

Hospitalized patients are very accepting of nurse-delivered brief alcohol interventions

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The U.S. Joint Commission recently approved new hospital accreditation measures related to alcohol screening, brief intervention, and referral to treatment (SBIRT) for all hospitalized patients. Yet little is known about the effectiveness of brief interventions (BIs) or inpatient acceptability of SBIRT when performed by healthcare professionals other than physicians. A new study has found high hospital-patient acceptability of and comfort with nurse-delivered SBIRT.

Results will be published in the April 2012 issue of *Alcoholism: Clinical & Experimental Research* and are currently available at Early View.

"SBIRT is widely endorsed for identifying and managing unhealthy alcohol use that ranges from hazardous or 'risky' drinking to the more serious alcohol abuse and dependence," explained Lauren M. Broyles, a research health scientist at the VA Pittsburgh Healthcare System, assistant professor of medicine at the University of Pittsburgh, and corresponding author for the study.

"A more recent focus has extended to identification of hazardous drinking – consumption that exceeds guidelines established by the National Institute on Alcohol Abuse and Alcoholism – as more than 14 standard drinks/week or more than four/occasion for men, and more than seven standard drinks/week or more than three/occasion for women and healthy individuals age 65 or older," she said. "Despite [supporting] evidence, recommendations and mandates concerning SBIRT implementation, uptake by healthcare providers in real-world clinical

settings is still relatively limited."

"SBIRT is a brief conversation, about 10 to 15 minutes, about hazardous alcohol consumption," added Deborah S. Finnell, a research nurse scientist at the VA Western New York Healthcare System and associate professor of nursing at the University at Buffalo. "Healthcare team members could easily deliver SBIRT, assuming they are qualified. Since nurses provide 24-hour care in hospitals, nurses are most likely to have contact with patients compared with other healthcare team members, such as [physicians](#) and social workers."

Broyles and her colleagues conducted a cross-sectional survey of 355 (342 males, 13 females) hospitalized medical-surgical patients at a large university-affiliated medical center that is part of the U.S. Department of Veterans Affairs.

Results indicated acceptability for nurse-delivered SBIRT was high. Patient acceptability for eight out of 10 individual nurse-delivered SBIRT tasks was greater than 84 percent. Roughly 20 percent of the patients reported some degree of personal discomfort with the discussions; in general these individuals had a lower belief in their ability to reduce their drinking risk, were older than 60 years of age, had a positive alcohol screening, and were of non-black race.

"We found, in general, that acceptability for nurse-delivered SBIRT tasks was associated with how people perceived their own alcohol-related risks," explained Broyles. "Patients had higher acceptability if they felt that they were able to determine and reduce their own alcohol-related health risks, and if they had expressed concern about their own alcohol use. Conversely, roughly 20 percent of the patients expressed annoyance or embarrassment with the questions while also showing high levels of acceptability. While this might seem contradictory, patients might feel embarrassed or uncomfortable with the topic or discussion

even though they see the discussions as a legitimate, necessary, and acceptable part of the nurse's role."

"This study also highlights the importance of being patient-centered," said Finnell. "Patients are accepting of receiving information from nurses about changing their alcohol use and about self-help groups. Specifically, when patients can make the connection between their alcohol use and health risks, they may be more accepting of having the conversation with the [nurse](#) and continuing that conversation about decreasing the amount of alcohol they consume. Additionally, nurses providing patient-centered care will be sensitive to signs that the patient is uncomfortable during the conversation."

Broyles agreed. "For hazardous drinkers, nurses and other healthcare providers can normalize alcohol screening and BI by drawing analogies, for themselves and their patients, to screening and structured health behavior advice for other health conditions," she said. "Normalizing talk about unhealthy alcohol use and alcohol use disorders in general medical settings, by general medical providers, in general medical encounters in this way may help both providers and patients feel more comfortable."

Finnell said she was not surprised that patients were comfortable with nurse-delivered SBIRT. "I have been amazed at what patients share with me during my interactions with them," she said. "Americans consistently rank nurses 'very high' or 'high' on honesty and ethical standards. The concept of trust is an important element in the nurse-patient relationship."

Both Broyles and Finnell emphasized the need for appropriate training, practice, support, and pragmatic strategies for incorporating alcohol SBIRT into existing clinical practices and routines. "Our findings suggest that once trained in SBIRT and motivational interviewing techniques, providers can proceed with greater confidence in alcohol-related risk

assessment and risk-reduction conversations with patients," said Broyles.

"While this study focused on nurse-delivered SBIRT, the take-home points are highly relevant to other clinicians," added Finnell. "Clinicians who have been asked about barriers to delivering SBIRT report concern about jeopardizing their relationship with the patient. This study shows that patients are accepting of alcohol-related discussions, particularly brief counseling about alcohol, educational materials about changing [alcohol](#) use, and information about [alcohol](#) self-help groups. The findings from this study should alert nurses, physicians, and other health care providers to be prepared to meet the needs of these [patients](#)."

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