

Clinician Behavioural Intention To Perform Screening And Brief Intervention For Alcohol-Related Injury In The Emergency Department

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Aims and Objectives

In the context of a strong association between alcohol use, injury, and ED presentations*:

- Identify attitudes and beliefs associated with existing emergency department (ED) responses to alcohol-related injury (ARI)
- Determine prevailing facilitators and barriers to adoption of alcohol screening and brief intervention (ASBI) across Australian EDs
- Utilise/test a theoretical framework to understand relationships around current ED practice/response to ARI

*(Cherpitel, 2009; Babor, 2007)

Lack of Routine Response

- Some research has focused on Screening & Brief Intervention (SBI) practices and implementation within Australia, but on a limited scale (Indig, 2009; Freeman, 2007)
- Systematic reviews have shown that attitudes and beliefs towards alcohol-related problems vary (Mahood, 2012; Cooke, 2000)
- ED clinician confidence has been identified as one reason for lack of a standardised response (Jelinek, 2013; Sivakumar, 2011)

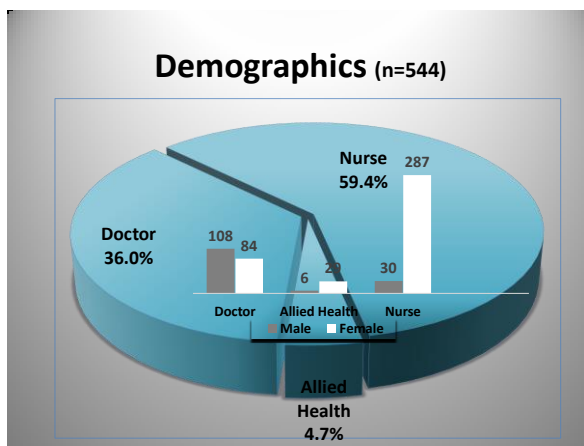
Current Project

- Identified attitudes and beliefs associated with existing ED responses to alcohol-related injury (ARI)
- Theoretical framework used to guide method and conceptualisation
- Mixed methods design: focus groups and survey
- Hypotheses:
 - Clinician attitude/belief towards people who sustain an alcohol-related injury will be directly related to the strength of the intent to intervene

Survey Items Assessed Attitudes Towards Alcohol-Related Injury and Screening & Brief Intervention

1. "Alcohol-related injuries are the result of patients making poor decisions"
2. "I have had bad experiences with ED cases that involved alcohol-related injuries"
3. "Brief interventions are effective for managing alcohol-related issues associated with injury"
4. "The ED is a practical setting to address individual patterns of harmful alcohol consumption"

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree



Demographics (n=543)

	Hospital Location								
	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ
All Professions	12	83	124	8	17	10	179	70	38
Total (%)	2.2	15.3	22.8	1.5	3.1	1.8	33.0	19.2	7.0

$\chi^2(18, n=543) = 26.159, p > .05$ (between professions)
1=PNG 1 Central 1=midcentral DHB

	Hospital Type					
	Metro-Major	Metro-Urban	Regional/Rural	Private	Paediatric (only)	Other
All Professions	268	140	111	5	10	9
Total (%)	49.4	25.8	20.4	0.9	1.8	1.7

$\chi^2(10, n=543) = 24.147, p < .01$ (between professions)
Other=remote/rural

- All states and territories represented

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Alcohol Screening Training

		Alcohol Screening Training			Total
		No	Yes	Don't Know/Recall	
Profession	Nurse	228	51	38	317
	Doctor	117	55	20	192
	Allied Health	23	8	4	35
Total (%)		368(67.6)	114(21.0)	62(11.4)	544

$\chi^2(4, n=544) = 11.476, p < .05$

- Substantial majority of respondents (79%) of respondents reported not having or recalling formal training in alcohol screening
- ~21% reported they did have training

Alcohol Brief Intervention Training

		Alcohol Brief Intervention Training			Total
		No	Yes	Don't Know/Recall	
Profession	Nurse	232	60	25	317
	Doctor	127	41	24	192
	Allied Health	17	17	1	35
Total (%)		376 (69.1)	118 (21.7)	123 (9.2)	544

$\chi^2(4, n=544) = 20.329, p < .01$

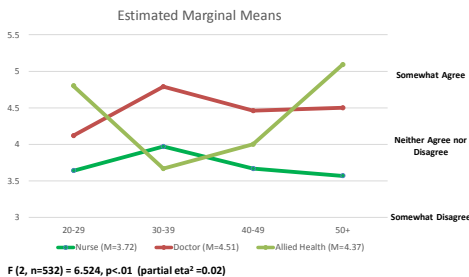
- Similar number (376) reported no formal training in alcohol brief interventions
- Allied Health reported split

Analyses

Dependent Variable	Profession	Mean Difference	Std. Error	Sig.	95% CI		
					Lower	Upper	
The ED is a practical setting to address individual patterns of harmful alcohol consumption ^a	Doctor	Nurse	.788 [*]	.149	.000	.44	1.14
		Allied Health	.139	.300	.889	-.57	.84
	Nurse	Allied Health	-.649	.291	.067	-1.33	.03
Brief interventions are effective for managing alcohol-related issues associated with injury ^b	Doctor	Nurse	.446 [*]	.127	.001	.15	.74
		Allied Health	-.265	.254	.551	-.86	.33
	Nurse	Allied Health	-.711 [*]	.246	.011	-1.29	-.13

^aThe mean difference is significant at the 0.01 level. ^{*}F(2, 541)=39 p<.001 ^bF(2, n=541) = 8.74, p<.001

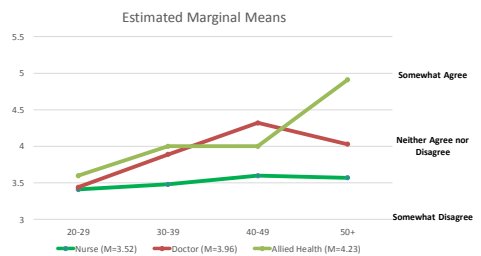
“The ED is a practical setting to address individual patterns of harmful alcohol consumption”



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“Brief Interventions are effective for managing alcohol-related issues associated with injury”



F(2, n=532) = 6.524, p<.01 (partial eta² = 0.02)

Conclusions

- Although there is evidence of SBI efficacy for ARI, ~80% of the ED clinicians in our study have not received or recalled any SBI training
- However, clinicians generally agreed that the ED is a practical setting for addressing alcohol harms
- Staff somewhat agree that it is their role to intervene
- Allied Health generally were more optimistic on the presented measures
- Profession (nurse, doctor, allied health) may have an ongoing relationship with attitudes towards ARI
- Age differences [at this point](#) do not seem as important

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Implications

- Further analyses will build on these findings to specify clinician attributes and environmental factors that may explain differences in attitudes and beliefs
- Intuitively it would seem that more time in role equates to increased optimism and more positive attitudes
- Some may expect less optimism over time
- Current findings have not yet fully supported either idea
- Training and education efforts may need to focus on inherent individual, organisational and cultural beliefs

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