

Attitudes of Nursing Students Towards People With Alcohol Use Disorders

Atitudes de Estudantes de Enfermagem Frente à Pessoa com Transtornos Relacionados ao Uso de Álcool
Actitudes de Estudiantes de Enfermería Hacia Personas con Trastornos por Consumo de Alcohol

RESUMO

Objetivo: Identificar as atitudes dos estudantes de enfermagem frente à pessoa com transtornos relacionados ao uso de álcool. **Método:** Trata-se de um estudo transversal, descritivo, exploratório, realizado com os estudantes de graduação de enfermagem, no período de fevereiro a abril de 2023. Foi utilizada para a coleta de dados, a escala validada de Atitudes Frente ao álcool, ao Alcoolismo e as pessoas com transtornos relacionados ao uso do álcool, e um questionário sociodemográfico para caracterização da amostra. **Resultados:** Os resultados evidenciaram atitudes positivas dos estudantes de enfermagem frente à pessoa com transtornos relacionados ao uso de álcool, entretanto, foram observadas algumas atitudes negativas, como o medo da agressividade das pessoas com transtornos relacionados ao uso do álcool. **Conclusão:** Concluiu-se que os estudantes de enfermagem apresentaram atitudes predominantemente positivas frente à pessoa com transtornos relacionados ao uso de álcool, entretanto, evidenciou-se uma tendência a atitudes negativas em relação às pessoas.

DESCRIPTORIOS: Álcool; Alcoolismo; Estudantes; Enfermagem.

ABSTRACT

Objective: to identify the attitudes of nursing students towards people with alcohol use disorders. **Method:** cross-sectional, descriptive, exploratory study, carried out with undergraduate nursing students, from February to April 2023. The validated scale of Attitudes Towards Alcohol, Alcoholism, and People with Alcohol Use Disorders was used for data collection, as well as a sociodemographic questionnaire to characterize the sample. The analysis was performed using descriptive statistics, and frequency tables to present the data. **Results:** the results showed positive attitudes of nursing students towards people with alcohol use disorders, however, some negative attitudes were observed, such as fear of aggression from people with alcohol use disorders. **Conclusion:** it was concluded that nursing students presented predominantly positive attitudes towards people with alcohol use disorders, however, a tendency towards negative attitudes towards people was evidenced.

DESCRIPTORS: Alcohol; Alcoholism; Students; Nursing.

RESUMEN

Objetivo: identificar las actitudes de los estudiantes de enfermagem frente a la persona con transtornos relacionados con el uso de alcohol. **Método:** estudio transversal, descriptivo, exploratório, realizado com os estudantes de graduação de enfermagem, no período de febre a abril de 2023. Foi utilizado para a coleta de dados, a escala validada de Atitudes Frente al álcool, ao Alcoolismo e as pessoas com transtornos relacionados ao uso do álcool, e um questionário sociodemográfico para caracterização da mostramos. A análise foi realizado por medio de estadísticas descriptivas, y tablas de frecuencia para presentación de datos. **Resultados:** os resultados evidenciaram atitudes positivas dos estudantes de enfermagem frente à pessoa com transtornos relacionados ao uso de álcool, entretanto, foram observadas algumas atitudes negativas, como o medo da agressividade das pessoas com transtornos relacionados ao uso do álcool. **Conclusión:** concluimos que los estudiantes de enfermedad presentan actitudes predominantemente positivas frente a las personas con transtornos relacionados con el uso de alcohol, entretanto, evidencia una tendencia a actitudes negativas en la relación con las personas.

DESCRIPTORIOS: Alcohol; Alcoholismo; Estudiantes; Enfermería.

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INTRODUCTION

Alcohol is the most widely consumed psychoactive substance in the world. Approximately two billion people worldwide consume alcoholic beverages. In Brazil, in 2021, the Unified Health System (SUS) registered 400,300,000 million cases of mental and behavioral disorders due to the use of alcohol and other drugs. The number showed an increase of 12.4% compared to 2020, when there were 356 million cases.¹⁻²

Mental disorders related to the use of psychoactive substances are the most prevalent among organic and mental disorders, which results in a major public health problem. Among psychoactive substances, alcohol is one of the main factors that contribute, directly or indirectly, to health damage, being responsible for 5.1%

of the global burden of diseases and injuries, and for 5.3% of all deaths; in addition to the health consequences, the harmful use of alcohol causes significant social and economic losses for individuals, and for society in general.^{1,3}

A study carried out in the Brazilian Northeast showed that mental and behavioral disorders due to the use of alcohol and other psychoactive substances were responsible for a total of 11,250 cases of hospitalizations in 2018, with alcohol being identified as having the highest rate of hospitalizations in the states of Alagoas and Pernambuco, with 17.75 and 17.3 per 100,000 inhabitants, respectively.⁴

Furthermore, care for people with substance use disorders is not limited to specialized services. Primary health care (PHC) services also often have people who use alcohol in patterns that require attention from health

professionals. A household survey conducted in the city of Rio de Janeiro found that 29.6% of users of the Family Health Strategy (FHS) consumed alcohol at some risk to their health, and that 5.7% of participants were likely dependent.⁵

PHC is the gateway to care for people with PAS use disorders, as it plays a fundamental role in approaching these people. It is the level of care that knows the population, the territory and the social determinants that interfere in behavioral changes, thus providing better conditions for managing these users. Thus, it is expected that nurses who work in the most diverse care settings are familiar with PAS use disorders and are prepared to deal with and assist people with this condition.²

However, there is a tendency for health professionals to focus on physical needs, with little importance

given to the psychological and emotional aspects of the patient. Furthermore, the nursing team does not feel comfortable caring for people with mental suffering, due to a lack of qualifications or because their training has been focused exclusively on the asylum model.⁶⁻⁷

In this sense, a qualitative study carried out with nursing students at a public university in São Paulo showed that the experience with these patients during academic training enabled a change in perception, generally mistaken, of care for people with alcohol use disorder (AUD).⁸

Few studies in Brazil have evaluated the attitudes of nursing students towards alcohol-related issues⁸⁻¹⁰, and negative social representations, influenced by stigmas surrounding substance users, such as ideas of guilt, or that these people lack willpower, can lead to a lack of interest among these future professionals in developing preventive and assistance actions for this public.¹¹

Thus, the study aimed to identify the attitudes of nursing students at a public university in the interior of Pernambuco, towards people with disorders related to alcohol use.

METHOD

Study type

This is a cross-sectional, descriptive, exploratory study with a quantitative approach.

Study location

The study was carried out at a federal public university located in the municipality of Vitória de Santo Antão, a city in the interior of the state of Pernambuco (PE), Brazil.

Period

Data collection took place between February and April 2023.

Population

The population consisted of undergraduate nursing students. Regarding the total number of the population, there were 324 nursing students enrolled at the university where the research was conducted during the data collection period. Of these, 108 students were enrolled in the 7th to 10th semester. The sample size was estimated using the formula for studies with a finite population, considering the following parameters: confidence coefficient ($Z\alpha$) = 95% and sampling error (e) = 6%. A sample of 67 participants was estimated, however, 68 participants were included in the study. The convenience sampling process was adopted.

Selection Criteria

Nursing students over the age of 18 were selected; regularly enrolled in the aforementioned institution, and enrolled in the 7th to 10th semester. This criterion was based on the understanding that these students had already completed most of the course and received information/content regarding the area of psychoactive substances. Students who were absent during the data collection period due to medical leave or other reasons were excluded.

Participants

68 nursing students participated in the study.

Instruments used to collect information

Two instruments were used for data collection: a sociodemographic questionnaire, with the purpose of characterizing the sample, with sociodemographic and academic information, and the Scale of Attitudes Towards Alcohol, Alcoholism and People with Alcohol Use Disorders – EAFAA, to assess the attitudes of nursing students towards people with alcohol use disorders.

This scale was constructed and va-

lidated ($\alpha=0.85$) in Brazil¹², and is a reliable instrument for identifying nursing students' attitudes toward alcohol, alcoholism, and people with alcohol use disorders for use in this population.

The EAFAA is a five-point Likert-type scale, consisting of 50 items distributed into 4 factors, namely: Factor 1: Work and interpersonal relationships with patients with alcohol use disorders, which has 16 statements; Factor 2: People with alcohol use disorders, consisting of 13 statements; Factor 3: Alcoholism (etiology), which contains 11 statements; and Factor 4: Alcoholic beverages and their use, with 10 statements. Most of the EAFAA items measure negative attitudes toward alcohol, alcoholism, and people with alcohol use disorders, which means that the greater the respondent's disagreement with these items, the more positive their attitudes will be.¹²

For the purposes of this study, only factors 1 and 2 were analyzed; factor 1 aggregates items related to perception, opinions, feelings and attitudes regarding providing health care to patients with alcohol use disorders (F1.01, F1.05, F1.09, F1.13, F1.21, F1.25, F1.37, F1.41, F1.46, F1.50), when interacting with patients with alcohol use disorders (F1.29, F1.42, F1.44), the ability/preparedness to work with people with alcohol use disorders (F1.49), as well as their perception of their professional legitimacy to work with these issues (F1.17, F1.48).¹²

Factor 2 includes items related to conceptions, perceptions, opinions and attitudes regarding patients with alcohol use disorders; its items express conceptions about the personal characteristics of this clientele (F2.02, F2.06, F2.10, F2.14, F2.18, F2.22, F2.30, F2.45, F2.47) and the expectations that the respondent has regarding working with this patient (F2.26, F2.33, F2.34, F2.38).¹²

In order to facilitate the presentation of the data, the items 1 - I totally disagree and 2 - I disagree were grouped into 1 - I disagree, 2 - indifferent and 4 - I agree and 5 - I totally agree into 3 - I agree, according to the following scheme (1 = I disagree 2 = indifferent 3 = I agree), in line with what was already done in the study by Vargas¹¹

Data collection

Students were invited to participate in the research in the classroom, during class breaks, through an explanation of the purpose of the study, its voluntary nature and guarantee of confidentiality and anonymity, followed by instructions on how to complete the instruments, such as the need for individual responses; as well as presentation of the Free and Informed Consent Form (FICF) and clarification of all doubts. Specifically, for undergraduate students in the 10th period, who were in internship activities outside the University environment, the collection was done in a virtual format, through an electronic form on Google Forms.

Data processing and analysis

The data were organized in an EXCEL spreadsheet and were analyzed descriptively, using absolute frequencies and percentages using the Statistical Package for Social Sciences (SPSS®) program, version 25.0.

Ethical Aspects

This study was approved by the Research Ethics Committee Involving Human Beings of the Academic Center of Vitória (CEP/CAV) under opinion no. 5,934,996 and CAAE: 63830122.0.0000.9430. The ethical and scientific obstacles described in CNS Resolution No. 510 of 2016 were respected at all stages, and all participants involved in the research signed the Free and Informed Consent Form (FICF).

RESULTS

Table 1 presents the results regarding the characteristics of the participants. It was found that the majority of students were female, aged 19 to 34, with an average age of 22.90 years

(± 2.13), median of 22.0 years, single and self-identified as Catholic. The lowest percentage of students were in the 10th period, and the percentages in the other periods studied ranged from 29.4% to 35.3%.

Table 1 – Distribution of nursing students (n=68), according to sociodemographic variables. Vitória de Santo Antão, PE, Brazil, 2025

Variable	n (%)
Sex	
Male	10 (14,7)
Female	58 (85,3)
Age group (in years)	
19 to 23	47 (69,1)
24 or more	21 (30,9)
Marital status	
Single	47 (69,1)
Married/ Stable Union	21 (30,9)
Period	
7°	24 (35,3)
8°	20 (29,4)
9°	21 (30,9)
10°	3 (4,4)
Religion	
Catholic	48 (70,6)
Evangelical	19 (27,9)
Orthodox	1 (1,5)
Total	68 (100,0)

Source: Own elaboration

Tables 2 and 3 present the nursing students' responses related to work and interpersonal relationships with people with alcohol use disorders, from the EAFAA scale.

The results contained in Table 2 regarding factor 1, which assesses work and interpersonal relationships with people with alcohol use disorders, showed that most students disagreed

with statements F1.48, F1.1, F1.25, F1.50, F1.29, F1.21, F1.9, F1.37, F1.44 and F1.49; and agreed with statements F1.17, F1.46 and F1.5. In statements F1.13 and F1.41 the highest percentage of responses was indifferent, and in statement F1.42 the two highest percentages were close in the categories "disagree" and "indifferent".

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Table 2 – Distribution and percentage of nursing students (n=68), according to the statements of factor 1 of the scale of attitudes towards alcohol, alcoholism and alcoholics. Vitória de Santo Antão, PE, Brazil, 2025

Variable	Agree n (%)	Indifferent n (%)	Disagree n (%)
F1.17. I must care for the patient with alcohol use disorders, even if he or she believes he or she does not need health care.	4 (5,9)	8 (11,8)	56 (82,4)
F1.21. Even when not intoxicated, the patient with alcohol use disorders is disrespectful to the staff.	34 (50,0)	22 (32,4)	12 (17,6)
F1.25. I feel angry when working with patients with alcohol use disorders.	4 (5,9)	24 (35,3)	40 (58,8)
F1.29. Patients with alcohol use disorders never accept what health professionals say about their drinking problems.	4 (5,9)	43 (63,2)	21 (30,9)
F1.37. Addressing the problem of alcohol with patients with alcohol use disorders means less for other patients.	64 (94,1)	2 (2,9)	2 (2,9)
F1.42. People with alcohol use disorders are difficult to relate to.	2 (2,9)	25 (36,8)	41 (60,3)
F1.46. One must be careful not to be attacked when working with patients with alcohol use disorders.	1 (1,5)	11 (16,2)	56 (82,4)
F1.48. When patients with alcohol use disorders do not accept that they have problems related to alcohol use, the best decision is to give up on helping them.	2 (2,9)	22 (32,4)	44 (64,7)
F1.49. When I work with patients with alcohol use disorders, I do not know how to handle the situation	4 (5,9)	28 (41,2)	36 (52,9)
F1.50. Caring for patients with alcohol use disorders is not rewarding for me.	1 (1,5)	36 (52,9)	31 (45,6)
F1.42. A pessoa com transtornos relacionados ao uso de álcool é uma pessoa difícil de relacionar-se	17 (25,0)	25 (36,8)	26 (38,2)
F1.44. Eu considero difícil estabelecer um relacionamento terapêutico com pacientes com transtornos relacionados ao uso de álcool	6 (8,8)	27 (39,7)	35 (51,5)
F1.46. É preciso tomar cuidado para não ser agredido ao trabalhar com pacientes com transtornos relacionados ao uso de álcool	35 (51,5)	27 (39,7)	6 (8,8)
F1.48. Quando o paciente com transtornos relacionados ao uso de álcool não aceita que tem problemas relacionados ao uso de álcool, a melhor decisão é desistir de ajudar	2 (2,9)	6 (8,8)	60 (88,2)
F1.49. Quando trabalho com pacientes com transtornos relacionados ao uso do álcool, não sei como conduzir a situação	18 (26,5)	18 (26,5)	32 (47,1)
F1.50. Cuidar de pacientes com transtornos relacionados ao uso de álcool não é gratificante para mim	4 (5,9)	12 (17,6)	52 (76,5)

Source: Own elaboration

Table 3 shows the results for factor 2, which analyzed the students' attitudes toward people with alcohol use

disorders. It was observed that most of the responses corresponded to the category "disagree" in the variables F2.18, F2.33, F2.2, F2.30, F2.6,

F2.38, F2.10, F2.47, F2.26 and F2.22; and "indifferent" in the statements F2.45, F2.14 and F2.34.

Table 3 – Distribution and percentage of nursing students (n=68), according to the statements of factor 2 of the scale of attitudes towards alcohol, alcoholism and alcoholics. Vitória de Santo Antão, PE, Brazil, 2025

Variable	Agree n (%)	Indifferent n (%)	Disagree n (%)
F2.2. People with alcohol use disorders lack common sense	2 (2,9)	12 (17,6)	54 (79,4)
F2.6. People with alcohol use disorders are rude	3 (4,4)	12 (17,6)	53 (77,9)
F2.14. Patients with alcohol use disorders are more likely to become violent toward me	9 (13,2)	22 (32,4)	37 (54,4)
F2.18. I think that people who develop alcoholism are weak	20 (29,4)	31 (45,6)	17 (25,0)
F2.26. I do not trust the information that patients with alcohol use disorders report	2 (2,9)	1 (1,5)	65 (95,6)
F2.30. I think that the person with alcohol use disorders is to blame for their health problems	10 (14,7)	27 (39,7)	31 (45,6)
F2.33. I consider patients with alcohol use disorders to be hopeless cases	11 (16,2)	24 (35,3)	33 (48,5)
F2.34. People with alcohol use disorders always end up returning to the health service with the same problem	6 (8,8)	8 (11,8)	54 (79,4)
F2.38. Of all my patients, patients with alcohol use disorders are the most difficult to deal with	1 (1,5)	3 (4,4)	64 (94,1)

F2.47. People with alcohol use disorders do not take treatment seriously	5 (7,4)	25 (36,8)	38 (55,9)
F2.45. Pacientes com transtornos relacionados ao uso de álcool são pacientes que cooperam com seu tratamento	8 (11,8)	40 (58,8)	20 (29,4)
F2.47. Pessoas com transtornos relacionados ao uso de álcool não levam o tratamento a sério	2 (2,9)	29 (42,6)	37 (54,4)

Source: Own elaboration

DISCUSSION

The results showed a predominance of positive attitudes among nursing students toward people with AUD. However, some negative attitudes were observed, as a large proportion of the students did not present a formed attitude toward some items of the factors, and were allocated to the “indifferent” category; and they agreed with some negative items of the scale.

Regarding work and interpersonal relationships, analyzed in factor 1, it was observed that nursing students presented positive attitudes toward patients with AUD; so that the majority disagreed with the items considered negative. It was highlighted that a large proportion of the students believe that even if the person does not accept that they have problems related to alcohol use, they should not give up on helping; and they are willing to address the alcohol problem with them, as well as work with people with AUD.

However, a large portion of the students revealed that they are afraid of the aggressiveness of people with AUD, and that they need to be careful when working with these people to avoid being attacked. This can be attributed to two reasons; the first would be related to the social stigma that people with AUD are violent and aggressive, and the second, to the lack of preparation received to work in this context, which can lead the student to feel insecure about such action.¹³⁻¹⁴

Stigmas are negative reactions from society regarding characteristics or beliefs that deviate from the

standard norm. It is clear that social stigmas are one of the main reasons for discrimination against health professionals when it comes to the problem of alcoholism. Consequently, this issue affects both professionals and individuals, who do not seek professional help due to fear, in addition to creating a major barrier for these individuals to receive empathetic and humanized care.¹⁵

Furthermore, alcohol use affects people's mental health, which can significantly impact their quality of life and make social interactions difficult, including with health professionals, who consider them to be persuadable and out of control. It is important to emphasize that these adversities present an obstacle to good care, communication and treatment development.¹⁶

It is important to note that the social stigma surrounding alcoholism can significantly affect people with AUD, through the creation of an internalized stigma, in which these people faithfully believe that all socially normalized standards regarding their dependence are the absolute truth about their condition. Consequently, these people neglect their mental and physical health, giving up on their recovery, which further aggravates the situation, which can often even increase excessive alcohol consumption.¹⁷

Furthermore, some authors point out that there is an educational gap in undergraduate courses, which do not provide comprehensive training on the issue of substance abuse, considering that it is a problem that should be frequently discussed, for public health and social reasons that involve several areas. In this perspective, it is necessary to train and qualify nursing

students.¹⁸

Regarding Factor 2, the person with AUD, it was found that most participants did not agree that people who develop alcoholism are weak, and that the person with AUD is a lost cause, as well as disagreeing that these are rude people who feel guilty for their problems, which revealed that these nursing students had positive attitudes towards the person with AUD.

However, a high frequency of “indifferent” responses was observed to the following negative items on the scale: “Patients with disorders related to alcohol use are patients who cooperate with their treatment”, and “The person with a disorder related to alcohol use always ends up returning to the health service with the same problem”, which suggests a tendency towards negative attitudes on the part of these students. According to some authors¹⁰, the high frequency of “indifferent” responses seems to demonstrate that students do not feel comfortable or able to position themselves in relation to the items on the scale, a fact that can be explained as a consequence of the lack of knowledge of these students in relation to the subject of alcohol, and another factor that can explain this finding is the difficulty in assuming their real attitudes, as if it were more comfortable for them to place themselves in neutral positions or without a formed opinion.

Regarding this finding, a qualitative study carried out with nurses working in the family health strategy on the approach to the issue of alcohol and other drugs¹⁹ showed that the lack of training makes the team feel unmotivated when it comes to

treating these users, so that one of the main challenges in dealing with the problem is the need to improve and motivate the professionals who work in providing assistance to patients with AUD and their families.²⁰

Finally, it was observed that higher education training is a fundamental instrument for the training of qualified nurses, so that the lack of content on this topic during undergraduate studies can lead students to develop misconceptions about people with AUD, which can influence their future professional practice. Therefore, it is important that professional training includes content appropriate to the current context of the country, through educational modalities associated with humanized and reflective

practices, whether on alcohol or other drugs, and that distance themselves from moralizing models.²¹

Among the limitations of the study, it is worth highlighting the fact that the estimated sample of participants was not reached; despite the study being a field research, the data depend on the collaboration of individuals in answering the questions. In addition, the aforementioned work is a cross-sectional study, with a temporal cut, which makes it difficult to establish causal relationships regarding the management of alcohol and alcoholism

Therefore, it is suggested that studies be carried out with university students in order to promote discussions about professional training and

the curricular matrices of courses regarding the management of people with AUD, considering that this is a public health problem that can cause numerous social and health problems.

CONCLUSION

The results found in the study made it possible to identify predominantly positive attitudes of nursing students towards people with AUD. However, a large proportion of the students did not present a defined attitude towards individuals with AUD, and others agreed with some negative items on the scale, highlighting the behavioral characteristics of patients with AUD.

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