

## Alcohol consumption patterns and attitudes toward alcohol, alcoholism, and alcoholics in mexican nurses

### Consumo de alcohol y actitudes hacia el alcohol, alcoholismo y alcohólicos en enfermeras mexicanas

### Consumo de álcool e atitudes para o alcool, alcoolismo e alcoólicos em enfermeiras mexicanas

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#### ABSTRACT

**Objective:** to verify the association between patterns of alcohol consumption and attitudes toward alcohol, alcoholism, and alcoholics in nurses. **Method:** this was a cross-sectional, correlational study with a non-probabilistic sample of professional nurses (n=163) who completed the scale of attitudes to alcohol, alcoholism and alcoholics and the Alcohol Use Disorders Identification Test. **Results:** attitudes were negative (cutoff point <2.4), and a negative relationship was identified between attitudes to alcohol, alcoholism and alcoholics score and alcohol consumption ( $r=-.013$ ,  $p=.868$ ). **Conclusion:** the consumption patterns for the nurses were sensible. In

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*particular, the Mexican nurses showed negative attitudes towards alcohol-related problems, alcoholism, and alcoholics.*

**Descriptors:** Attitudes; Alcohol; Alcoholism; Nurse; Health Personnel.

## RESUMEN

**Objetivo:** verificar la asociación del patrón de consumo de alcohol y actitudes de las enfermeras asistenciales frente al alcohol, alcoholismo y al alcohólico. **Método:** estudio de corte transversal correlacional, con muestreo no probabilístico con profesionales de enfermería asistenciales (n=163). Se aplicó la escala de actitudes frente al alcohol, al alcoholismo y a la persona con trastornos relacionado al uso de alcohol y el cuestionario de identificación de trastornos por uso de alcohol. **Resultados:** las actitudes fueron negativas (punto de corte < 2.4); se identificó una relación negativa no significativa entre el índice de las actitudes frente al alcohol, al alcoholismo y el consumo de alcohol ( $r=-.013$ ,  $p=.868$ ). **Conclusión:** el patrón de consumo de las enfermeras asistenciales fue sensato. En particular, las actitudes fueron negativas de las enfermeras mexicanas hacia los problemas relacionados con el alcohol, alcoholismo y al alcohólico.

**Descriptores:** Actitudes; Alcohol; Alcoholismo; Enfermería; Personal de Salud.

## RESUMO

**Objetivo:** verificar a associação entre padrões de consumo de álcool e atitudes de enfermeiras assistenciais frente ao álcool, alcoolismo e ao alcoolista. **Método:** trata-se de um estudo transversal, correlacional, com uma amostra não probabilística com profissionais de enfermagem assistenciais (n=163). Aplicou a escala de atitudes frente ao álcool, alcoolismo e alcoolistas, e teste de identificação de transtornos por uso de álcool. **Resultados:** as atitudes foram negativas (ponto de corte <2,4) e uma relação negativa foi identificada entre a pontuação de atitudes para álcool, alcoolismo e alcoólicos e o consumo de álcool ( $r=-0,013$ ,  $p=0,868$ ). **Conclusão:** os padrões de consumo dos enfermeiros foi sensato. Em particular, as enfermeiras mexicanas mostraram atitudes negativas em relação aos problemas relacionados ao álcool, ao alcoolismo e aos alcoólicos.

**Descritores:** Atitudes; Álcool; Alcoolismo; Enfermagem; Pessoal de Saúde.

## INTRODUCTION

*Alcohol consumption is a public health problem on a global level and is one of the principals cause disturbing life communities, affecting family and social life, placing at risk the values that guide behavior and questioning their importance for harmonious social coexistence<sup>1</sup>. Alcohol is a psychoactive substance with addiction-causing properties that can lead to a heavy*

*social burden, loss of productivity and economic costs for societies in the form of public spending on care for individuals with alcohol-related disorders<sup>3,4</sup>. In 2012, 3.3 million deaths (5.9% of the global total) could be attributed to alcohol consumption<sup>1,2</sup>. In the Americas, alcohol consumption is around 40% higher than the global average<sup>5</sup>.*

*In Mexico, substance abuse represents around 9% of total costs for*

illness, associated with diseases such as cirrhosis of the liver, injuries from traffic accidents, addiction and homicide<sup>6,7</sup>. Approximately 27 million Mexicans aged between 12 and 65 consume alcohol and, even if consumption is not on a daily basis, when they do drink, they do so in large quantities. Almost 4 million Mexicans drink to excess once a week or more. The age group with the highest levels of consumption is that of 18 to 29 year old's, for men and women, and alcohol consumption of adults aged 20 continues to grow so that global prevalence, having tried alcohol at least once, has risen from 64.9% to 71.3% and lapsic prevalence, within the last twelve months, has gone from 46.3% to 51.4%, with the greatest increase seen actual prevalence, within the last month, which went from 19.2% to 31.6%<sup>8</sup>. In these cases, the mean reported age for beginning to consume alcohol was 18, and thus alcohol abuse ranks as the fourth most common cause of death, nationally, accounting for 25% of deaths in the 20-39 year-old age group<sup>9</sup>.

Nursing professionals are not exempt for this phenomenon and may be immersed in the consumption, or lack of it, of alcohol. They do, however, tend to present a higher risk of consuming

alcohol<sup>10</sup>. Approximately 1 in 10, or 10-15% of all nurses, may be affected by or recovering from alcohol addiction<sup>11</sup>. Although nurses are not at a higher risk that the public in general, their general pattern of consumption may risk addiction as they have greater access to medication in their workplace<sup>12</sup>.

Although alcohol use among health care professionals does not differ from the data for the general population, there are categories that present a higher risk than others, and these include nurses<sup>13</sup>. On the other hand, in nurses who do not drink, rejection of alcohol use can be perceived, largely irrespective of the amount consumed. However, when it comes to excessive consumption, rejection is evident, showing negative or positive attitudes to alcohol, to the influence of the moralist model in the face of alcohol consumption and alcoholics, attributing consequences to lack of will to give up drinking<sup>14</sup>.

Given the epidemiological data on prevalence and on alcohol-related problems, alcoholism and alcoholics in Mexico<sup>5,6,8,9,15</sup>, this has repercussions on demand for health care in hospitals, creating problems and possibly affecting the nurses' attitudes to the care delivered<sup>16,17</sup>. The nurses' conceptions

*and attitudes do not differ from those found in hospital nurses, as they view the alcoholic as a sick individual and alcoholism as a disease; the influence of the morality model persists in both these concepts<sup>18</sup>.*

*Little is known about care nurses in terms of the topic of alcohol and alcoholism. They are the nursing professional who comes into the most contact with alcoholic patients during hospitalization, thus the relationship between them ought to encourage the creation of an environment that may influence the patients' decisions to facilitate treatment<sup>19</sup>. Should the nurses have a negative attitude, on the other hand, the patient may, in turn, develop a hostile attitude<sup>20</sup>. It is recommended that nurses receive training to prepare them to deliver care to those with alcohol-related problems, to recognize and prevent disorders related to alcohol consumption/abuse in these hospital services<sup>21</sup>.*

*For this reason, it is necessary to analyze the attitudes of these professionals towards those with alcohol-related problems, as these attitudes may affect the relationship with and treatment of alcoholics<sup>22</sup>. Another important reason for studying the attitudes of hospital nurses towards*

*alcohol, alcoholism and alcoholics is that in Mexico hospitals should be the gateway to treatment for alcohol-related problems, and thus attitudes toward those with substance-related disorders are important in developing relationships for treatment and applying interventions<sup>21</sup>.*

*Studies conducted in Brazil, such as that by Vargas and Luis<sup>14</sup>, report that nurses working in public services report moderate alcohol use being, in their view, permissible, whereas alcoholism is rejected, indicating the influence of the moral concept on their own concepts and attitudes. Vargas<sup>13</sup> showed that nurses' attitudes can help the patient toward achieving recovery when a positive attitude is shown. However, Soares, Vargas and Formigoni<sup>21</sup> investigated the impact of an educational intervention on nurses' knowledge and attitudes toward alcohol consumption and related problems; in both groups, the participants' attitudes were positive. This contrasts with Bittencourt and Vargas<sup>19</sup>, who reported that nurses' attitudes toward alcohol and alcohol-related problems varied depending on the area of health care<sup>19</sup>; those that worked in institutions specializing in alcohol showed more positive attitudes<sup>20</sup>.*

*There are yet few publications on nursing professionals' attitudes toward alcohol, alcoholism and alcoholics from Mexico compared with the Brazilian studies found in the literature, which have concerned themselves with investigating the knowledge of these professionals and, more specifically, the impact of educational interventions on nurses' attitudes. The aim of this study, then, was to discover the association between nurses' alcohol consumption patterns and their attitudes toward alcohol, alcoholism, and alcoholics.*

## **METHOD**

*This was a descriptive, cross-sectional correlational study<sup>23</sup>. The population was formed of nursing professionals in the state of Puebla, Mexico. The sample was a non-probabilistic convenience sample, yielding a final sample of 163 nursing professionals.*

*Inclusion criteria for selecting participants were being a nursing professional, of either sex and the exclusion criteria were nurses who did not work with the care aspect e.g., administrative and teaching nurses.*

*Data were gathered on personal and professional data and aspects related to alcohol, including personal information, aspects related to work, training and professional practice concerning alcohol and other drugs. The Scale of Attitudes to Alcohol, Alcoholism and Alcoholics (SAAA) designed by Vargas<sup>24</sup>, in Portuguese, applied to the Brazilian context both in nursing students and professionals, obtaining a Cronbach's alpha of .91. It was translated into Spanish, validated, and adapted for the Colombian population by León<sup>25</sup> and contains 48 items and one Cronbach's alpha of .80. It consists of a Likert-style scale with options ranging from 1 (Totally disagree) to 5 (Totally agree). It is separated into four factors: Factor 1. Work and interpersonal relationships with individuals with alcohol-related disorders; Factor 2. The individual with alcohol-related disorders; Factor 3. Alcoholism (Etiology) and Factor 4. Alcoholic drinks and their use. Each response is added, with the maximum score being 5 points, an extremely positive attitude, and the minimum 1, an extremely negative attitude (cutoff point >2.4).*

*The Alcohol Use Disorders Identification Test (AUDIT)<sup>26</sup>, developed by the WHO, is a scale evaluating*

alcohol consumption over the last 12 months, consisting of 10 questions with multiple choice reactions, with scores ranging from 0 to 40 points. It has been used in the Mexican context, with a Cronbach's alpha of .83<sup>27</sup>.

Data were collected, after authorization was granted by the educational body, at times that did not interfere with academic activities. All the nurses were invited to participate in the study, and those that were interested were requested to sign a consent form, adhering to the ethical procedures of the General Health Law pertaining to research<sup>28</sup>.

This study was reviewed by the Nursing Faculty Secretary for Postgraduate Research and Studies, Benemérita Universidad Autónoma de Puebla, research project No. SIEP/GCEPI/004/2016.

The data were processed using SPSS version 22 for Windows. The internal consistency of each instrument was verified through Cronbach's alpha. Descriptive statistics (frequencies,

measures of central tendency and dispersion) were used to describe the nurses' alcohol consumption patterns. Finally, parametric statistical inference was used as the distribution of the data for the variables was normal. Pearson's correlation coefficient was used to verify the relationship between nurses' patterns of alcohol consumption and their attitudes toward alcohol, alcoholism, and alcoholics.

## RESULTS

The mean age of the nurses was 33.43 ± 7.01. Females predominated, with 92%, and 48.5% were single. The majority, 84.7% were Catholic and 31.9% participated in religious activities for one hour a week. As for institutional data, 92.6% were general nurses, 32.6% from the internal medicine service and 37.4% worked the morning shift. Average length of time on the job was 8.37 years ± 6.16. Regarding the level of education, the most common was a Nursing degree, with 47.9% (Table 1).

**Table 1 - Socio-demographic characteristics of the nurses. Puebla, México. (n=163)**

| I. Personal information | f   | %    |
|-------------------------|-----|------|
| <b>Sex</b>              |     |      |
| Female                  | 150 | 92   |
| Male                    | 13  | 8    |
| <b>Marital status</b>   |     |      |
| Single                  | 79  | 48.5 |
| Married                 | 52  | 31.9 |
| Divorced                | 4   | 2.5  |

|                                      |          |      |
|--------------------------------------|----------|------|
| Separated                            | 11       | 6.7  |
| Cohabitation                         | 16       | 9.8  |
| Widowed                              | 1        | 0.6  |
| <b>II. Institutional - Work Data</b> | <i>f</i> | %    |
| <b>Category</b>                      |          |      |
| General Nurse                        | 151      | 92.6 |
| Specialist Nurse                     | 8        | 4.9  |
| Head Nurse                           | 2        | 1.2  |
| Assistant Head Nurse                 | 2        | 1.2  |
| <b>Service</b>                       |          |      |
| Emergency                            | 24       | 14.7 |
| Internal medicine                    | 53       | 32.6 |
| General Surgery                      | 5        | 3.1  |
| Pediatrics                           | 8        | 4.9  |
| Neonatology                          | 6        | 3.7  |
| Operating Theatre                    | 35       | 21.5 |
| Obstetric surgery                    | 11       | 6.7  |
| Gynecology and Obstetrics            | 12       | 7.4  |
| Intensive Care                       | 7        | 4.3  |
| Hemodialysis                         | 2        | 1.2  |
| <b>Shift</b>                         |          |      |
| Morning                              | 61       | 37.4 |
| Evening                              | 39       | 23.9 |
| Night                                | 53       | 32.5 |
| Weekends                             | 10       | 6.1  |
| <b>III. Religious practices</b>      | <i>f</i> | %    |
| <b>Religion</b>                      |          |      |
| Non believer                         | 8        | 4.9  |
| Catholic                             | 138      | 84.7 |
| Evangelist                           | 4        | 2.5  |
| Jehovah's witness                    | 2        | 1.2  |
| Cristian                             | 11       | 6.7  |

Source: CDPPARA.

Table 2 shows the nurses' training and professionals practice with alcohol and other drugs, in which 78.8% had never received training or professional practice in alcohol and other drug consumption and 62% did not receive any training on working with those with alcohol and other drug-

related disorders during their degree. Some 55.8% had no practical experience dealing with those with alcohol and other drug-related disorders and 44.1% had experience of this during their degree. Finally, 93.9% viewed alcoholism as a disease.

**Table 2 - Socio-demographic characteristics of the nurses. Puebla, México. (n=163)**

| <b>IV. Training and Professional Practice with alcohol and other drugs</b>                                       | <i>f</i> | %    |
|--|----------|------|
| How often do you receive training and professional practice on the topic of alcohol and another drug consumption |          |      |
| Daily  | 6        | 3.7  |
| Weekly   | 4        | 2.5  |
| Monthly  | 23       | 14.1 |
| Never  | 130      | 79.8 |

Continuación (Tabla 2)

|  |     |      |
|--|-----|------|
| <b>Educational level of the Nursing Professional</b>   |     |      |
| Nurse technician   | 65  | 39.9 |
| Degree in Nursing  | 78  | 47.9 |
| Specialism   | 15  | 9.2  |
| Master   | 5   | 3.1  |
| <b>During your degree did you receive training on working with people with alcohol and other drug-related disorders?</b> |     |      |
| Yes  | 62  | 38   |
| No   | 101 | 62   |
| <b>How many hours were dedicated to this training?</b>   |     |      |
| 5 hours  | 31  | 19   |
| 10 hours   | 11  | 6.7  |
| 15 hours   | 4   | 2.5  |
| 20 hours   | 1   | .6   |
| 30 hours   | 6   | 3.7  |
| No training  | 110 | 67.5 |
| <b>Have you had practical experience with those with alcohol or other drug-related disorders?</b>                        |     |      |
| No   | 91  | 55.8 |
| Yes  | 72  | 44.1 |
| Before the degree  | 69  | 42.3 |
| During the degree  | -   | -    |
| After the degree   | 3   | 1.8  |
| <b>Is alcoholism a disease?</b>  |     |      |
| Yes  | 153 | 93.9 |
| No   | 10  | 6.1  |
| <b>V. History of Alcohol Consumption</b>   |     |      |
| <b>At least once... (Global prevalence)</b>  |     |      |
| Yes  | 109 | 66.9 |
| No   | 54  | 33.1 |
| <b>Within the last year (Lapsic Prevalence)</b>  |     |      |
| Yes  | 73  | 44.8 |
| No   | 90  | 55.2 |
| <b>Within the last month (Actual Prevalence)</b>   |     |      |
| Yes  | 41  | 25.2 |
| No   | 122 | 74.8 |
| <b>Within the last seven days (Instant Prevalence)</b>   |     |      |
| Yes  | 15  | 9.2  |
| No   | 148 | 90.8 |

Source: CDPPARA.

### **Psychometric properties of the instruments in the study**

Cronbach's alpha coefficient was used to establish the internal consistency of the instruments. Table 3

shows their overall consistency and consistency per dimension, with the SAAA showing a coefficient of .901 and AUDIT .798, considered acceptable according to Burns and Grove, 2012<sup>24</sup>.

**Table 3 - Internal consistency of the instruments. (n=163)**

| Instrument   | Items  | $\alpha$ |
|--|--|----------|
| SAAA   | 48   | .901     |
| Factor 1: Work and interpersonal relationships with individuals with alcohol-related disorders | 1, 5, 9, 13, 14, 17, 21, 25, 29, 37, 38, 41, 44, 46, 48, 49 and 50 | .815     |



Continuación (Tabla 3)

|   |   |      |
|---|---|------|
| Factor 2: The individual with alcohol-related disorders | 2, 6, 10, 15, 18, 22, 26, 30, 33, 34, 42 and 47 | .777 |
| Factor 3: Alcoholism (Etiology)                         | 3, 7, 11, 19, 23, 27, 31, 35, 39 and 43         | .696 |
| Factor 4: Alcoholic drinks and their use                | 4, 8, 12, 16, 24, 28, 32, 36 and 40             | .349 |
| AUDIT   | 1-10  | .798 |
| Sensible consumption                                    | 1-3   | .778 |
| Dependent consumption                                   | 4-6   | .723 |
| Harmful consumption                                     | 7-10  | .487 |

Source: SAAA = Scale of Attitude toward Alcohol, Alcoholism, and those with Alcohol-related disorders; AUDIT: Alcohol Use Disorder Identification Test.  $\alpha$  = Cronbach's alpha.

### Patterns of alcohol consumption in the nurses

According to the alcohol consumption histories of the nurses, the mean age at which alcohol consumption began was  $18.15 \pm 8.28$ . On a typical day mean alcohol consumption was  $2.52 \pm 2.41$ . The preferred alcoholic drinks were beer, 33.7%, tequila 14.1%, whiskey and brandy 11% and 7.4% preferred mixed drinks. Some 20.2% did not drink alcohol. Finally, the global prevalence found was 66.9%, lapsic prevalence 44,98% and actual prevalence 25.2 % and instant prevalence 9.2%.

According to the AUDIT, in 95.7% consumption patterns identified the individual to be at risk of consuming alcohol. The interpretation of this result is that they only require simple advice to reduce consumption (sensible consumption).

### Nurses' attitudes to alcohol, alcoholism, and alcoholics

The overall average attitude toward alcohol, alcoholism and those with alcohol-related disorders were negative ( $\bar{X}=1.78 \pm .65$ , cutoff point=2.4). The factors themselves, individually, also showed negative attitudes. Factor 1: Work and interpersonal relationships with individuals with alcohol-related disorders ( $\bar{X}=1.12 \pm .21$ ); Factor 2. The individual with alcohol-related disorders ( $\bar{X}=.74 \pm .18$ ); Factor 3. Alcoholism [Etiology] ( $\bar{X}= .60 \pm .08$ ) and Factor 4. Alcoholic drinks and their use ( $\bar{X}= .57 \pm .10$ ).

### Relationship between the SAAA and alcohol consumption patterns

A non-significant negative relationship was observed between the SAAA score and the nurses' alcohol consumption ( $r=-.013$ ,  $p=.868$ ) and a non-significant relationship was found

between the SAAA score and age at which alcohol consumption began ( $r=.031$ ,  $p=.791$ ). There was, however, a strong significant relationship between

the SAAA score and factor 2: The individual with alcohol-related disorders ( $r= .995$ ,  $p=.001$ ), as shown in Table 4.

**Table 4 - Correlation of the variables in the study. (n=163)**

| Variables | EAFAA  | F1     | F2     | F3     | F4    | AUDIT | IC    |
|-----------|--------|--------|--------|--------|-------|-------|-------|
| SAAA      | 1      |        |        |        |       |       |       |
| F1        | .885** | 1      |        |        |       |       |       |
| F2        | .995** | .758** | 1      |        |       |       |       |
| F3        | .848** | .581** | .759** | 1      |       |       |       |
| F4        | .662** | .426** | .472** | .597** | 1     |       |       |
| AUDIT     | -.013  | .054   | -.050  | -.067  | .002  | 1     |       |
| IC        | .026   | .034   | .031   | .011   | -.032 | .043  | -.066 |

Source: SAAA = Scale of Attitude toward Alcohol, Alcoholism and those with Alcohol-related disorders; Factor 1: Work and interpersonal relationships with individuals with alcohol-related disorders, Factor 2: The individual with alcohol-related disorders, Factor 3: Alcoholism (Etiology)], Factor 4: Alcoholic drinks and their use; AUDIT: Alcohol Use Disorder Identification Test.

## DISCUSSION

The aim of this study was to discover if there was an association between nurses' patterns of alcohol consumption and their attitudes toward alcohol-related problems. According to the nurses' data and socio-demographic profiles, most were shown to be female and with education to degree level (in nursing). As for the quantity of alcohol, a mean of 2.52 drinks on a typical day was reported and age at which consumption began was 18.15. The latter finding about alcohol agrees with that of the National Addiction Survey (ENA)<sup>2</sup> conducted by the Mexican Department of Health, which found the

average age for beginning to drink alcohol is 18 years old<sup>8</sup>.

As for the prevalence of alcohol consumption, it was observed that the nurses consumed more alcoholic drinks for the first time in their lives (global prevalence), at 66.9%, a figure lower than that reported in the which showed that 71.3% had consumed alcohol for the first time in their lives<sup>2</sup>. In the case of alcohol drink preference, the figure for beer, 33.7%, contrasts with ENA findings<sup>6,8</sup>, which reported that beer was the preferred drink of the population, consumed by more than half the male (53.6%) and a third of the female population (29.3%).

In this sample of nurses, the mean pattern of alcohol consumption was 2.5

*alcoholic drinks and the actual prevalence was 25.2% lower than the national data on direct and indirect consumption and, as is well known, nurses are exposed to consumption, but when this social phenomenon turns into addiction, it can cause health problems and problems in the conceptions and attitudes of the care delivered to those with alcohol-related problems<sup>11,12</sup>.*

*We should also mention that training and professional practice in the area of alcohol and other drug consumption is 38%, a figure indicating that, although Mexico has institutional bodies to prevent, manage, treat and rehabilitate addictions, such as the National Commission Against Addictions (CONADIC)<sup>2</sup> and the National Epidemiological Vigilance System (SISVEA)<sup>9</sup>, the above mentioned institutions need to take into account ongoing training in health care institutions that deliver care to those with alcohol-related problems and to alcoholics.*

*Analysis of the nurses' attitudes toward alcohol, alcoholism and alcoholics indicate negative attitudes both overall and in the four factors individually, covering aspects of the work and interpersonal relationships with those with alcohol-related*

*disorders; the individual with alcohol-related disorders; alcoholism and attitudes toward alcoholic drinks and their use. These data, however, contradict those found by Bittencourt & Vargas<sup>19</sup>, who reported that nurses that work in specialist institutions demonstrate more positive attitudes toward alcoholics (work and interpersonal relationships) and alcohol, as well as negative attitudes toward alcoholism and its etiology, when compared with other nurses. This difference may be because the nurses in our study did not work in specialist centers, the study being carried out in general hospitals.*

*Our findings do, on the other hand, agree with those of Vargas<sup>17</sup>, a study conducted with nursing students that reported more negative attitudes toward alcoholism. Most of the participants viewed alcoholics as responsible for their own health problems and would prefer not to work with this type of patient. It also reported that the students' attitudes toward alcohol and alcoholism-related issues tended to be ambivalent or negative, which can be attributed to lack of training during the degree.*

*Alcoholism, then, is viewed as a disease as current hospital care is*

*centered on the biomedical paradigm of caring for infectious and chronic degenerative diseases, leaving aside the problems related with alcohol consumption. A change to this paradigm is needed. Vargas<sup>20</sup> found nurses whose attitudes toward alcohol and alcoholism were more positive than those engaged in nursing care, evident in the levels of preparation these nurses had in developing interventions for those with alcohol-related problems, referring them to specialist care.*

*On another point, mentioned the impact of educational interventions on nurses' attitudes toward and knowledge of alcohol consumption and associated problems and the positive impact on nurses' attitudes toward alcoholics, work and interpersonal relationships<sup>21</sup>. It is to this that Vargas<sup>13</sup>, referred to when stating that the nurses felt more capable of helping alcoholic patients to recover, demonstrating positive attitudes. It also identifies the conflict in attitude toward the alcoholic's willpower and desire, revealing the influence of the moral model in explaining alcoholism. Overcoming such conflict in attitudes, then, is only possible when the nurses recognize them and when the issue is given more attention in professional training<sup>23</sup>.*

*On the other hand, our study found that 78.8% had never received training or professional practice on the topic of alcohol and other drug consumption, and 62% received no preparation for working with individuals with alcohol or other drug-related disorders during their degree. Some 55.8% had not had practical experience with those with alcohol or other drug-related disorders and 44.1% had had some experience of this during their degree. Soares and Vargas (2013) report that setting up training for nurses on the care delivered to those with alcohol consumption/abuse-related problems in the hospital environment could lead to monitoring and to holistic care<sup>21</sup>.*

*However, despite the nurses not having professional training and practice in alcohol and other drugs, academic preparation has had little influence on the positive attitudes of clinical nurses, and this is why they should be provided with an educational care model based on a broader understanding of the phenomenon of alcohol and alcoholism so as to strengthen theoretical teaching during daily clinical practice<sup>22</sup>.*

*Finally, we must consider some of the methodological limitations of this study when interpreting its results. The sample of nurses was small, a wider*

*sampling frame is recommended, according to terms of shifts and hospital services. Moreover, this was a convenience sample, and the findings can therefore not be extrapolated to other nurses in other countries. However, the results are reliable for this sample at least, as the procedures rigorously adhered to the methodology.*

## **CONCLUSION**

*The attitudes nurses reported towards alcohol, alcoholism and individuals with alcohol-related disorders were negative. However, research is needed in other institutions, as these data cannot be generalized. In addition to encouraging ongoing training for nursing staff on the mental health aspect, it is needed to create positive attitudes and to provide quality care uninfluenced by attitudes toward alcohol, alcoholism, and those with alcohol-related problems.*

*Finally, it was observed that the pattern of alcohol consumption is not related to attitude toward alcohol, alcoholism, and alcoholics. The figure of 79.8% who had no training or professional practice on the topic of alcohol and other drug consumption make it necessary for educational*

*institutions to incorporate aspects related to caring for those with alcohol-related problems so as to prepare the nursing professional to deal with this social phenomenon in its humane, ethical and scientific aspects.*

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**Financiamento:** Os autores declaram que não houve financiamento.

**Conflito de interesses:** Os autores declaram não haver conflito de interesses.

**Participação dos autores:**

**Concepção:** Morales-Castillo FA, Torres-Reyes A, Vargas D, Villar-Luis MA, León-Ramírez EG, De León-Ramírez MS, De Ávila-Arroyo ML, Tenahua-Quitl I.  
**Desenvolvimento:** Morales-Castillo FA, Torres-Reyes A, Vargas D, Villar-Luis MA, León-Ramírez EG, De León-Ramírez MS, De Ávila-Arroyo ML, Tenahua-Quitl I.

**Redação e revisão:** Morales-Castillo FA, Torres-Reyes A, Vargas D, Villar-Luis MA, León-Ramírez EG, De León-Ramírez MS, De Ávila-Arroyo ML, Tenahua-Quitl I.

**Como citar este artigo:** Morales-Castillo FA, Torres-Reyes A, Vargas D, Villar-Luis MA, León-Ramírez EG, De León-Ramírez MS et al. Alcohol consumption patterns and attitudes toward alcohol, alcoholism, and alcoholics in Mexican nurses. J Health NPEPS. 2021; 6(1):106-121.

Submissão: 09/11/2020

Aceito: 02/03/2021

Publicado: 01/06/2021