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THE WORK AND THE INTERPERSONAL RELATIONSHIPS WITH PATIENTS PRESENTING ALCOHOL-RELATED DISORDERS

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ABSTRACT

Objective: The objective of this study was to identify the attitudes of Primary Health Care professionals toward the work and interpersonal relationships with patients who present disorders related to alcohol use. Methods: This is a cross-sectional study that was performedthrough the application of two questionnaires in a non-probabilistic sample of 489 health professionals working in Primary Health Care in the city of Uberlândia, Minas Gerais state, Brazil. Results: Data analysis allowed identifyingthat the professionals presented negative attitudes toward the work with these patients. The results showed that these data may be related to negative experiences previously experienced in the work as well as the lack of training on drug use. Conclusion: Negative attitudes directly interfere with the quality and outcome of the work done to these patients, since early diagnosis and treatment conduct are directly affected by non-execution or slowness in these actions.

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INTRODUCTION

Alcohol consumption is considered a serious public health problem worldwide. Recent studies have shown a significant change in patterns of alcohol use and consumption in the world population in recent years (Secretaria Nacional Antidrogas, 2007 and Ministério da Saúde, 2003). Data from the World Health Organization reveal that two billion people consume alcoholic beverages, characterizing a way of life typical of current societies (Secretaria Nacional Antidrogas, 2007 and Ministério da Saúde, 2003). In Brazil, official data from the II Household Survey carried out in 2005 on the use of psychotropic drugs revealed that alcohol use during life was 74.6% in the 108 largest cities in the country, with the lowest demand for use in the North region (53.9%) and the highest demand in the Southeast region (80.4%)[3]. Regarding gender, the proportion of use was higher in males than females. The dependence estimate was 12.3% and the relationship between use and dependence showed a proportion of 4:1, that is, of every four male individuals who use alcohol in their lives, one of them becomes dependent (Centro Brasileiro de Informações Sobre Drogas Psicotrópicas, 2006).

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In view of the diversity of population characteristics in the country and the variability of the incidence of disorders caused by the use of alcohol and other drugs, the policy of the Ministry of Health for Users of Alcohol and Other Drugs takes on the great challenge of preventing, treating and rehabilitating users, constructing an attention network that is capable of promoting the necessary care to these individuals (Ministério da Saúde, 2003). It must be considered that the health system has privileged spaces for the development of strategies of actions against the alcohol user (Ministério da Saúde, 2003 and Ministério da Saúde, 1997). In this context, Primary Health Care deserves a special attentionas a space to deal with these issues. Besides counting on professionals from different areas of knowledge as partners in this assistance process, Primary Health Care is considered as the gateway to health services (Ministério da Saúde, 2003; Ministério da Saúde, 1997 and Moretti-Pires, 2016). It is known that approximately 20% of the patients receiving treatment in the Primary Health Care are considered as high-risk individuals for the development of alcohol dependence due to the exacerbated use of the substance. However, it is noted that despite this frequency, there is still a considerable number outside the treatment context, since the contact of these patients with the health services occurs through general practitioners, which makes it

difficult the early detection, insertion and conduction for the treatment (Ministério da Saúde, 2003). If on the one hand there is a privileged space with possibilities for actions intended for promotion, prevention of diseases, early diagnosis, treatment, rehabilitation and maintenance of health, on the other hand, the work has sometimes been hampered by the negative view of some professionals based on a moral and psychological judgment under a predominantly psychiatric perspective (Rosenstock, 2010; Vargas, 2011; Oliveira, 2012). It is important to emphasize that health professionals have always had contact with issues related to drug use, although most often in an indirect way, where their actions are directed to the users in their treatment process, presenting a physical condition sometimes weakened by the comorbidities resulting from the drug use. Thus, it is necessary that there is an intervention as a care provider for this patient and/or their relatives (Vargas, 2015 and Büchele, 2009). The importance of care in this treatment process can not be dissociated. In addition, health professionals as health assistants have the potential to develop more specific actions for individuals who present alcohol-related disorders, with diverse approaches and therapies, acting in the early identification of the problem and in the management of treatment (Ministério da Saúde, 2003; Vargas, 2015 and Büchele, 2009). The proposal of the "Policy of Integral Attention to Users of Alcohol and Other Drugs" to construct a care model directed to the rehabilitation and social reintegration of individuals who present disorders arising from the use of alcohol and other drugs requires the development of action strategies of the spaces of health care that assume in an integral and articulated manner the challenge of preventing, treating and rehabilitating these individuals within a holistic context of treatment (Ministério da Saúde, 2003). In view of such a proposal, it is necessary to understand the work and the interpersonal relationships developed by health professionals in relation to patients with disorders related to alcohol use, in order to identify the relationship, perception, feelings, opinions, the attitudes related to care provided and the skills to the work. The results could serve as subsidies for the development of action strategies along with the professionals in order to develop a care model that addresses the complexity of the issue of alcohol use.

MATERIALS AND METHODS

This is a cross-sectional, descriptive and analytical study. Data were collected between August and October 2013 in the city of Uberlândia, Minas Gerais state, Brazil. The city has an estimated population of 669,672 inhabitants according to data from the Brazilian Institute of Geography and Statistics (http://www.ibge.gov.br/cidadesat/link.php?uf=mg). The study was conducted in 59 Units of Primary Health Care distributed in the urban and rural area of the region. The study population included professionals working in Primary Health Care, among them: physicians, nursing professionals (nurses, nursing assistants and technicians), psychologists, social workers/assistants, physiotherapists, speech therapists, dentistry professionals (dentists and oral health auxiliaries), physical educators, nutritionists, pharmacists, pharmacy auxiliaries, pedagogues, beauticians, and community health agents. From a total of 862 professionals working in the studied period, 40 were absent at the time of the survey due to holidays, licenses or attestations; 176 delivered questionnaires in blank or incomplete, 24 delivered questionnaires with incomplete responses and 133 refused to participate in the study. Thus, the study population totaled 489 professionals, corresponding to 56.72% of the total and being considereda non-probabilistic sample. To obtain socio-demographic and occupational information, a self-administered questionnaire was used, containing alternatives concerning the age, gender, marital status, religion, schooling, academic education, year of academic conclusion, function performed in the unit, time of performance in the team, number of employment links, contact with the alcoholic patient, training nature and courses. The Attitudes Scale against Alcohol and Alcoholism and people with alcohol-related disorders (EAFAAA) (Vargas D de, 2008), validated in 2005, were used to evaluate the attitudes of the health professionals. The instrument is divided into four factors or domains, namely: Factor 1 is operationally defined as – Work and interpersonal relationships with patients presenting alcohol-related disorders –and consists of items that refer to perceptions, feelings, opinions, and attitudes toward health care provided to patients who present disorders related to alcohol use; Factor 2 is defined as –The person with disorders related to alcohol use – and contains items referring to the conceptions, feelings, opinions about the personal characteristics of patients that present such disorders, and the expectations of the work with these patients [12,13]; Factor 3 is defined as – Alcoholism – and consists of items related to perceptions regarding the motivations and causes for alcohol use and the development of alcoholism, thus covering items that refer to psychic, social, biological, and moral factors; Finally, Factor 4 is defined as – Alcoholic beverages and their use – and contains items related to opinions and attitudes toward alcoholic beverage and the right to drink (Vargas D de, 2014). The EAFAAA is a Likert-type summation scale. Subjects respond to each item by varying degrees of agreement or disagreement such as: (1) I disagree completely, (2) I disagree in part, (3) I am in doubt, (4) I agree in part, and (5) I agree completely. The calculation of the scores for each factor is done by the total answer sum divided by the number of items of the factor, which results in a variation from 1 to 5. The factorial analysis points out as an optimal cut-off point the score of 3.15 (Vargas D de, 2008; 2014 & 2016). In this study we chose to group the answer options above (1) I disagree completely and (2) I disagree in part as a single response: I disagree; and to group the answer options above (4) I agree in part and (5) I agree completely as a single response: I agree; and we maintained the answer option above (3)I am in doubt. It is important to emphasize that the EAFAAA is a negatively oriented instrument, since most of the items that compose it are predominantly negative, that is, the greater the agreement of the respondents to a positive item, the more positive will be their attitude. This article deals with a part of these results.

Data analysis

For the analysis of the information the data obtained were reported by double typing in a spreadsheet of the Microsoft Excel® Program for Windows 7, and later were validated to verify their conformity in both spreadsheets. The results were then exported to the Statistical Package for the Social Sciences (SPSS) program, version 20.0 where the processing and analysis were performed. The descriptive analysis was performed by means of absolute and relative frequencies, measures of central tendency (mean and mode) and dispersion (standard deviation, minimum and maximum). For the measures of internal consistency the Cronbach coefficient was used. To explore the relationship between attitudes and professional training referring to the matter, we used the bivariate analysis with Student's t-test. This study was based

on the ethical requirements set out in Resolution 466/2012 for research involving human beings. The project was submitted to the Human Research Ethics Committee of the Federal University of the TriânguloMineiro (UFTM), under protocol number 2521, and obtained an opinion of probation on July 5, 2013. All participants signed the Free and Informed Consent Form.

RESULTS

The sociodemographic characteristics of the study participants are shown in Table 1. The study population consisted predominantly of female (90.8%) subjects. Regarding the marital status, 51.7% were married and 25.2% single. It was also identified that 53.0% of professionals were Catholics and 4.1% had nota religion. The mean age was 37.7 years (standard deviation = 9.80; minimum = 19; maximum = 68) and the majority of the sample was in the age range from 30 to 49 years. The most frequent age was 33 years.Data related to schooling showed that 51.1% of professionals had only high school education, 39.5% had a full degree and 1.4% had a master's degree. With regard to the role in the primary health care, the professionals were divided into four categories: physicians, nurses, community health agents and other professionals, which included social workers/assistants, psychologists, nursing assistants and technicians, dentists, nutritionists, speech therapists, physical educators, oral health auxiliaries, pharmacy auxiliaries, pharmacists, pedagogues, beauticians, physiotherapists, and community health agents.

As shown in Table 2, among the categories, 8% were physicians, 12.5% were nurses, 39.1% were community health agents and 40.5% were in the category of other professionals. Also, it was possible to identify that 10.8% of professionals had two employment links and 3.1% had three or more employment relationships. The average team performance time was 5.67 years (standard deviation = 6.11 years; minimum = 0.08 years, maximum = 42 years), and the most frequent time was three years. The analysis also showed that 19.0% had less than one year and 16.6% had more than ten years of performance in the team (Table 2). Table 3 shows the data regarding the team's work toward patients with alcohol-related disorders. It was verified that 89.0% of professionals reported having had contact with these patients in their work environment. Regarding the training courses that cover the issue of drug use, 19.8% of professionals carried out some type of course whereas 79.3% said that they did not have training on the issue. With respect to the nature of training performed, 19.0% of professionals performed short course and 0.6% had specialization in the area.

The analysis of the EAFAAA Factor 1 allowed us to identify that the work and interpersonal relationships with patients who present alcohol-related disorders were experienced by 89.0% of the participants, since they reported that had contact with these individuals in the work environment. The mean score for Factor 1 was 3.10 (standard deviation = 0.60; minimum = 1.62, maximum = 4.67) and the most frequent value was 2.95, meaning that professionals presented negative attitudes at this point of analysis. When they positioned themselves in significant agreement with the negative items of the scale (2, 4, 7, 9, 19 and 20), it was inferred that these professionals present negative attitudes toward the work and interpersonal relationships with these patients (Table 4).

Table 1. Sociodemographic characteristics of the study participants. Uberlândia, 2013

Variables	Professionals interviewed (n=489)	
	n	%
Gender		
Female	444	90.8
Male	43	8.8
No response	2	0.4
Age range		
19 to 29 years	108	22.1
30 to 49 years	292	59.7
50 to 59 years	52	10.6
60 years and over	9	1.8
No response	28	5.7
Marital status		
Single	123	25.2
Married	253	51.7
Widowed	3	0.6
Separated/Divorced	43	8.8
Stable union	63	12.9
No response	4	0.8
Religion		
Catholic	259	53.0
Evangelical	127	26.0
Spiritist	66	13.5
Without religion	20	4.1
Others	14	2.9
No response	3	0.6
Schooling		
High school	250	51.1
Full graduation	193	39.5
Incomplete graduation	37	7.6
Full Masters	7	1.4
Incomplete Master	1	0.2
Full Doctorate	1	0.2
Incomplete Doctorate	0	0.0

Source: Authors, 2013.

Table 2. Data regarding the professional characterization of the study participants. Uberlândia, 2013

	Professionals interviewed (n=489)	
	n	%
Role in the health care service		
Physician	39	8.0
Nurse	61	12.5
Community Health Agent	191	39.1
Other professionals	198	40.5
Team performance time		
< 1 year	93	19.0
1-10 years	315	64.4
> 10 years	81	16.6
Employment links		
One	420	85.9
Two	53	10.8
Three or more	15	3.1
No response	1	0.2

Source: Authors, 2013.

Table 4 also shows that 43.6% of professionals recognized the patient with alcohol-related disorders as the most difficult to deal with, and 57.1% considered him as a person with difficult contact. In addition, it was observed that a significant percentage (86.6%) of professionals agreed that care should be taken with these patients; such an attitude could be reinforced by the lack of management during the assistance to these patients, as stated by 40.5% of professionals. The fear of the alcoholic's aggressiveness was reported by 58.1% of professionals. The data also showed that 68.4% of professionals stated that the alcoholic patients return to the health care service with the same problem and 57.7% believed that they do not take the treatment seriously.

Table 3. Data regarding the team´s work toward patients with alcohol-related disorders.Uberlândia,2013

	Professionalsinterviewed (n=489)	
Contact with the alcoholic patient	n	%
Yes	435	89.0
No	51	10.4
No response	3	0.6
Training courses		
Yes	97	19.8
No	388	79.3
No response	4	0.8
Nature of training		
Short Course	93	19.0
Specialization	3	0.6
Master	0	0.0
Doctorate degree	0	0.0
Not applicable	393	80.4

Source: Authors, 2013.

Table 4. Results of the responses according to the agreement or disagreement levels of the items related to the EAFAAA Factor 1: The work and interpersonal relationships with patients who present alcohol-related disorders. Uberlândia, 2013

ITEM	Disagreement		Doubt		Agreement		Missing data	
	n	%	n	%	n	%	n	%
1. The team needs training to work with alcoholics.	15	3.0	5	1.0	466	95.3	3	0.6
2. Care must be taken when working with alcoholics.	40	8.6	13	2.7	428	86.6	6	1.2
3. Alcoholics should not be trusted.	230	42.9	28	5.7	226	47.7	18	3.7
4. The alcoholic patient always returns to the health care service with the same problem.	108	22.1	39	8.0	334	68.4	8	1.6
5. I consider the alcoholic patient the most difficult to deal with.	244	49.9	26	5.3	213	43.6	0,6	1.2
6. The alcoholic is a patient who never returns care.	237	48.5	36	7.4	205	41.9	11	2.2
7. The alcoholic is a person with difficult contact.	179	36.6	20	4.1	279	57.1	11	2.2
8. I am afraid to address the problem of alcoholism with the patient.	286	58.5	26	5.3	170	34.7	7	1.4
9. I am afraid of the alcoholic's aggressiveness.	179	36.6	24	4.9	284	58.1	2	0.4
10. I feel frustrated when I deal with alcoholics.	261	53.4	39	8.0	179	36.6	10	2.0
11. When the patient does not want to collaborate, it is best to give up helping him.	409	83.7	14	2.9	57	11.7	9	1.8
12. When I deal with alcoholics, I do not know how to handle the situation.	239	48.9	48	9.8	19	40.5	4	0.8
13. To care for the alcoholic patient, it is necessary to contain him.	324	66.3	56	11.5	103	21.0	6	1.2
14. I think that alcoholics give a lot of work to the health team.	229	46.8	27	5.5	224	45.8	9	1.8
15.I must take care of alcoholics, even if they do not want to.	161	33.0	30	6.1	282	57.7	16	3.3
16. Even conscious the alcoholic patient disrespects the health team.	310	64.4	41	8.4	132	27.0	0,6	1.2
17. I feel anger when working with alcoholics.	426	87.1	10	2.0	41	8.3	12	2.5
18. The alcoholic patient does not accept what I say.	255	52.2	45	9.2	179	36.6	10	2.0
19. Alcoholics are difficult patients because they do not collaborate with treatment.	145	29.6	32	6.5	312	63.8	0	0.0
20. The alcoholic patient does not take the treatment seriously.	174	35.6	28	5.7	282	57.7	5,0	1.0
21. I prefer to work with alcoholic patients to deal with other patients.	364	74.4	66	13.5	58	11.8	1,0	0.2

*Total of respondents: 489;
Source: Authors, 2013.

Table 5. Distribution of mean scores for Factor I (F1) of EAFAAA, according to sociodemographic variables. Uberlândia, 2013

Variable	F1		
	N	Mean	Standard deviation
Gender			
Female	444	3.08	0.60
Male	43	3.31	0.64
p		0.01*	
Do you have a partner?			
Yes	316	3.06	0.60
No	169	3.18	0.61
p		0.03*	
Do you have a religion?			
Yes	466	3.11	0.60
No	20	2.90	0.60
p		0.13	
Do you have schooling?			
Yes	97	3.21	0.65
No	388	3.08	0.59
p		0.06	

(*) $p < 0.05$; Student´s t-test.
Source: Authors, 2013.

A relevant aspect refers to the results presented for item 21, where 74.4% of professionals prefer not to work with patients who present alcohol-related disorders, but in the opinion of 83.7% one cannot give up helping them (Table 4). Although the results show that negative attitudes toward these patients are expressed, it is worth considering the results concerning the positive items.

Table 4 shows that despite 41.9% of the study participants agreed that the alcoholic patients never return to the health care, 57.7% affirmed the need to care for these patients even if they do not want it; this fact demonstrates that professionals perceive the importance of the treatment given to these individuals. The need for training to deal with these patients

was reported by 95.3% of professionals (Table 4); such need could be reaffirmed through the assertion of 79.3% of professionals who did not present training regarding use of drugs as shown in Table 3. In order to explore the relationship between the attitudes developed by Primary Health Care professionals and sociodemographic variables, we chose a bivariate analysis of the variables of interest (gender, religion, marital status and schooling). For this analysis, the recoding of the variables marital status and religion was performed. As shown in Table 5,the results of scores for EAFAAA Factor 1 – the work and the interpersonal relationships with individuals who presented disorders related to the use of alcohol – showed that regarding gender, men presented significantly more positive attitudes (mean ± standard deviation: 3.31 ± 0.64) than women ($p = 0.01$). Regarding marital status, individuals who do not have a partner presentedmore positive attitudes (3.18 ± 0.61) when compared to those who do not ($p = 0.03$). The individuals with schooling presented greater scores (3.21 ± 0.65) when compared to those without one (3.08 ± 0.59), but these differences were not statistically significant ($p = 0.06$). Thus, it cannot be affirmed that schooling interfered in the work and in the interpersonal relations of patients with disorders related to alcohol use. Also, to have or not a religion did not present statistically significant differences ($p = 0.13$). The internal consistency analysis of the EAFAAA demonstrated that the participants' responses presented a satisfactory degree of reliability as evidenced by the Cronbach's Alpha coefficient (α= 0.83). The results presented values of mean = 3.10, mode = 2.95 and standard deviation = 0.60.

DISCUSSION

The present study identified relevant data concerning attitudes developed by health professionals during the work and interpersonal relationships with patients who present alcohol-related disorders. A number of studies that take as a criterion the identification of attitudes developed by health professionals presented data that corroborate with those of the present study. A study carried out at the Clinics Hospital of the University of São Paulo (USP), Ribeirão Preto, SP, Brazil with 171 nurses used the subscale III – Inclination to identify and skills to help alcoholic patients – that composes the scale "The Seaman Mannello Nurse's attitudes toward alcohol and alcoholism" (Vargas, 2010). In the item titled "I can help the alcoholic patient regardless of whether or not he stopped drinking", 67.8% of the professionals interviewed agreed with this statement[15]. This result shows a certain proximity to the data of the present study, in which 83.7% of professionals stated that even in the absence of patient collaboration one should not give up helping them. Such a statement may be related to the professionals' understanding of the possibility of relapse into the treatment process, thus recognizing the importance of the treatment regardless of the return offered by these patients. In another study carried out with professionals working in Primary Health Care in Araçatuba/SP, even using the scale "The Seaman Mannello Nurse's attitudes toward alcohol and alcoholism", the results showed that the professionals had a mean score of 18.8 (standard deviation = 3.12) for the items that compose the ER subscale – "Personal/Professional satisfaction of professionals when working with drug users", thus demonstrating that these professionals had positive attitudes toward the work with these patients. In the present study, 74.4% of professionals had no preferences for working with patients who present alcohol-related disorders when compared to others. Such positioning interferes significantly in the treatment process of these individuals, thus making difficult the contact, early detection, referral, treatment and expected outcomes concerning the health care, as reported in a survey carried out with professionals working in the Primary Health Care in São Paulo (Amaral, 2010). The authors verified that professional satisfaction in working with people who present alcohol and other drug-related disorders was significantly associated with the readiness to implement preventive measures, suggesting that attitudes influence the quality of the work offered (Amaral, 2010). A study carried out with 148 nurses applied the EAFAAA in the 96-item version and showed that 58.2% of professionals stated that there are no difficulties in working with alcoholics, although 52.4% reported that care must be taken when working with them (Vargas D de, 2005). The need for training was perceived by 85.8% of professionals and the fear of the alcoholic´s aggressiveness was reported by 50.7%; in contrast, 66.5% of professionals were not afraid to address the issue. In that same study, 74% of nurses stated that alcoholic patients always return to care service with the same problem, whereas for 68.9% of professionals the alcoholic patient must be cared regardless of their acceptance. The anger was denied by 65.5% of professionals (Vargas D de, 2005). These data are consistent with those of the present study regarding the questions about the contact, relapse and feelings of fear and anger in interpersonal relationships with alcoholic patients. In considerable proportions, professionals stated that care should be taken when working with these patients (86.6%), the team needs training (95.3%), there is fear about the alcoholic´s aggressiveness (58.1%),) and the alcoholic patients always return to the care service with the same problem (68.4%).

Most interviewees denied the feeling of anger (87.1%). EAFAAA Factor 1 analysis showed that the professionals present negative attitudes with regard to the analyzed questions. This result is based on the cutoff point of the EAFAAA, which is equal to 3.15 according to the psychometric studies performed (Vargas D de, 2005). These findings corroborate the negative perception that professionals show when referring to the work with alcoholic patients, which makes it difficult to be closer to these patients. One of the interpretations possible and recognized by the Ministry of Health for these attitudes may be related to the lack of training regarding the issue of drug use, which in the present study was manifested by 79.3% of professionals (Ministério da Saúde, 2003 and Vargas D de, 2014). This failure is understood as one of the main obstacles to deal with issues related to the use of alcohol due to the little or no preparation of professionals to intervene in the problem (Schneider, 2016 and Branco, 2016). Findings from a World Health Organization survey carried out with 1300 physicians in nine countries showed that professionals who received some type of training about alcohol expressed greater safety and increased therapeutic commitment when working with people presenting alcohol-related disorders (Anderson, 2003). Other factors may also be associated with attitudes. A study conducted in Australia aimed to explore the nature of nurses' attitudes toward patients with alcohol-related disorders. The results showed that the attitudes were strictly related to factors as age, beliefs, habits of alcohol consumption and personal habits of the professionals' themselves (Crothers, 2011). In the same study, despite the lack of preparation by professionals, they stated that had adequate knowledge and skills to work with these patients, resulting from their own

work experiences or personal experiences (Crothers, 2011). It should be noted that although 89.0% of the professionals interviewed in the present study stated that had contact with patients who present alcohol-related disorders in their work environment, this contact did not overcome the influence of the moral model that considers the alcohol use as a deviation of character based on purely psychiatric conceptions. Such fact points to the need for a better understanding on the part of professionals of the model that considers dependence as a multifaceted disease and the dependent one as a patient that harbors the biopsychosocial conditions involved in the problematic alcohol use.

Conclusion

The results of this study identified that Primary Health Care professionals demonstrated negative attitudes toward individuals with alcohol-related disorders, and pointed out that this fact may be associated with previous experiences of these professionals in their work environment, in addition to the lack of preparation on issues involving the problematic alcohol use. It is worth noting that the associated factors directly influence the conception of the professionals in relation to these patients, besides significantly affecting actions of promotion, prevention, early diagnosis, treatment, rehabilitation and therapeutic maintenance. The results still allow us to hypothesize that the investigation of attitudes contains subsides that can contribute to the development of action strategies to make possible the performance of actions that prioritize a complete and qualified assistance in order to achieve positive results. In view of the above, the results raise the importance of developing prospective studies that involve different categories of professionals working in the field of Primary Health Care, especially with individuals who present disorders related to alcohol use.

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