The Application of Alcohol Brief Intervention Using the Health Belief Model in Hospitalised Alcohol Use Disorders Patients

Abed El-Rahman Mona, PhD, RN  
Assistant Professor, Faculty of Nursing, Port Said University, Egypt

Al-Kalaldeh Mahmoud, PhD, RN, MSN, CNS  
Assistant Professor, Zarqa University, Jordan

Mahmoud Amal, PhD, RN  
Associate Professor, Faculty of Nursing, Port Said University, Egypt

Shahin Mahmoud, PhD, RN, MSN  
Assistant Professor, Faculty of Nursing, Al-Isra University, Jordan

Correspondence: Abed El-Rahman Mona, PhD RN, Assistant Professor, Faculty of Nursing, Port Said University, Egypt. Postal address: B.O. Box: 132222-13132. E-mail: monayasser@yahoo.com

Abstract

Background: Hazardous alcohol addiction is one of the worldwide problematic issues that entail physical, social, and psychological negative consequences. Health education was found as a key to increase patients' level of awareness of those factors triggering addiction and prohibiting alcohol quitting.

Aim: To examine the effect of implementing a brief alcohol intervention, using the health-belief model, on the perception of susceptibility, severity, benefits, and barriers.

Method: This pre-test post-test interventional study recruited 70 alcohol use disorders patients residing in the addiction centre in Amman-Jordan. The programme consisted of three 30-minutes sessions and included an introduction about alcohol abuse, orientation of the consequences of alcohol addiction, and practices towards promoting self-motivation. Data were collected before and two weeks after the intervention using a questionnaire of 58 items covering all the health-belief model components which were mentioned earlier.

Results: Fifty seven out of 70 patients completed all study phases. After receiving the intervention, patients had improved their knowledge about factors triggering alcohol addiction including stress and tension. They showed better understanding of physical harms caused by addiction such as brain, heart, and liver damaging. Self-awareness of controlling the environmental factors and self-rewarding as attempts for quitting alcohol addiction had also increased. Lack of supportive systems such as families, care providers, and media were viewed as influential factors for quitting alcohol. On overall, perceived severity and benefits had shown a significant improvement after the delivery of intervention while perceived susceptibility and perceived barriers did not change over the study duration.

Conclusion: Brief health education for hospitalised alcoholic patients can increase patients' ability to clustering variables anticipating and triggering alcohol addiction. In addition, it increases self-awareness of factors impending alcohol quitting.

Key Words: Addiction, alcohol, intervention, health-belief model