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Alcoholism instruction in diploma schools of nursing

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ALCOHOLISM INSTRUCTION IN DIPLOMA SCHOOLS OF NURSING

by
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Chapter I

Introduction

Experts in the field of alcoholism report that in the United States about 60 per cent of the people over 15 years of age drink alcoholic beverages. About four million of the seventy million drinkers are alcoholics. The magnitude of this problem and the improved methods of diagnosis and treatment may be realized through the prevalence of increased numbers of clinics, hospital wards, sanitoriums, and nursing homes devoted to the specific care of alcoholics of all ages and socio-economic levels. The increasing numbers of alcoholics who are being admitted to general hospitals and the limited amount of alcoholism instruction provided for basic nursing students has been a concern to several nurse educators in schools of nursing in Massachusetts during the past few years. Existing patterns of alcohol education in schools of nursing is not known. A study which would reveal this information seemed to be indicated. Therefore, this study was done to determine the present status of alcoholism instruction in diploma schools of nursing in the Greater Boston area.

Purposes of Study

The purposes of this study were:

1. To determine the present status of alcoholism instruction for basic professional nursing students

- in diploma schools of nursing in Massachusetts.
2. To determine the placement of this instruction in the curriculum.
 3. To determine the level of student who receives this instruction.
 4. To determine when and why alcoholism instruction was added to the curriculum.
 5. To determine the hours devoted to the course, the objectives and the course content.
 6. To determine the preparation and title of the personnel directly responsible for alcoholism instruction.
 7. To determine if students have clinical experience in the nursing care of the alcoholic.
 8. To determine if educational directors feel that their students are able to function adequately in the nurse-patient relationship with the alcoholic in the general hospital ward.

Justification of Problem

There seems to be a need for a study of the nursing curriculum in diploma schools of nursing to determine the extent to which alcoholism is being taught. Cokely¹ suggested that further study in alcoholism instruction should be encouraged. She maintained that the results obtained from

¹Sister Maria Joseph Cokely, "A Study to Determine the Possibility of Incorporating Instruction in Alcoholism in the Curriculum of the Basic Diploma Program in Nursing (unpublished Master's thesis, St. Louis University, 1953), pp. 13-14.

continued research in this area may not only improve instruction for the nurse, but may improve the nursing care of members of society. Five years passed since Cokely's study was done and during this time conferences, workshops and new knowledge and techniques concerning alcoholism have been prevalent. No doubt these have had some influence on the instruction offered to nursing students.

In 1960 a three-day conference to explore the role of the nurse in the care of the alcoholic patient in the general hospital was held in Massachusetts.² Medical-Surgical nursing instructors from all schools of nursing in Massachusetts were invited to confer with experienced persons in the field of alcoholism. These instructors were concerned about the limited amount of alcoholism instruction in the curriculum. Three years have passed since the conference and it would seem to be a propos to re-examine the curriculum for alcoholism instruction content.

A program of alcoholism instruction in a sample of diploma schools of nursing does not necessarily indicate that

²The Role of the Nurse in the Care of the Alcoholic Patient in the General Hospital, Proceedings of a Conference, (Massachusetts; Massachusetts Department of Public Health, 1960), pp. 53-55.

the same amount or type of instruction exists in all schools, but a survey such as this one should yield a fair estimate of the amount of instruction that is given in other schools of nursing in Massachusetts. The results obtained from the survey might be helpful to those schools who are planning to re-examine their curriculum to determine if adequate instruction is included to prepare the nursing student for her role in the care of the alcoholic patient. No study such as this one has been conducted in the Metropolitan Boston Area.

Definition of Alcoholism

When reference is made in this study to alcoholism, the definition given by World Health Organization is applicable.³

Alcoholism is a chronic disease or disorder of behavior characterized by the repeated drinking of alcoholic beverages to an excess that exceeds customary dietary use or ordinary compliance with the social drinking customs of the community and that interferes with the drinker's health, interpersonal relations or economic functioning.

Scope

This study was conducted in six diploma schools of nursing in the Greater Boston area. Data were collected by

³Mark Keller, The Alcohol Language, Alcoholic Research Foundation, University Toronto Press, 1958, p. 8.

means of a personal interview with the person who was responsible for the direction of the educational program in each school. A structured interview guide was developed and used. The findings were compared with those of the 1958 study by Cokely.⁴

Sequence of Presentation

Chapter II will deal with the review of the literature, philosophy, and statement of hypotheses. Chapter III will include the methodology employed in the study. Chapter IV will include the presentation and analysis of the data, and the comparisons drawn between this study and one comparable to this one. Chapter V will include a summary of the conclusions reached and recommendations derived from the findings as well as recommendations for further study.

⁴Cokely, loc. cit.

CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

Review of the Literature

There is a vast amount of subject matter concerning alcohol, drinking, alcoholism and problems associated with alcohol. Any overview of material pertinent to alcoholism instruction in schools of nursing must be selective. Thus, the material covered was screened through the orientation of the educator's role, and particularly that of the nurse educator. The literature written within the past twenty years was reviewed. A survey of research in alcoholism revealed two studies related to nursing, two in the field of secondary education, and several in the area of social work.

Cokely¹ studied the current practice of alcoholism instruction in a representative sampling of accredited diploma programs in nursing throughout the United States. She wished to determine the possibility and need for including alcoholism instruction within the framework of the basic diploma program. A questionnaire was sent to one hundred schools and eighty-eight of these responded. In an attempt to learn in which instructional areas alcoholism was being taught, the schools

¹Cokely, op. cit., p.1.

were asked to identify the courses in which this subject was included. Her findings revealed that psychiatric nursing exceeded all other subjects in which there was some mention of alcoholism. This material was not given as a unified whole and there were many inadequacies in the instruction. She felt nurse educators must assume the responsibility for teaching nursing students about the whole problem of this illness so that as graduate nurses, they will become important members of the team that will contribute to the total care and rehabilitation of the patient with a drinking problem. Her significant findings will be compared with those found in this study at the end of Chapter IV.

Stout's² study was done to determine the existing patterns of alcohol education in secondary schools in Massachusetts and their relation to factors in their community and school settings.

Giovannangeli's³ study was done to determine the accuracy of statements representing certain concepts

²J. Anthony Stout, "A Survey of Alcohol Education in the High Schools of Twenty Representative Massachusetts Communities" (unpublished Master's thesis, Harvard University, 1962).

³Arthur J. Giovannangeli, "The Selection, Development, and Objective Evaluation of Concepts in Alcohol Education as an Aid to Curriculum Construction" (Doctoral thesis, Boston University, 1954).

concerning the use and effects of alcoholic beverages which are used in general education. The findings of this study revealed that concepts related to (1) physiological effects of alcohol on the body, (2) psychological effects of alcohol on the individual, and (3) socio-economic effects of the use of alcohol on society should be taught as "true", some "false", some debatable", and some concepts should be presented with the understanding that insufficient evidence prevents any consensus by authorities.

Prior to 1950 very little mention was made in the nursing journals and other literature about the nurse's role in the care of the alcoholic. Several authors were concerned about the nurse's attitudes in relation to the problem of alcoholism. Linker⁴ felt that nurses have a responsibility to re-evaluate their attitudes concerning alcoholics as patients and as fellowmen. As a profession, she felt nursing can do much to encourage proper medical treatment for a long ignored group of ill people.

In 1956 Mount Zion Hospital and Medical Center in

⁴Jane E. Linker, "As Mariners Who Are Lost At Sea," Nursing World XXXIV (October, 1950), pp. 459-480.

San Francisco undertook a pilot program⁵ to determine if acute alcoholism could be treated without undue stress on the staff and without unusual disruption of hospital routine. Selected alcoholic patients were admitted to wards.

Without segregation into special rooms and without special nurses. The therapeutic team that conducted the study believed that the attitude of the nurses might determine the success of the program and, thus, the reaction of the nurse was studied beforehand. Some of the results of the study were that more than half of the nurses approved of non-segregation of the alcoholic; they felt that care for acutely alcoholic patients should be carried out in general hospitals. Many felt that such patients are really ill and need medical care. However, more than two thirds felt that special facilities certainly would be needed, that their own work would be increased and that alcoholic patients are more difficult to manage than others. It became clear that these negative attitudes among the persons who were to have the most contact with the patients would hinder, if not seriously obstruct, the program. Therefore, a preliminary practical

⁵A Study On the Nonsegregated Hospitalization of Alcoholic Patients in a General Hospital, Hospital Monograph Series No. 7, (Chicago, Ill.: American Hospital Association, 1959).

training and the initial screening of patients were so directed that such attitudes would not be reinforced.

After ward treatment of 60 cases, the medical board of the hospital approved continuance of the program. The attitudes of many of the nursing staff showed a definite reversal from the preliminary study, although some were still definitely negative. Most of the nurses who participated came to feel that it is much better for their purpose to have alcoholics admitted under the proper diagnosis, rather than a false one, and 80 per cent felt the hospital should now make it a policy to admit alcoholic patients without the traditional requirements of special rooms and special nurses, providing there is adequate screening of patients.

Cork⁶ maintained that neither A.A. nor a few clinics are the answer to the control of the widespread and ever-growing problem of alcoholism. Yet, up to 1957 most of the service professions left the treatment of the alcoholic to these two groups. Nursing did not have an integral part in the treatment and control of this disease. She raised the question as to why nurses have been unable to contribute

⁶Margaret Cork, Alcoholism and Nursing, Reprinted from The Canadian Journal of Public Health, (September, 1957), Alcoholism Research Foundation, Toronto, Ontario, Canada.

significantly to the treatment of alcoholism and concluded that the following factors were involved:

1. The nature of the illness
2. The resistance to sharing the treatment with other professions
3. The fears, prejudice and other negative feelings often unrecognized or unconscious which affect nurses no less than the majority of our population.

Cork also mentioned that nursing leads the professional groups in opportunities to be in contact with the alcoholic and/or his family. The nurse's knowledge and understanding of alcoholism, and the person suffering from the disease would determine how effectively the nurse would use herself in relation to this illness. Even though a few nurses have worked successfully in the past with alcoholics, nursing as a whole, "has not brought the best of its proven skills and abilities to understanding and coping with the problems of alcoholism." She was convinced that there will be no great success in the treatment and control of alcoholism without the concentrated help of the nursing profession

McCarthy⁷ said that contemporary concern about alcoholism

⁷Raymond G. McCarthy, "Alcoholism," American Journal of Nursing, vol. 59, No. 2, (February, 1959), pp. 203-205

has not arisen from professional groups but from the alcoholics themselves, their families and friends. Professional persons exhibit a mixed reaction toward alcoholism. This ranges from lack of understanding of the nature of the condition to indifference, rejection and hostility. He said "the problem cries for understanding." Failure to understand the condition and to adopt suitable remedial measures causes the professional person to project his failure to the patient himself. He maintains that the demand for nursing care greatly exceeds the supply of competent personnel. He further states that if members of the nursing profession acknowledge that alcoholism is a mixed medical and social problem, that it is an interrelated physical and emotional disability, that the medical treatment of the body alone is not sufficient to bring about recovery, then nursing has a responsibility to provide the kinds of care that, in time, will help to reduce the prevalence of alcoholism.

Recent literature reveals that the American Medical Association's acceptance of the World Health's concept of alcoholism as a disease seems to have caused physicians to send increasing numbers of their alcoholic patients to the general hospital for treatment.

In 1952 Lowe⁸ reported his three years of experience with unsegregated care of the alcoholic in a general hospital indicating that, while it was difficult at first to change the attitudes of admitting personnel, nurses, and especially physicians and house staff, the patients needed "no more attention than the diabetic, the coronary, or the busted hip."

Lolli⁹ said the nurse is becoming an important member of the therapeutic team and should be a woman who would represent a feminine figure to the alcoholic. He feels that other characteristics needed by the nurse are emotional stability, tolerance and mature response to aggression, ability to maintain good rapport with social workers on a treatment team, and an attitude of acceptance of the patient as one requiring professional treatment.

In 1956 Gottsegen¹⁰ wrote that hospital personnel need to extend an attitude of kindness, sympathy, and understanding

⁸Robert H. Lowe, "The Hospital Role in Rehabilitation," (Address given at the Institute on Alcoholism Syracuse, New York, May, 1952). Reprint: National Committee on Alcoholism, New York, 1952.

⁹Georgio Lolli, Nurses for Alcoholics, Public Health Reports, Public Health Series, United States Department of Health, Education and Welfare, Vol. 71, No. 8, August, 1956, p. 727.

¹⁰Irving Gottsegen, "What Hospitals Can Do About Alcoholism," Hospitals, Vol. 30 (September 16, 1956), pp. 34-36.

and be willing to apply humanitarian principles to include the patient suffering from the disease called alcoholism. As with other clinical conditions, an orientation program in the study of alcoholism is needed. He suggested the use of members of Alcoholics Anonymous as volunteers in supplementing the work of nurses if the nursing staff were limited.

A good educational program, geared to the community, is among the most important prerequisite for the acceptance of the alcoholic in the general hospital. The belief that the alcoholic is a sick person and must be treated as any other patient is a prime requisite for hospital administration, medical, nursing and all other personnel.

Since 1955 writers in the health field have been emphasizing the need for qualified nurses to participate on the therapeutic team for the treatment of alcoholics.

Golder¹¹ feels that the nurse has an important role to play by cooperating with others in the health field in the treatment of the country's 7 million alcoholics, and that it is imperative to include information on this third public health problem in the basic nursing curriculum. This

¹¹Grace M. Golder, "The Nurse and the Alcoholic Patient," The American Journal of Nursing, Vol. 56, No. 4, (April, 1956), pp. 436-439.

suggestion has not been accepted kindly by nurse educators, but this is not surprising if one remembers that the concept of alcoholism as an illness is fairly new, and, that great numbers of the general public and a number of medical men have yet to accept it. This very lack of professional help for the alcoholic caused the victims to seek help among themselves and was the cause of the founding of the Alcoholics Anonymous in 1935.

Gelder adds that when the Yale Center of Alcoholic Studies was established to organize service and research activities, an opportunity was available for nurses to gain an understanding of the condition and learn how they could help the alcoholic and his family. During the first twelve years the Yale Summer School enrolled only 51 registered professional nurses. Gelder felt these nurses could have been a nucleus for further information among the nursing profession. Most of these nurses returned to treatment or information centers, to clinics or hospitals, or to small private nursing homes specializing in care for the alcoholic. It does not belittle the accomplishments of these nurses to point out that the profession as a whole- the nurses in public health, in industry, in education, those to whom the alcoholic and his behavior is an enigma- were in no way benefitted by the information that these nurses had acquired at the summer

school.

According to Daniel,¹² most nurses have had little or nothing in their education that related directly to alcoholism. From a public health viewpoint, nursing is professionally behind the times in coping with this disease that claims more victims than heart and cancer combined. He suggests that people who care for victims of other physical and mental disease must learn to use their skills with alcoholics. Now that nursing is faced with a newly recognized public health problem, the role of the nurse is a vital one in which she/he is expected to interpret the disease and identify areas of unmet needs to those agencies and individuals who should be filling these needs. He feels that the nurse must have an attitude of acceptance that alcoholism is a disease for little benefit would be derived from interpreting something in which one did not sincerely believe. He stressed that nurses need to study about this disease, talk with experts in the field, and use every available source to inform themselves about their role in caring for increasing numbers of alcoholics.

In 1956 the Committee on Alcoholism of the American

¹²Ralph W. Daniel, "The Nurse's Role in Regard to the Problem of Alcoholism," The Yearbook of Modern Nursing, (New York: G.P. Putnam's Sons, 1956), p. 125.

Medical Association drew up an eighteen point program to stimulate the organization of programs on alcoholism through the appropriate committees of state and county medical associations. Block,¹³ reporting on the activities of this committee quoted the following two objectives:

1. To promote the inclusion of proper teaching on alcoholism and understanding of alcoholics and their treatment in the curriculum of medical schools, law schools, schools of education, sociology, nursing, and social work.....
2. To educate hospital authorities in each state to open their hospitals for the inpatient treatment of the alcoholic especially in the acute state, and to encourage establishment of out-patient dispensary service for alcoholics at general hospitals, where feasible, for follow-up treatment.

Some practical and concrete suggestions for action in the care of the alcoholic were given by nurse and doctor participants at a conference for public health nurses in Massachusetts:¹⁴

1. There is a need to introduce content on alcoholism into a variety of curriculum areas for both undergraduate and graduate nurses.

¹³Marvin A. Block, "Alcoholism Activities of State Medical Association," A Practical Guide for Developing a Medical Care Program for Alcoholism, Licensed Beverage Industries, Inc., New York, N.Y. p. 5.

¹⁴Family Centered Approach to the Control of Alcoholism, Proceedings of a Conference for Public Health Nurses, (Massachusetts: Massachusetts Department of Public Health, 1959), pp. 22, 46, 47, 48.

2. The skills needed by the nurse to function effectively with the special problem of alcoholism will be enhanced by the amount of teaching about alcohol and alcoholism in the nursing school's program.
3. There is a need for the nurse to re-define her functions to permit more time for the inclusion of newer programs, like alcoholism, and delete some of the more traditional programs not now so badly needed in some communities.
4. The nurse must change her attitude about the alcoholic. Stereotypes of the nurse herself, which make her insecure in her role and interfere with the nursing care of the alcoholic in her home or community and her religious beliefs.

Group members at this conference expressed a sense of inadequacy, but a sincere desire for the ability to deal with the alcoholism problem.

In 1960, medical-surgical nursing instructors showed their concern at a conference to discuss the role of the nurse in the care of the alcoholic patient.¹⁵ Some of the highlights of this group's discussion were as follows:

1. Serving alcoholics calls for skill in the handling of resistance and dependency on the part of patients. Being able to communicate through listening and to remain alert for cues are primary requisites.
2. The degree of permissiveness of the staff nurse,

¹⁵The Role of the Nurse in the Care of the Alcoholic Patient in the General Hospital, Proceedings of a Conference, (Massachusetts: Massachusetts Department of Public Health, 1960) pp. 53-55.

head nurse and supervisor is crucial to developing the one-to-one relationship so important for alcoholic patients.

3. Institution nurses and public health nurses could complement one another's service to alcoholics if more energy were expended in this direction.
4. Positive attitudes toward alcoholics on the part of instructors and hospital staff are essential components in teaching students.
5. The most effective teaching is at the patient's bedside. The student's practice in care of the alcoholic should be integrated into her clinical experience. The task of making the experience a meaningful one falls to the clinical instructor. Training for the instructor, as well as for the head nurse and staff nurse, is a necessary adjunct to make them familiar with alcoholism content.
6. Each school must decide what best meets its own needs in the way of curriculum planning. However, an emphatic "yes" was given to the question asked as to whether alcoholism should be included in the curriculum.

Lambertsen,¹⁶ speaking on a panel at the National League for Nursing 1963 convention emphasized that the lag between the kind of care nurses and health professionals know how to provide and the care people actually receive, should be a concern to all of nursing. She urged nurses to join other professional people involved in total health services in the

¹⁶Eleanor Lambertsen, "The Anatomy of the Community," Panel Presented at the National League for Nursing 1963 Convention, Convention Outlook, Published by Nursing Outlook, Atlantic City, New Jersey, May 14, 1963, p. 7.

community in demanding social action to improve present conditions.

Her idea is supported by experts in the Division of Alcoholism,¹⁷ Massachusetts Department of Public Health. They wrote that nurses, teachers, ministers, physicians, social workers, public health personnel, local service clubs, charitable organizations and parents are asked to aid in the movement for control of alcoholism through guidance and education. They maintain that alcoholism education is not isolated but depends on treatment and research. "After research discovers the facts, education transmits them and treatment applies them."

Philosophy

The concept of alcoholism as an illness and the desirability of including education about alcoholism in the nursing curriculum have been discussed at great length. Until nursing schools can definitely state that they have made studies concerning the contribution of the curriculum to alcoholism instruction and offer their recommendations in the light of their findings, adequate preparation of the nursing student to give skillful care to the alcoholic remains purely

¹⁷Commonwealth, Bi-Monthly Publication of Massachusetts Department of Public Health, Vol. 7 November/December, 1959, p. 9.

speculative. Speculation of this type does not increase the knowledge needed in this area of nursing. Therefore, a study such as this might be helpful to those who wish to re-examine their curriculum to determine the experience that is provided for nursing students to meet the needs of these patients. It is the contention of the investigator that there is a minimum amount of alcoholism instruction offered in the hospital schools of nursing, and, the opportunity for clinical experience is restricted to the incidental occasions when alcoholics are admitted to the hospital under another diagnosis.

Chapter III

METHODOLOGY

Six diploma schools of nursing, representing a cross section of various types of hospitals were selected from ten Boston schools that had sent delegates to an alcoholism conference in 1960. For identification purposes, code letters A, B, C, D, E, and F represent the schools that participated in the study. Schools A, C, D, and F were associated with hospitals that have state supported alcoholic clinics. School E was located in a hospital that provides a unit for treatment of alcoholics. Schools B was in a hospital that has no out-patient or a special unit for the care of alcoholics. All schools were accredited by the National League for Nursing as of April, 1963.

Tools Used to Collect the Data

An interview guide¹ was formulated that would obtain the data needed to accomplish the eight purposes established for this study. Twelve open-end questions with probes were included.

Two educational directors responsible for formulating a basic nursing curriculum were consulted to determine the clarity of the questions, and if the information needed could

1 Appendix A

be given readily. The interview was tried out with a person who had been a director of a school of nursing. About forty minutes were needed.

A letter,² requesting permission to conduct the study was sent to the director of nursing in each of the six schools to acquaint her with the nature of the study and to request permission for an interview with the educational director. A post-card,³ signifying that permission had been granted or denied, the name of the person with whom the interview would be held and the date and time of the interview was included with the letter.

All of the schools agreed to participate in the study and the interviews were conducted during the month of April, 1963.

Procurement of Data

The purpose of the study was explained briefly at the beginning of each interview, and the interviewee was reassured that all responses would be confidential. Although the interview guide was adhered to, the instructors were encouraged to comment freely on the questions during and following the interview. The time that ensued was

2 Appendix B

3 Appendix C

approximately one hour. In most instances the participants appeared to be aware of the magnitude of the problem of alcoholism and seemed to have a genuine interest in improving alcoholism instruction for students. This enthusiasm helped to confirm the interviewer's belief that research is needed in this area.

CHAPTER IV

Findings

In an endeavor to determine the course in which alcoholism was taught, the schools were asked to indicate where this instruction occurred in the curriculum. Table 1 shows the courses that included some mention of alcoholism. Table 2 presents the semester placement of this instruction. No school had a formal plan for alcoholism instruction. Thus, there were no outlines or objectives available; however, all schools provided some kind of teaching about alcoholism within the various courses. The hours devoted to this subject varied in each school.

Some teaching about alcoholism was given in psychiatric nursing in all schools, and in soci-psychology in four schools. This may indicate the schools feel that alcoholism is a mental health problem rather than a physical illness.

Three schools gave some instruction in medical-surgical nursing. This instruction, however, did not identify alcoholism as a disease entity, but mentioned it as a contributing factor to a disease. Thus, emphasis was placed on the nursing care of a medical-surgical patient with a disease other than alcoholism.

As indicated in Table 2 much of the instruction appears

TABLE 1

COURSE PLACEMENT OF ALCOHOLISM INSTRUCTION

Course	Schools					
	A	B	C	D	E	F
Economic Problems			X			
Medical-Surgical Nursing		X		X		X
Pharmacology		X	X			
Psychiatric Nursing	X	X	X	X	X	X
Public Health Nursing		X		X	X	
Socio-Psychology	X	X		X		X

TABLE 2

SEMESTER PLACEMENT OF ALCOHOLISM INSTRUCTION

Semester	Schools					
	A	B	C	D	E	F
Freshman						
First Semester	X	X	X			
Second Semester	X	X		X	X	X
Junior						
First Semester						
Second Semester		X	X			X
Senior						
First Semester	X	X	X	X	X	X
Second Semester			X	X		

to be given in the first year. This instruction is of a patchy sort; alcohol is mentioned in pharmacology as a depressant drug, and in socio-psychology, alcoholism is discussed as a social illness. The limited amount of this instruction given in the junior year may be due to the fact that all of the schools teach maternal-child care during these two semesters and instruction is confined almost entirely to these areas. Since many students have psychiatric nursing and public health nursing in the first semester of the third year, and, these are two courses in which some mention of alcoholism is made, the prevalence of this instruction for these students is understandable.

Nutrition was not listed by any school as an area in which alcoholism was taught, and yet, alcoholism may be considered a causation factor in deficiency disease.

The instructors were asked to state when and why alcoholism instruction was added to their curriculum. This question was included to determine if there was a need for this instruction due to the increased numbers of alcoholics being admitted to the wards; if members of the medical staff suggested this instruction to improve patient care; if instructors were motivated by conferences or by other sources to implement this teaching.

All schools reported that, during the past five years,

there seemed to be an increasing number of alcoholics admitted to the hospital wards. However, these patients are admitted with the diagnosis of gastritis, cirrhosis of the liver, esophagocele, and observation for tuberculosis. In two schools the medical staff suggested alcoholism instruction for all nursing personnel. Four instructors were motivated by conferences and workshops to add alcoholism instruction in their areas of teaching. Table 3 shows the year alcoholism was added to the curriculum and the reason for this addition.

During the interview, a question was asked to determine if instructors had any additional preparation for teaching about alcoholism. All of them said a few instructors had attended conferences on alcoholism, but these instructors are not the ones who are teaching this subject.

Table 4 indicates the areas on which nursing experience with alcoholics is provided for students. Schools A, B, C, D, and F plan experience on the Medical-surgical wards where alcoholics are admitted under another diagnosis. Charge nurses assist instructors with the supervision and with some teaching of students. Schools C and F send their students to the out-patient clinic for one hour of clinical conference when members of the therapeutic team are meeting to discuss specific alcoholics who attend this clinic.

TABLE 3

YEAR AND REASON FOR ADDING ALCOHOLISM INSTRUCTION
TO THE CURRICULUM

Schools	Year	Motivating Factor		
		Admission of Alcoholics	Instructors	Medical Staff
A	1961	X	X	
B	1960	X	X	
C	1958	X		X
D	1959	X		
E	1961	X	X	
F	1959	X		X

TABLE 4

AREAS PROVIDING CLINICAL EXPERIENCE IN ALCOHOLISM

Areas	Schools					
	A	B	C	D	E	F
Medical-Surgical Ward	X	X	X	X		X
Out-Patient Clinic			X			X
Psychiatric Nursing				X		

While all schools report that some alcoholism instruction is given in psychiatric nursing, they said that there is a lack of experience in this area. Only school E reported any experience with alcoholics in psychiatric nursing. This lack of experience may be due to the fact that students may often select their patients and thus opportunities for caring for the alcoholic are lost. Another reason may be that many psychiatric patients are admitted to the hospital with a mental disorder complicated by alcoholism. In this case, the student's role would be geared to the care of a patient with a mental disorder and not to the care of one with alcoholism.

Patient Care Study

The schools were asked if students wrote a patient-care study or if ward clinical conferences on alcoholic patients were conducted. No school requires a patient-care study on alcoholism. School B requires a pharmacology paper in which the addiction to alcohol as a drug is emphasized.

Table 5 shows the personnel, other than instructors, who participate in the care of the alcoholic in hospitals providing experience for students. This information was desired primarily to determine the persons with whom the student would be required to cooperate as a team member.

TABLE 5

PERSONNEL OTHER THAN NURSE INSTRUCTORS
WHO PARTICIPATE IN THE
TREATMENT OF THE ALCOHOLIC IN AREAS
PROVIDING EXPERIENCE FOR STUDENTS

Personnel	Schools					
	A	B	C	D	E	F
Charge Nurse	X	X	X	X		X
General Duty Nurse	X	X	X	X		X
Private Duty Nurse	X	X	X	X		X
Practical Nurse	X	X	X	X		X
Social Worker	X		X	X		X
Private Physician	X	X	X	X		X
Medical Doctor in Clinic	X		X	X		X
Psychiatrist	X	X	X	X	X	X
Clergymen	X	X	X	X	X	X

Preparation of the Charge Nurse

Students in schools A, B, C, D, and F have some experience in caring for alcoholic patients on the medical-surgical wards where supervision and teaching are shared by charge nurses and clinical instructors. The schools were asked if they felt charge nurses needed any additional preparation for the incidental teaching they do, and if an inservice educational program was provided for charge nurses. All interviewees said additional preparation of head nurses for incidental teaching would be helpful. Two schools said their charge nurses might assume a positive attitude rather than a negative one regarding alcoholics if they had additional help in the form of instruction. Students are inclined to take attitudinal cues from charge nurses and further education for the charge nurse might change her attitudes and subsequently, those of the students on her floor.

All hospitals have an inservice education program for their graduate staff. Their programs are concerned with hospital equipment and work-simplification methods; they are not concerned with the preparation of the charge nurse for specific teaching duties.

Participation of Educational Director in Student's Experiences in Alcoholism Instruction

In an attempt to determine whether or not educational

directors were aware of the prevalence of alcoholism instruction and clinical experiences, they were asked if they attended any of the instructor's classes, ward conferences, clinics, or if they observed students in the clinical area. Interviewees from schools C and F reported that they occasionally attend a clinic with students when the therapeutic team in the out-patient department reviews current alcoholics. Other interviewees said they did not participate in any of these experiences.

Table 6 shows the community resources used by the schools to enhance alcoholism instruction. Schools B, C, E, and F encourage their students to attend one meeting of Alcoholics Anonymous. Schools C and F allot one hour for students to discuss this meeting during a class in sociology. Films on some phase of alcoholism may or may not be shown.

ADEQUACY OF NURSE-PATIENT RELATIONSHIP

The nurse educators were asked if they felt their students were able to function adequately in the nurse-patient relationship with alcoholics. All schools felt their students should be able to function in a limited way by applying principles learned for the nursing care of patients with other diagnoses. However, generally, students have

TABLE 6

COMMUNITY RESOURCES USED BY NURSING SCHOOLS
IN TEACHING ALCOHOLISM

Resources	Schools					
	A	B	C	D	E	F
Alcoholics Anonymous Lecture	X				X	
Alcoholics Anonymous Meeting		X	X		X	X
Alcoholism Division- State Department of Health	X			X		
Clergymen		X		X		

mixed attitudes about alcoholism and need close supervision while caring for these patients in order to prevent an emotional climate that may cause hostility in alcoholics.

Summary

The findings of this study are compared with those of Cokely.¹ It should be remembered that Cokely's study was done on a national basis involving eighty-eight schools whereas this study was conducted in Boston and involved only six schools.

1958 Study

The placement of alcoholism instruction in psychiatric nursing exceeded all others with 69 schools, 78.4 per cent, teaching alcoholism in this area in the last half of the junior year or the first half of the senior year.

In 47 schools, 53.4 per cent, alcoholism instruction was included in medical-surgical nursing.

Only 14 schools, 16 per cent, incorporated this subject into public health nursing.

1963 Study

Six schools, 100 per cent, teach alcoholism in psychiatric nursing in the last half of the junior year or first half of the senior year.

In 3 schools, 50 per cent, alcoholism instruction was included in medical-surgical nursing.

In 3 schools, 50 per cent, alcoholism instruction is incorporated into public health nursing.

¹Cokely, loc. cit.

1958 Study

In 18 schools, 20.5 per cent, this instruction was provided in the sociology course.

Only 11 schools, 12.5 per cent, included any instructional in alcohol and its effects in pharmacology.

Instruction in psychology, chemistry, and out-patient is negligible in all schools.

Semester placement of alcoholism instruction was the second semester of the first year and the first semester of the third year.

The total number of hours of formal instruction for each school ranged from 1 hour to 18-20 hours. There were 26 schools which listed no specific hours and 2 schools which definitely stated that alcoholism was not considered in any part of the curriculum. 40 schools, 45 per cent, averaged between 2 to 4 hours of formal instruction.

1963 Study

In 4 schools, 66.6 per cent, this instruction was provided in a socio-psychology course.

Only 2 schools, 33.3 per cent, included any instruction in alcohol and its effects in pharmacology.

Alcoholism instruction is included in socio-psychology in some schools. No school includes the instruction in chemistry. 2 schools provide experience in out-patient.

Same

The total number of hours of formal instruction for each school ranged from 4 to 8. All schools listed hours in some areas and no specific hours in other areas. 6 schools, 100 per cent, averaged approximately between 5-6 hours of instruction.

1958 Study

The person responsible for alcoholism instruction for the most part, was the instructor in the particular subject area in which alcoholism was being studied.

Clinical experience was not a part of the long-range plan. A limited amount of experience was provided during the psychiatric nursing specialty, usually in the last half of the junior or first half of the senior year. In the majority of schools, clinical experience and instruction in alcoholism were presented in the hospital on the arrival of an acutely ill alcoholic. There was no evidence of a planned student experience with alcoholics within the confines of a rehabilitation program.

Only 19 schools mentioned any contact with Alcoholics Anonymous and other community resources.

1963 Study

Same

Clinical experience is not a part of the long-range plan. Some experience is obtained by 5 schools on the medical-surgical wards where alcoholics are admitted under another diagnosis. One school does not assign their students to their segregated ward for alcoholics. Only one school reports that clinical experience is planned in the psychiatric specialty. Two schools send their students to the out-patient clinic for one hour of clinical conference which includes a discussion of a rehabilitation program for alcoholics.

Five schools include Alcoholics Anonymous in their program. Two schools include the Alcoholism Division of the state department of health. Two schools invite the clergymen to participate in their program.

Comments of Interviewees

Some of the comments of the interviewees may be an indication of a turning point from a negative to a positive attitude on the part of nurses toward alcoholism.

When we heard you were planning to visit here, we reviewed our outlines to see what we were teaching on alcoholism, and, we were surprised to find we had not included it in public health nursing.

We thought it was being given in psychiatric nursing, but our students say they don't take care of these patients.

The place for this instruction is in psychiatric nursing. We don't know how to handle these patients.

We have a priest help with this and he's an expert. He has our students interested in attending the Alenteen meetings.

I would like to see this taught as a separate subject. Do you know if any school is doing this?

We don't admit alcoholics with that particular diagnosis, but we surely have a lot of patients with gastritis and liver damage. How does one conduct a student's clinical conference on alcoholism when the diagnosis is something else?

We have loads of alcoholics in our out-patient clinic; I wonder why we don't use this clinic for student experience.

Do you have a bibliography on alcoholism? I'm planning to include more on this subject in medical-surgical nursing next fall.

Our medical-surgical nursing instructors are interested in giving more instruction in alcoholism and seeking out more experience with these patients.

Some of our doctors would like to see instruction on alcoholism given to the general staff nurses.

These comments were offered sincerely and enthusiastically and seem to indicate the school's desire to contribute to the alleviation of this public health problem.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The purpose of this study was to determine the present status of alcoholism instruction for basic professional nursing students in diploma schools of nursing in the Greater Boston area. Six schools of nursing, representing a cross section of various types of hospitals were selected from ten Boston schools that had had representation at an alcoholism conference in 1960. Interviews were held with a member of the faculty in each school using an interview guide consisting of twelve open-end questions with probes.

The chief findings were:

1. There is no written plan for alcohol instruction in any of the schools. What is taught is included in such courses as psychiatric nursing, socio-psychology and medical-surgical nursing.
2. Total instruction about alcoholism ranges from 4 to 8 hours.
3. Only one school offers clinical experience for students during the psychiatric nursing practice.
4. The instructional personnel have had no preparation in nursing of the alcoholic except

through an occasional workshop or conference.

Findings of this study were similar to those of Cokely¹ who did a national survey in 1958.

Conclusions

The hypotheses are well supported by the findings of this study and it may be concluded that:

1. There is a minimum amount of formal instruction in alcoholism in the curriculum of basic schools of nursing.
2. The opportunity for clinical experience is restricted to the incidental occasions when alcoholics are admitted to the hospital under another diagnosis.

Recommendations

The results of this study suggested that these recommendations be made to the faculties of schools of nursing:

1. Determine how, when, and where the student integrates the alcoholism instruction that is given in the various courses.
2. Establish the criteria for adequate nursing care of alcoholics in a general hospital.

¹Cokely, loc. cit.

3. That consideration be given to the inclusion of a unit on alcoholism in medical-surgical nursing.
4. That a study be done to determine available clinical experience for nursing students in the care of the alcoholic.
5. Determine the extent to which students are assigned to patients who have been admitted under a diagnosis other than alcoholism.
6. That a study be done to determine the qualities and attitudes needed by nurses to function effectively on the therapeutic team in the care of the alcoholic.

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APPENDIX

APPENDIX A

Interview Form

Introduction:

I am interested in the instruction, experience and supervision you provide for your students on the nursing care of the alcoholic, and the relationship of the experience to the total educational program.

1. Where is instruction in the nursing care of the alcoholic patient occurs in the curriculum?
2. What level of student receives this instruction?
3. When and under what circumstances was instruction about the care of the alcoholic patient added to the curriculum?

Probe- Was this due to the increased numbers of alcoholics who were admitted to the wards?

Did members of the medical staff suggest alcoholism instruction?

Were instructors motivated by conferences or other sources to implement this teaching?

4. I am interested in the hours, objectives and content of the course you provide for the students.

(Is it possible for me to have a copy to take with me so I may categorize the information at a later time?)

5. Would you tell me the title of the person or persons responsible for alcoholism instruction?

Why was this/these person/persons selected to teach?

Probe- Was this because of any particular preparation to teach this subject?

6. Do your students have an opportunity to care for an alcoholic patient?

If so, where do they obtain this experience?

Why is this area chosen?

Who supervises them?

7. Do your students write a patient care study on the alcoholic?

Probe- If not, is there an opportunity for a planned clinical conference with students and instructors?

8. Are there any other people, within the hospital, who actively participate in the experience that you provide for the students?

Example- doctors, pathologists, social workers,
charge nurses and general staff nurses.

9. Do you feel that the charge nurse needs any particular preparation if she is going to assist the clinical instructor in the teaching of the students caring for alcoholic patients?
(Determine whether not they have an inservice education program for the graduates.)
10. Do you ever have the opportunity to participate in any of the classes or experiences the students have on the care of the alcoholic?

Example- medical-surgical classes, psychiatric nursing classes, ward conferences, observation of student's clinical performance.

11. Are agencies or consultants in the community used as other resources to enhance the learning about the care of the alcoholic?

If so, what is their title, and how are they used?

12. Following the alcoholism instruction and experiences you provide, do you feel that your students are able to function adequately in nurse-patient relationship

with alcoholics on the general hospital ward?

APPENDIX B

APPENDIX B

Agency Letter

Dear Miss _____:

I am a graduate student in nursing education at Boston University. For my master's thesis, I have chosen a study of the problem of alcoholism in an attempt to learn if new concepts in the treatment of the alcoholic in the general hospital is having any influence on the teaching about alcoholism to nursing students in schools of nursing in Boston.

As a part of this study, I have developed a questionnaire which I would like to discuss with your director of nursing education. I estimate the time needed to conduct the interview will be approximately one hour.

Enclosed you will find a card for your response.

Thank you for your kind cooperation.

Sincerely yours,

APPENDIX C

APPENDIX C

Postal Card for Reply

_____ Hospital School of Nursing

will ()

We participate in your study.

will not ()

Your appointment with Miss _____ Title _____

will be on _____ Time _____

Signature