THE PROBLEM OF ALCOHOLISM IN THE RURAL AGGLOMERATION AND TASKS OF PRIMARY HEALTH NURSES

PROBLEM ALKOHOLIZMU W AGLOMERACJI WIEJSKIEJ A ZADANIA PIELĘGNIARKI PODSTAWOWEJ OPIEKI ZDROWOTNEJ

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ABSTRACT

Introduction. Alcohol consumption has a significant impact on physical and mental health of individuals and families; its consequences affect not only people who drink, but also their close ones.
Aim. Showing the problem of alcoholism in the rural area and the role of a family nurse.
Material and methods. The study was conducted on two distinct groups. The first group of 50 people were family nurses who work in rural health centres. The second group of 100 people were nurses' recipients. The research tool was a questionnaire of the authors' own design containing open, semi-open and closed questions.
Results. Among the respondents more often men (n = 31, 86.1%) than women (n = 46, 71.8%) turned to alcohol. Types of alcohol which was mostly consumed by respondents were beer (n = 43, 43%), wine (n = 32, 32%), and less vodka (n = 26, 26%). Family nurses most frequently reacted to alcohol problems by taking preventive actions (62%).
Conclusions. In the rural area men more often than women consume alcohol. Most of the villagers are aware of what alcoholism is, know how they can help the addicted person and know the notion of codependency. To fight alcohol problems of their patients, family nurses take actions to promote health and solve alcohol problems. Nurses also cooperate with other members of the PHC to provide comprehensive care to beneficiaries.

KEYWORDS: alcoholism, family nurse, rural environment, prevention.

STRESZCZENIE

Wstęp. Konsumpcja alkoholu ma istotny wpływ na zdrowie fizyczne i psychiczne zarówno jednostek jak i rodzin, a jej konsekwencje dotyczą nie tylko osób pijących, ale także najbliższych.
Cel. Ukazanie problemu alkoholizmu na wsi z uwzględnieniem roli pielęgniarki rodzinnej.
Materiał i metody. Badania przeprowadzono wśród dwóch odrębnych grup. Pierwszą grupę 50 osób stanowiły pielęgniarki rodzinne, zatrudnione w wiejskich ośrodkach zdrowia. Drugą grupę 100 osób stanowili podopieczni. Narzędziem badawczym był autorski kwestionariusz ankiety zawierający pytania otwarte, półotwarte i zamknięte.
Wyniki. Wśród osób ankietowanych częściej mężczyźni (n = 31, 86,1%) niż kobiety (n = 46, 71,8%) sięgają po alkohol. Rodzajem alkoholu, który najczęściej był spożywany przez respondentów było piwo (n = 43, 43%) oraz wino (n = 32, 32%), w mniejszym stopniu wódka (n = 26, 26%). Pielęgniarki rodzinne wobec problemu alkoholowego najczęściej podejmują czynności w zakresie profilaktyki (62%).
Wnioski. W środowisku wiejskim mężczyźni częściej niż kobiety spożywają alkohol. Większość mieszkańców wsi ma świadomość czym jest choroba alkoholowa, wie jak można pomóc osobie uzależnionej, zna określenie zjawiska współuzależnienia. Wobec problemów alkoholowych swoich podopiecznych pielęgniarki rodzinne podejmują działania na rzecz promocji zdrowia i rozwiązywania problemów alkoholowych oraz współpracują z innymi członkami POZ, co zapewnia kompleksową opiekę świadczeniobiorcom.

SŁOWA KLUCZOWE: alkoholizm, pielęgniarka rodzinna, środowisko wiejskie, profilaktyka.

Introduction

According to the World Health Organisation Report on the health condition of the society, alcohol consumption takes the third position among risk factors to the population's health. Alcohol is responsible for over 9% of total diseases and injury burdens. Over 60 types of diseases and injuries are connected with alcohol. Data of WHO (2005) show that alcohol consumption in the European region is the highest of all areas of the world [1, 2].

Excessive drinking has its negative consequences for physical, mental, social and spiritual functioning of an alcoholic. Alcoholism and alcohol abuse cause a huge number of somatic and mental complaints [3,4]. Development of alcohol use disorders accompanied by a substantial reduction of the professional and social activity as well as dedicating more and more time to acquire alcohol, alcohol intoxication and recovery, impairs considerably playing social roles of: an employee, a family father, a friend, etc. Alcoholism disturbs fulfilling

basic family functions, such as procreation, existential-caring and socialising [5].

Family life with the alcohol problem is usually connected with a lower socio-economic status, chronic stress, restricted possibilities to acquire education and develop a professional career. All Poland studies (CBOS [Centre for Public Opinion Research] – 2004) show that in Poles' opinion one of the barriers hindering getting out of poverty is alcoholism. It takes the fourth place in terms of the indications number, although throughout recent years the rate has been gradually decreasing (from 39% in 1999 to 31% in 2004) [6].

The legal basis for resolving alcohol problems in Poland is an act of 26th Oct. 1982 on education in sobriety and counteracting alcoholism (Journal of Laws of the Republic of Poland of 2002. No. 147, pos. 1231 with further ammendments). This act defines state's policy towards alcohol consumption. It regulates, in a complex manner, issues on prevention and resolving alcohol problems, it appoints tasks in the area and designates entities responsible for implementing these tasks. The act also determines the source of financing the tasks [7, 8].

According to the WHO, approx. 10% patients of primary and family care visit a doctor due to alcohol abuse. Similarly, in case of specialist care a statistically significant rate of patients also use services because of illnesses caused by alcohol abuse. In Poland approx. 20% of patients at ER are people abusing alcohol [8].

The role of primary health care (PHC) in the prevention and resolving alcohol problems in the rural environment includes early recognition of risky and detrimental alcohol consumption by not addicted persons, consequent damage to health and intervening to restrict alcohol consumption, early detection of addiction and directing persons suspected of addiction to consultations in help centres or outpatient treatment centres and providing basic medical services to alcohol dependent persons and to those codependent [9].

A visit at the family doctor's gives the opportunity to educate patients on dangers that risky or detrimental drinking creates [10].

Material and methods

The study participants were 50 family nurses (group I), employed in rural health centres in the Kujawsko-Pomorskie province and a group of their 100 patients (group II). The respondents were residents of rural villages situated in the Kujawsko-Pomorskie province.

The research was anonymous and voluntary, it was conducted in the time period from January to February 2011. The inclusion condition was expressed consent to participate in the study. The researchers requested each patient visiting a doctor at that time to fill in a questionnaire.

The research tool was a questionnaire of the authors' own design with questions: open, semi-open and closed. Open questions gave respondents a complete freedom of answer (without any suggestions), in semi-open questions respondents could choose one of the defined answers or give their own answer to a given topic. Closed questions had pre-composed possible answers. Family nurses employed in the PHC controlled completing questionnaires.

Statistical analysis was done with a nonparametric χ^2 test for the significance level $p<0.05$.

Results

Characteristic of the research group

In the study group (group II) predominated women (n = 64, 64%), persons aged 35-50 (n = 41, 41%), of secondary education (n = 35, 35%) and working persons (n = 68, 68%). The economic status taken into account the vast majority of respondents defined as average. (68%) (**Table 1**).

Table 1. Characteristic of the research group

Demographic data	Research group		Alcohol intake		
	N	%	N	%	Level p
Gender:					
– women	64	64.0	46	71.8	0.0467
– men	36	36.0	32	86.1	
Age (in years):					
– 18–25	29	29.0	22	28.2	
– 26–35	16	16.0	15	19.2	
– 36–50	41	41.0	35	44.8	NS
– 51–70	12	12.0	5	6.4	
– over 71	2	2.0	1	1.3	
Education:					
– primary	17	17.0	11	14.1	
– vocational	24	24.0	17	21.8	NS
– secondary	35	35.0	30	38.5	
– university	24	24.0	20	25.6	
Social status:					
– works	68	68.0	48	61.5	NS
– does not work	32	32.0	30	38.5	
Economic status:					
– high	5	5.0	23	29.5	
– average	63	63.0	36	46.1	NS
– low	24	24.0	13	16.6	
– insufficient	8	8.0	6	7.7	

NS – the difference non-statistically significant

Source: authors' study

Group I were family nurses employed in rural health centres. Mean seniority was 18 years. Secondary education had 80% of nurses, 10% had tertiary education

and 10% had a master degree. Additionally, 48% completed a qualification course and 4% of nurses a specialist training course. The average number of persons in the district supervised by a family nurse was 2461 individuals and this is compliant with the norm that falls within the remit. If alcohol problems in the patients occur, 58% of nurses cooperate with other members of primary health care.

Alcohol intake in group II

Analysis of the distribution of alcohol drinkers by the gender shows that among respondents men more frequently (n = 31, 86.1%) than women (n = 46, 71.8%) drink alcohol. There is a solid relationship between the gender and alcohol intake (p = 0.0467).

Alcohol consumers (n = 78, 78%) were in all age groups, 1/3 of them within the range of 35–50 years. The biggest group were respondents with secondary education (n = 30, 38.5%). Working persons (n = 48, 61.5%) more often consumed alcohol than respondents with no employment (n = 30, 38.5%) (**Table1**).

When analysing the situation in which residents of rural areas reach for alcohol, it was observed that 44% of respondents consumed alcohol during family celebrations, 16% of respondents during organised meetings and 16% consumed alcohol every day (women over 40 g of pure alcohol a day vs. men over 60 g of pure alcohol a day).

The type of alcohol that was most frequently consumed by respondents was beer (n = 43, 43%) and wine (n = 32, 32%), to a lesser extend vodka (n = 26, 26%).

Stress in everyday life

The vast majority of residents of rural areas (91%) admit experiencing stressful situations and necessity to take various actions to reduce stress or relieve it. Over a half of respondents (52%) report that the best method to relieve emotions for them is a conversation with a close person. Only 10% of respondents say they drink alcohol to reduce stress.

The level of knowledge of rural areas residents on alcohol use disorder

The knowledge of alcohol use disorder and detrimental effects of alcohol had 90% (n = 90) of respondents, 64% (n = 64) of respondents knew how they can help a dependant person, 73% (n = 73) knew the notion of co-dependency. The respondents in 45% claimed they had in their family alcohol dependant persons and 73% of respondents noticed the need to help persons with alcohol use disorder in their environment (place of residence, studying, working).

The conducted statistical analysis did not show any statistically significant relationship between education and the level of knowledge of alcohol use disorder (p = 0.2265). However, there is a statistically significant relationship between the level of education and the level of knowledge of the co-dependency phenomenon of (p = 0.0005).

Persons with vocational and university education have greater awareness what a co-dependency is in the alcohol use disorder than respondents with primary and secondary education.

A family nurse facing the alcohol problem of rural residents

When looking into the significance of the work of a family nurse facing the risk of alcohol use disorder in her patients, a few aspects should be taken into consideration. One of them is the level of trust rural population have towards a family nurse, which may decide if the cooperation is going to be a good or the bad one. The conducted studies showed that 79% of individuals trusted their nurse. Whereas, in the opinion of nurses – 47% confirmed they felt the atmosphere of trust in their relations with the patients. Another analysed aspect was the contact of a nurse with her patients. 66% of nurses assessed their contact as good, 16 % as satisfactory and only 1% as bad.

Financial expenses in the PHC in rural areas on alcoholism prevention, both in the opinion of family nurses and their patients, are insufficient (88% and 90%).

In the case of PHC financing specific activities to fight alcoholism, respondents indicated primary prevention (n = 22, 44%) as number one. The use of financial resources on secondary prevention was most frequently indicated as being in the second or third position (n = 16, 32% and n = 17, 34%). Allocation of funds for activities connected with giving support was placed in the second position (n = 16, 32%). Financial help for families with the alcohol problem according to 38% of the respondents (n = 19) took the fourth position.

When assessing the role of a nurse facing alcohol problems in rural environment, her participation in prevention, detection of the alcohol problem and giving support were shown. Analysis of the intensity of individual activities showed that nurses most often took preventive actions – n = 31, 62% (education on changing one's lifestyle through shaping and fixing proper habits and eliminating harmful ones), next detecting alcohol problems – n = 24, 48% (identification of habits or states indicating risk of alcohol use disorder, determining the individual level of risk and possible health consequences for the patient resulting from exposure to harmful agents) and in the third position giving support – n = 24, 48% (financial help to a family, informing patients about the possibility to acquire help) (**Table 2**).

Table 2. Distribution of intensity of family nurses participation in various steps in the process of alcoholism prevention

Stage	I*		II*		III*	
	N	%	N	%	N	%
Prevention	31	62.0	11	22.0	8	16.0
Detection	11	22.0	24	48.0	15	30.0
Providing support	10	20.0	16	32.0	24	48.0

I*, II*, III* – first, second, third position

Source: authors' study

The conducted statistical analysis showed statistically significant relationships between the level of alcoholism risk in the family nurse's district and informing about the possibility to acquire help ($p < 0.05$).

Moreover, statistically significant relationship was showen between the level of alcoholism risk and detection of alcohol problems in a given area ($p = 0.0231$).

In the study, apart from analysis of family nurse's activity other PHC workers' activities were taken into account. In the opinion of nurses, the most often actions taken by the PHC workers to prevent alcoholism were: 1st position – prevention (n = 26, 52%), 2nd position – problem detection (n = 29, 58%), 3rd position – giving support (n = 18, 36%) and 4th position – treatment (n = 25, 50%) (**Table 3**).

Table 3. Distribution of actions taken by the staff of PHC in the fight against alcoholism in the opinion of family nurses

Type of activity	Position							
	I*		II*		III*		IV*	
	N	%	N	%	N	%	N	%
Prevention	26	52.0	7	14.0	6	12.0	11	22.0
Detection	13	26.0	29	58.0	6	12.0	2	4.0
Treatment	5	10.0	3	6.0	17	34.0	25	50.0
Providing support	11	22.0	10	20.0	18	36.0	11	22.0

I*, II*, III*, IV* – first, second, third, fourth position

Source: authors' study

Discussion

The WHO data show that the highest alcohol consumption is in Europe when compared with other regions of the world. One adult European consumes over 11 litres of pure alcohol a year [11]. In Poland the consumption of 100% alcohol is approx. 9 litres for one inhabitant a year [8].

Assuming that in Europe 2–3% adults become addicted to alcohol (i.e. approx. 5% of men and 1% of women), then the number of addicted persons in Poland can be estimated at approx. 700–900 thousands [12].

Addiction is a bio-psycho-social disorder. It causes a number of serious diseases including liver steatosis, hepatitis, cirrhosis, alcohol psychoorganic syndrome, pancreatitis, chronic alcohol psychosis, Wernicki-Korsakoff's syndrome, withdrawal seizures or peripheral polyneuropathy. Addiction disorganizes social life of the affected persons and their families. There is a strong connection between alcohol addiction and unemployment, lower socio-economic status, accidents and interpersonal violence [2]. Alcohol consumption is related to public disturbance, domestic violence and crime [13]. Authors' own research showed that men far more often reached for alcohol than women.

Approx. 14% of Polish men and 4% of Polish women drink alcohol in a risky way: increasing probability of appearing health, mental and social detriments. A group of persons drinking the most (over 12 l of 100% alcohol a year) constitutes 7.3% of all alcoholic drinks consumers and consumes 46.1% of the entire consumed alcohol. A group of persons drinking little (to 1.2l of 100% alcohol a year) constitutes 46.9% of alcohol consumers and consumes only 4.9% of entire consumed alcohol. Such a substantial concentration of consumption creates serious health and social risks [8]. Men drink on average 3 times more alcohol than women. In the group of women the biggest alcohol consumption was found in women aged 18–29, single, with university education, living in towns of 50–500 thousand inhabitants, studying, in independent positions, assessing better their financial situation. In the group of men, the biggest alcohol consumption was found in men aged 30–39, with vocational education, in lower positions, unskilled workers, living in towns of 50–500 thousand inhabitants, divorced, assessing their financial situation worse [8, 14].

Among the rural respondents, approx. a half of people admit to have alcohol dependant persons in their family and 73% of respondents see the need to provide help in problems with alcohol in their environment.

In the group of rural patients approx. 15% of all are treated due to their addiction. Rural patients' participation in rehab is connected with availability of the therapeutic offer but, on the other hand, it depends on the season of the year. More people come to care centres in the first and fourth quarter of the year, i.e. during late autumn and winter than in the spring-summer season. This is undoubtedly connected with the seasonal character of field and farm works. There are more men among the rural patients (88%), the percentage of women in this group is approx. 11% (comparing to 19% of women in the entire studied population) [15].

Both, authors' own studies and GUS (Central Statistical Office) data revealed negative changes in the structure of alcohol consumption. Results of the studies show that in 2002 over a half (50.3%) of entire alcohol consumption was beer and 41% spirits. At present,

the percentage of beer consumption dropped to 44.5, and percentage of spirits increased to 46.9 of the entire alcohol consumed in Poland. Wine consumption has been at a similar level for many years and its participation in the total alcohol consumption is below 9%. (8.6% in 2005 and 8.7% in 2002) [8, 11].

The change in the structure of alcohol consumption that could have been observed for several years in Poland calls for reflection. The reason for concern is the fact that spirits have constituted over 1/3 of the consumption in recent years, and this rate is ever growing. This increase comes mainly at the expense of wine. Beer is approx. 55% of consumed alcohol. The decrease in wine consumption demonstrates that regulation of the excise duty is an important instrument in alcohol policy [8, 9].

The lack of appropriate knowledge among professionals (PHC workers) increases the extent of damage related to the alcohol usage. Programmes of medical studies include, depending on the university, from four to six hours on the addictions topic. This does not guarantee that persons employed in health care will have enough knowledge and competences connected with the early diagnosis and brief intervention in alcohol problems. Contract studies conducted for Państwowa Agencja Rozwiązywania Problemów Alkoholowych (National Agency for Solving Alcohol Problems) in 2005 showed that only 6% of respondents who visited a doctor for consultation throughout the last year were questioned by their doctor about the amount of alcohol and 93% did not hear such a question. Moreover, 2/3 of pregnant women were not warned against consequences of alcohol consumption in pregnancy and approx. 2% were encouraged by their doctor to consume alcohol, e.g. red wine [9].

The analysis of authors' own studies showed that the majority of nurses – 88% and their patients – 90%, supported the increase of alcoholism fight funding. In this, an important role to play is for PARPA (National Agency for Solving Alcohol Problems) which designs Narodowy Program Profilaktyki i Rozwiązywania Problemów Alkoholowych (National Prevention and Alcohol Problems Solving Programme) and decides on funds allocation [14].

Screening and a brief intervention conducted on primary health care patients create a possibility to educate them and provide knowledge of risks of detrimental alcohol consumption. The information about the amount and frequency of alcohol consumption may be a substantial supplement to the diagnosis on the current health condition of patients and it also raises awareness in the doctor-practitioner about the necessity to inform patients about undesirable effects alcohol has on medication and treatment applied [16].

A brief intervention may appear equally effective as much more costly specialist treatment. It is most frequently limited to a few meetings that last from a few minutes to an hour. In case of non-addicts the aim of these meetings is rather to lead to a moderate drinking than to abstinence [17].

The content and the course of a brief intervention depend on severity of alcohol problems of a given patient. Patients should also receive educational-information materials with a recommendation to read them and receive all the information on further proceedings [17, 18].

However, workers of primary health care often report that the diagnosis and advising patients on alcohol consumption cause great difficulty to them. Among the most frequently given reasons for such a state of affairs are: lack of time, insufficient training, fear of the patient's resistance, perceived incompatibility of a brief intervention on alcohol problems with the activity profile of primary health care and a belief that alcohol dependant persons will not be able to react positively to an intervention [19].

The prerequisite to involve beneficiaries of primary health care in alcohol problems solving is support when difficulties appear and securing continuous professional development. To enhance experience and effectiveness of PHC workers in their work on alcohol problems there should be education and training, and also supporting environment present at the workplace; such conditions would better the workers' self-confidence and their dedication in taking actions [10].

Conclusions

1. In rural environment men more often than women consume alcohol.
2. The majority of rural population is aware what the alcohol use disorder is, knows how to help an alcohol dependant person, knows the notion of co-dependency.
3. Family nurses in the face of alcohol problems of their patients take actions to promote health and to resolve alcohol problems and they cooperate with other members of PHC which secures complex care to beneficiaries.

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