leilakauchakje@terra.com.br

## Análise das atitudes de profissionais da Atenção Primária a Saúde frente a pessoas com transtornos relacionados ao uso de álcool

Este estudo objetivou analisar as atitudes dos profissionais da Atenção Primária a Saúde frente a pessoas com transtornos relacionados ao uso de álcool, realizado com 489 profissionais atuantes em um município de Minas Gerais. Foram utilizados dois instrumentos auto aplicáveis: questionário com informações sócio-demográficas e a Escala de Atitudes Frente o Uso de Álcool, ao Alcoolismo e ao Alcoolista (EAFAAA). Os dados coletados foram submetidos à análise por meio do programa SPSS versão 20.0. Os resultados evidenciaram que as atitudes dos participantes se apresentaram positivas em todos os itens da escala ( $=3,31$ ; med  $=3,33$ ). Concluiu-se que a investigação das atitudes apresentou uma noção da visão dos profissionais relacionada aos sentimentos, opiniões e percepções frente a pessoas com transtornos relacionados ao uso de álcool. Diante disso, faz-se necessário a realização de outros estudos que auxiliem no fortalecimento dessas atitudes, de forma a melhorar o plano assistencial dispensado a esses indivíduos.

Descritores: Alcoolismo; Atenção Primária a Saúde; Conhecimentos, Atitudes e Práticas em Saúde.

## Análisis de las actitudes de profesionales de la Atención Primaria a la Salud frente a personas con trastornos relacionados al uso de alcohol

Este estudio objetivó analizar las actitudes de los profesionales de la Atención Primaria a la Salud frente a personas con trastornos relacionados al uso de alcohol, realizado con 489 profesionales actuantes en un municipio de Minas Gerais. Fueron utilizados dos instrumentos auto aplicables: cuestionario con informaciones sociodemográficas y la Escala de Actitudes Frente el Uso de Alcohol, al Alcoholismo y al Alcoolista (EAFAAA). Los datos colectados fueron sometidos para análisis por medio del programa SPSS versión 20.0. Los resultados evidenciaron que las actitudes de los participantes se presentaron positivas en todos los ítems de la escala ( $=3,31$ ; med  $=3,33$ ). Se concluyó que la averiguación de las actitudes presentó una noción de la visión de los profesionales relacionada a los sentimientos, opiniones y percepciones frente a personas con trastornos relacionados al uso de alcohol. Delante de eso, se hace necesaria la realización de otros estudios que auxilien en el fortalecimiento de esas actitudes, de manera a mejorar el plan asistencial dispensado a esos individuos.

Descriptorios: Alcoholismo; Atención Primaria de la Salud; Conocimientos, Actitudes y Prácticas en la Salud.

## Introduction

Alcoholism is currently considered a public health problem with global scope<sup>(1)</sup>. The II Brazilian Household Survey on the use of psychotropic medication conducted by the Brazilian Center of Information on Psychotropic Drugs in 2005 showed that alcohol use in the 107 largest cities in the country was 68.7%, being observed in Chile 70.8% and 81% in the United States. In the same study, the drinking control loss appeared with a significant percentage of 9.4% of total sample. Signs and symptoms of tolerance to alcohol and personal problems resulting due to use had percentages close to 6%<sup>(2)</sup>.

Advances in research and studies has made possible new interventions and treatments with positive results; however, there is still a significant number of individuals without the treatment context, resulting in a warning sign not only for health professionals but to the rulers responsible for conducting and implementation of policies for these customers<sup>(1)</sup>.

According to the Ministry of Health's policy for comprehensive care to users of alcohol and other drugs<sup>(1)</sup>, approximately 20% of patients receiving treatment in Primary Care is exacerbating alcohol use, being considered as high-risk individuals. The fact that these individuals have the first contact with health services through general practitioners makes it difficult to detect the use of these drugs<sup>(3)</sup>.

Faced with this question, it should be noted that professionals working in primary care are able to develop a more targeted intervention, since in addition to having a role in the health unit they eventually extend this action to the community with educational, preventive and assistance actions. Thus, it has the potential to identify: cases of risk for the development of addiction, users with potential for abuse, dependence already established, and associated with this factor; and jointly develop actions for inclusion of users to the health system and early intervention, making it possible to exert an effective contribution<sup>(4-6)</sup>.

One of the biggest obstacles to be faced in the approach and in the treatment of these customers is due to the negative view of professionals in relation to these individuals and evolutionary perspectives in relation to the problem, as evidenced by the attitudes full of stigma and prejudice, making it difficult sometimes to reach positive results with the work performed<sup>(7-9)</sup>.

Atkinson<sup>(10)</sup> defines attitudes as manifestations with positive or negative tendencies in relation to people, situations, abstract ideas and objects that,

as well as feelings, express specific cognitions to the target of the attitude. For the author, attitudes are made of three factors: the cognitive in relation to beliefs and perceptions regarding a particular group; the affective, with remarks toward feelings dispensed to a group; and the behavior, which are the actions directed it.

As the reference found in the Descriptors in Health Sciences (DeCS) translated from the Medical Subject Headings (MeSH) and presented by the Literature Latin American and Caribbean Health Sciences (LILACS), through the Latin American Index, attitude is defined as lasting, acquired predisposition which causes the individual to act in the same way on a given class of objects. It can also be defined as a persistent mental and/or neural state of readiness to react to a certain class of objects, not as they are, but as they are designed<sup>(11)</sup>.

Studies have shown that factors such as age, consumption habits, beliefs, life experiences and inefficient practical skills negatively conclude in the professionals' attitudes given to individuals with disorders due to alcohol use. There is a considerable lack of preparation of the professionals to the issues surrounding the alcoholism subject<sup>(12-16)</sup>.

Aggressive assessment of professionals' attitudes who deal with this population explores the difficulties which sometimes are not evident in labor relations. Based on this finding, it is very important to understand the attitudes of primary health care professionals towards the alcoholic subject, because attitudes can compromise or not the quality of care and users' response towards treatment<sup>(17-18)</sup>.

Due to the findings of this study the objective was to identify the professionals' attitudes of Primary Health Care towards people with disorders due to alcohol use.

## Material and Methods

### Type and location of the study

This is an exploratory study, performed through interviews with professionals working in the Primary Health Care in the city of Uberlândia/MG. The study included 489 professionals distributed in units located in urban and rural areas. The city has fifty Family Basic Health Units, eight Basic Health Units and the Jaraguá Health Center, totaling fifty-nine units. Table 1 shows the distribution of professionals by area and by location sector.

Table 1 – Distribution of professionals working in the PHCU by area and sector, Uberlândia, MG, Brazil, 2013

Variable	Frequency	
	n	%
Location area		
Urban	465	95.1
Rural	24	4.9
Total	489	100
Location sector (urban sector)		
North	40	8.2
South	155	31.7
East	100	20.4
West	133	27.2
Central	37	7.6

Table 2 shows the data on the number of professionals working in accordance with the professional category.

Table 2 – Distribution of data on the number of professionals working in PHC according to the professional category, Uberlândia, MG, Brazil, 2013

Professional category	Number of active professionals
Physician	100
Nursing professionals	241
Psychologist	45
Social Worker	44
Physiotherapist	4
Speech therapist	3
Dental Professional	102
Physical educator	6
Nutritionist	12
Pharmaceutist	8
Pharmacy Assistant	5
Community Health Agent	292

## Data collection

Data collection was conducted from August 1<sup>st</sup> to October 4<sup>th</sup>, 2013. The professionals' approach was carried out in two ways: in some units through questionnaires with all team at a period scheduled in advance by the coordinator; in others, the professionals were aware of the information contained in the questionnaires and with full agreement a later period

was scheduled to receive them. It was highlighted on the conference of questionnaires and the importance of completing the answers.

## Instruments for data collection

Two self applicable instruments were used: a questionnaire on sociodemographic information, which contains data on age, gender, marital status, religion, education, year of education completed, function performed in the unit, operating time in the team, amount of employments, contact with alcoholic patient, training courses and nature of training; and another, for the evaluation of attitudes towards the alcoholic, called *Scale of Attitudes toward Alcohol, Alcoholism and Alcoholics* (EAFAAA). In this study the Domain or Factor 2 of EAFAAA was specifically used: "Attitudes towards the alcoholic."

The EAFAAA was formed with the purpose of evaluating the major groups of attitudes of health professionals towards alcohol, alcoholism and alcoholic. Its validation occurred in 2005, and the internal consistency was estimated by the *Cronbach's* alpha technique, which had a reliability index of 0.90. The preliminary version of the scale had 165 items, which after undergoing analytical procedures resulted in a version with 96 items. Later, due to the need of other statistical tests the preliminary version was subject to further analysis which resulted in a less extensive version consisting of 83 items. Therefore, other studies were carried out with determination of their psychometric properties, resulting in a version with 50 items distributed in four factors<sup>(11,19-20)</sup>.

EAFAAA is A scale made of four factors or domains. Scale items are distributed as follows: 21 items comprise the Factor 1; nine items are part of the Factor 2; 11 items comprise the Factor 3; and nine items are part of the Factor 4. Factor 1, defined as "Working and relating to the alcoholic", measures the perception, feelings and opinions on work and the relationship with the alcoholic. Factor 2, "Attitudes towards the alcoholic", involves opinions, feelings and perceptions of the professional towards the alcoholic subject. The items that comprise Factor 3, "Attitudes towards alcoholism (etiology)", verify trends of professionals' attitudes in relation to the causes that lead to alcoholism, as well as the motivating factors. Finally, Factor 4, "Attitudes towards alcohol use", verifies professionals' attitudes regarding the use of alcohol as well as the opinions and positions involved with the act of drinking; consequences arising from the

use; effects of alcohol on the person's behavior; limits between normal and pathological drinking<sup>(11,19-20)</sup>.

The EAFAAA is a sum scale similar to *Likert* in which subjects respond to each item through various degrees of agreement or disagreement: (1) strongly disagree; (2) partly disagree; (3) with doubts; (4) partly agree; and (5) strongly agree. Scores calculation for each factor is made by the total sum of responses divided by the number of items of the factor, resulting in a range from 1 to 5<sup>(13,5-16)</sup>. In this study the response options was grouped as: partly agree and fully agree=; with doubts; partly disagree and totally = disagree.

It is important to note that EAFAAA is a negatively oriented instrument, which is, consisting of predominantly negative items, which means the higher the agreement of the subject compared to a positive item the more positive his attitude. Of the 50 items, 33 have negative orientation and 17 have positive orientation. For analysis, the negatively oriented items were analyzed with the inverted values: (1=5), (2=4), (3=3), (4=2) and (5=1). Thus, low scores indicate negative attitudes and high scores indicate positive attitudes.

The EAFAAA was chosen since it is a built and validated scale in Brazil, making it possible to verify the trends of attitudes focused on issues involving the alcoholic subject<sup>(20)</sup>.

The results shown by the analysis of Factor 2 allow us to conclude the attitudes displayed by the professionals on behavior, physical and psychological characteristics of individuals with disorders due to alcohol use. The analysis of items that make up the scale reflects these views, feelings and perceptions of professionals working with these customers. This factor has predominance of negative items, meaning that the higher the degree of disagreement regarding the items the more positive attitudes are directed alcoholics.

## Data analysis

Data were analyzed using the software Statistical Package for Social Sciences (SPSS) version 20.0. In order to exhaust the results of scores obtained by analysis of the Factor 2, the calculation of measures of central tendency were performed (Mean, mode and median) and dispersion. *Cronbach's* coefficient was used for internal consistency measures.

In order to explore the relationship between attitudes and knowledge regarding alcoholism, the bivariate analysis of variant of interest was used,

by using the *Student's t test*, therefore the variant "training" was employed.

## Ethical conduct

This study was guided according to the ethical conducts provided by Resolution 196/96 for research involving humans. The project was submitted to the Ethics Committee in Research with human beings of the Federal University of Triângulo Mineiro, and was approved on July 5th 2013. The participants were informed about the ethical aspects of the research and the need for signing the Free and Clarified Consent Term.

## Results

The results obtained through factor analysis allowed us to verify that the mean of scores of Factor 2 equals 3.31. And the value found more often, represented by mode, is equal to 3.89 ( $\square=0.79$ ). These data allow us to conclude that professionals working in Primary Health Care showed positive attitudes towards subjects with disorders due to alcohol use.

The analysis of items that comprise Factor 2 allowed us to identify the professionals' attitudes regarding the behavioral, physical and psychological characteristics of individuals with disorders due to alcohol use.

With respect to physical characteristics, the majority of respondents (85.9%) considered the alcoholic a sick individual, showing a positive attitude of these professionals.

Regarding the behavior of individuals with disorders due to alcohol use, 55.2% of respondents disagreed that the alcoholic is an aggressive, rude individual, and 54.6% disagreed that these individuals have violent behavior. The percentages demonstrate positive attitudes by the professional in relation to the customers' behavior. It is worth highlighting that 4.9% of individuals had doubts as to the aggressive, rude behavior, while for violent behavior the result was 7.8%.

The feelings and perceptions of professionals regarding the psychological characteristics of the alcoholic reinforce positive attitudes towards these customers. To 45.2%, alcoholics are not angry individuals, 47.3% disagreed that they have no common sense. Irresponsibility is not seen as an alcoholic characteristic for 55.2% of the professionals. The results showed that for 53.4%, the alcoholic is not to blame for their health problems; however, a

significant percentage of 40.1% agree that they do not want to take care of themselves.

In order to explore the relationship between attitudes and training in relation to drug addiction, the bivariate analysis of the "training" variant was used. Data showed that 19.8% of professionals have training (Short-period course, specialization, masters or doctorate degree). The results showed that individuals who have or have no training show positive attitudes towards people with disorders due to alcohol use. This result allowed us to conclude that the training did not influence attitudes.

## Discussion

Previous studies showed similar results to those obtained in this study. A study with coordinators from the Attention Service to Psychoactive Substance Dependence of the Region of Florianópolis<sup>(21)</sup>, showed that for 45% of working professionals, the drug phenomenon is inserted in a biological dimension, in which the dependency is designed as a chronic and recurrent disease, of genetic, biological and/or neurochemical background. Thus, individuals with disorders due to alcohol use are considered patients, revealing a positive attitude of these professionals.

Positive attitudes were also observed in a study in the region of Coari/AM<sup>(22)</sup>. The professionals working in primary care treat the use of alcohol as a disease that can cause physical and psychological damage. They believe that this disease conception comes from the perception of continuous use, from the difficulty of controlling the use and from the presence of abstinence symptoms when use is discontinued.

Perceptions and feelings of the professionals regarding the psychological characteristics of the alcoholic patient were identified in a study<sup>(20)</sup> whose results corroborate the data of this study. For 84.5% of the professionals, the alcoholic is considered a sick individual, who does not present violent behavior in the opinion of 58.3% nor has irresponsible attitudes (78.3%). According to 57.4%, weakness is not seen as alcoholic characteristic, and these professionals did not perceive any aggressive or rude behavior (58.3%). For 44.5% of respondents the alcoholic is to blame for their health problems. However, a significant percentage of professionals (54.3%) state that the alcoholic is not to blame for their health problems.

Data exploratory analysis obtained through a study with 171 nursing professionals from Ribeirão Preto /SP revealed that 51.5% of respondents believed that the alcoholic is a person with serious emotional difficulties

and 82.2% stated that these individuals were driven to drink for other problems<sup>(21)</sup>. These data reinforce the data found in this study in which irresponsibility is not seen as a characteristic associated with alcoholic (55.2%), which suggests that drinking is associated with other factors.

In this study the results of attitudes and training showed that there is no relationship between them. Another study had contrary results<sup>(23)</sup>. In their findings, according to the speech of professionals working in Primary Health Care, lack of training is considered a preponderant factor that impairs the attention given to these customers due to lack of information on the subject and how the treatment is performed towards these individuals.

Similar results were found in a study conducted in Minas Gerais<sup>(24)</sup>, which focused on training due to alcohol use to 113 professionals from Primary Health Care from three municipalities of this state. Among the findings, one of the significant training effects was decreased moralization attitude towards the alcohol use, which contributed positively so that professionals can approach these individuals; therefore, training positively contributed to changing attitudes of professionals.

## Final remarks

This study aimed to analyze the attitudes developed by the Primary Health Care professionals together with people with disorders due to alcohol use.

Data analysis allowed identifying that the average scores evidenced in Factor 2 of the EAFAAA shows that these professionals had positive attitudes toward these individuals, showing that they understand the alcoholic as a patient requiring treatment.

Considering that attitudes play a significant role when it comes to treating people with disorders due to alcohol use is important. Therefore, the research of the professionals' attitudes working in the PHC was a fundamental tool able to bring in a simplified notion of the professional towards these individuals; in addition, it is a strategy that enables a targeted intervention with these professionals.

The need for further studies is worth considering in order to subsidizing the changing attitudes of professionals working and contributing to improvement in the assistance provided to these individuals.

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