© UIJIR | ISSN (O) – 2582-6417 JAN 2025 | Vol. 5 Issue 8 www.uijir.com

A STUDY TO ASSESS THE EFFECTIVENESS OF NURSING INTERVENTION ON ENHANCING SELF MOTIVATION TO MAINTAIN ABSTINENCE, IN ALCOHOL DEPENDENT CONSTRUCTION WORKERS IN SELECTED CONSTRUCTION SITES AT BHARATPUR

Author's Name: Kamlesh Saini1

Affiliation:

1. Assistant Professor, NIMS Nursing College, NIMS University Jaipur, Rajasthan, India.

Corresponding Author Name & E-mail: Kamlesh Saini, overdosewithkamlesh@gmail.com

ABSTRACT

Alcohol dependence is a major health problem in every society, and in both developed and developing countries. It is usually referred to as the third most serious public health problem. Alcohol is a dangerous drug, which has been domesticated by traditions that predate history. It is intimate with our social life. It is the ravening wolf that became our pet dog, a dear and useful pet, with values as food, as medicament, as euphoriant, as soothing syrup and consoler, even as helper and protector, alcohol is too agreeable a dangerous drug for people to be willing to give it up. The mean post-test motivational scores regarding self motivation to maintain abstinence in alcohol dependent construction workers was significantly higher than the pre-test knowledge scores among alcohol dependent construction workers after providing self motivational package through nursing intervention. Pre-test motivational score was related Pre-contemplation 52.40%, Contemplation 46.40%, Action 50%, Maintenance 46%, Readiness 48%, and motivation 50.8%. Post-test score of Pre-contemplation 69.6%, Contemplation 67.2%, Action 66.8%, Maintenance 65.2%, Readiness 66%, and Motivation 66.4%. The increase in the post test score was signifies the effectiveness of nursing interventional package. There was a significant difference in the mean scores between pre-test and post-test in relation to improving the motivational score of the alcohol dependent construction workers regarding maintaining abstinence from alcohol.

Keywords: Nursing intervention, Self-motivation, Abstinence, Alcohol dependence, Construction workers

135



© UIJIR | ISSN (O) – 2582-6417 JAN 2025 | Vol. 5 Issue 8 www.uijir.com

INTRODUCTION

Alcohol has been discovered and used by practically every culture in the world. This practice has invariably produced problems of alcohol misuse. Edwards and Gross introduced the concept of alcohol dependence syndrome as a cluster of core psycho physiological symptoms principally centered on a drive to consume alcohol. The concept had a tremendous influence in the field of alcohol studies it was included by the world health organization as one of the components of alcohol related disabilities. The alcohol dependence syndrome is considered as process, distinct from other alcohol related problems such as social, legal, work or health problems and this was accepted by all international classificatory systems. Excessive drinking by one or more family members result in several negative consequences of others in the family, especially for the wife and children of a male drinker. These effects are particularly serious for poor families. As has been mentioned above, much of the family income may be used to buy alcohol, wages may decline, and the drinker may eventually lose his job. In such situation the wife and children are forced into work, often in low paid, hazardous jobs. Children may be unable to continue their schooling and may also suffer from nutritional deficiencies because there is not enough to eat at home. Wife and child battering are common, which lead to physical and mental trauma. Failure of the man to use contraceptive methods often leads to unwanted pregnancies, further increasing family size. These factors contribute towards greater poverty, often to the point of destitution. Alcohol dependence is a major health problem in every society, and in both developed and developing countries. It is usually referred to as the third most serious public health problem. Alcohol is a dangerous drug, which has been domesticated by traditions that predate history. It is intimate with our social life. It is the ravening wolf that became our pet dog, a dear and useful pet, with values as food, as medicament, as euphoriant, as soothing syrup and consoler, even as helper and protector, alcohol is too agreeable a dangerous drug for people to be willing to give it up.

RESEARCH METHODOLOGY

The research methodology refers to the principles and ideas on which researchers bases their procedures and strategies. Methodology is the most important part of any research study which enables the researcher to form the blueprint for the study undertaken.

Research Approach

Research approach indicates the procedure for conducting the study. In order to accomplish the objectives of the study a quasi experimental study was adopted.

Research Design

Quasi-experimental, Pre-experimental group pre- and post-test design with the help of URICA SCALE on alcohol dependent construction workers.



© UIJIR | ISSN (O) – 2582-6417 JAN 2025 | Vol. 5 Issue 8 www.uijir.com

Variables

- 1. Independent variables Self motivation enhancing technique.
- 2. Dependent variables A change in level of self motivation.
- 3. Demographic variables Age, Sex, Religion, Education, Marital status, type of family, duration of work, income, history of alcoholism in the family, duration of drinking alcohol.

Setting of the Study: The setting for the present study was selected construction workers in selected construction sites at Bharatpur.

Population: All the alcohol dependent construction workers present at construction sites at Bharatpur,

Sample and Sampling Technique: In this study, 50 alcohol dependent workers at construction sites at Bharatpur, during the period of data collection was the sample for the study. A representative sample was selected by using purposive sampling technique from the population of all the alcohol dependent workers present at construction sites at Bharatpur.

Sample Size: 50 alcohol dependent workers at construction sites at Bharatpur, during the period of data collection was the sample for the study.

Data Collection Tools and Techniques:

Based on the research problem and objective of the study the following steps were under taken to select and develop the data collection tool.

a. Selection of the tool

The researcher used self administered URICA scale questionnaire, a standardized research tool used for motivational change assessment. It was considered to be the most appropriate instrument to assess the motivational change from the respondents.

b. Development of the tool.

Self administered URICA scale questionnaire was selected to assess the self motivational level in the alcohol dependent workers.

The tool was developed

- After reviewing the related literature
- Based on the consultation with the subject experts

c. Description of the tool

URICA, a standardized scale for assessment of motivation level in alcohol dependent workers was used for the study.

137



© UIJIR | ISSN (O) – 2582-6417 JAN 2025 | Vol. 5 Issue 8 www.uijir.com

DOI No. – 08.2020-25662434

It is motivational scale consisting of 30 items. It has four sub scales to measure the stages of change. Pre contemplation, Contemplation. Action and Maintenance, Motivation

The tool was organized in two sections

Section – A: Socio-demographic data

It Consist of 9 items such as Age, Sex, Religion, Type of family, Education, Income, Marital status, History of alcoholism in the family, Duration of drinking alcohol. The details of the socio-demographic data are given in annexure F.

Section – B: URICA scale questionnaire

In this questionnaire, each statement describes how a person might feel when starting therapy, it indicates the extent to which a person tends to agree or disagree with each statement. It is a Likert type scale.

There are five possible responses to each of the items in the questionnaire, strongly disagree = 1, disagree = 2, undecided = 3, agree = 4 and strongly agree = 5. The respondent is required to encircle the number denoting the response of his choice.

This section has 30 items with five 6 – item subscales. The URICA is a self-report measure that includes four subscales that measures the stages of change: pre contemplation, contemplation, action and maintenance, readiness, motivation.

RESULTS:

Major findings are summarized as follows: -

Section-I

Frequency and percentage distribution of socio demographic variables

Demographi	Demographic variables		
	21-25 yrs	5	10%
Age	26 -30 yrs	20	40%
1-50	31- 35 yrs	16	32%
	36-40 yrs	9	18%
Sex	Male	45	90%
	Female	5	10%
	Hindu	28	56%
Religion	Muslim	14	28%
Kenglon	others	8	16%
	Illiterate	15	30%
	Primary	16	32%
Educational status	Secondary	18	36%
	Graduate	1	2%
	Others	0	0%

© UIJIR | ISSN (O) – 2582-6417 JAN 2025 | Vol. 5 Issue 8 www.uijir.com

DOI No. - 08.2020-25662434

	Below Rs.5000/-	21	42%
Socio economic status	Rs.5000/- to 10000/-	23	46%
	Above Rs.10000/-	6	12%
	Single	8	16%
Marital status	Married	33	66%
TVICTIVE SUCCES	Divorce	7	14%
	Separate	2	4%
	Nuclear family	28	56%
Types of family	Joint	8	16%
	Extended Family	14	28%
History of alcoholism in	Yes	29	58%
the family	No	21	42%
	1-5 years	33	66%
Duration of drinking	6-10 years	8	16%
alcohol (in years)	11-15 years	7	14%
	16 years and above	2	4%

Most of the samples 20 (40%) are between the ages of 26-30 years, males are 33 (66%) and majority of them are secondary studied 18 (36%), most of sample economic status for Rs.5000-10,000/- (46%), 66% of them are married. In religion 28(56%) workers are Hindu. Most of them belong to nuclear family 28 (56%), history of alcohol in family are 29 (58%), duration of drinking 33% are 1-5 year.

Section – II

Percentage of different aspects (domains) of the pre-test level of motivation in maintaining abstinence from alcohol among the alcohol dependent construction workers.

		Min-Max	Total	Knowled	lge score
Domain	No. of questions	score	score	Mean score	%
Pre-contemplation	5	1-25	655	13.10	52.40%
Contemplation	5 1-25 58		580	11.60	46.40%
Action	5	1-25	625	12.50	50%
Maintenance	5	1-25	575	11.50	46%
Readiness	eadiness 5		600	12.00	48%
Motivation	5	1-25	635	12.70	50.8%



© UIJIR | ISSN (O) – 2582-6417 JAN 2025 | Vol. 5 Issue 8 www.uijir.com

Total score	30		48.93%

Table shows that they are having pre-test motivational level related Pre-contemplation (52.40%), Contemplation (46.40%), Action (50%), Maintenance (46%), Readiness (48%), and motivation (50.8%).

Section - III

Total pre-test level of motivation in maintaining abstinence from alcohol among the alcohol dependent construction workers.

Strongly Disagree	9	18%
Disagree	9	18%
Undecided	14	28%
Agree	10	20%
Strongly Agree	8	16%

Table shows that 18% of the workers are strongly disagree, 18% of the workers are disagree 28% of the workers are undecided, 20% of the workers are agree, and 16% of the workers are strongly agree regarding maintaining abstinence from alcohol. It shows bar diagram depicting pre-test percentage of worker's motivational level regarding maintaining abstinence from alcohol.

Section-IV

Comparison of mean scores between pre-test and post-test for maintaining abstinence from alcohol among the alcohol dependent construction workers. (Sub section wise).

Component	Observation	Mean	Mean	S.D.	S.D.	't'	Significance
_			Differenc		(d)	value	
Pre-	Pre-test	13.10		3.04			Significant
contemplation	Post-test	17.40	4.30	3.20	0.1602	6.72	P<0.05
contemplation	Pre-test	11.60	5.20	2.81	1.0311	7.56	Significant



© UIJIR | ISSN (O) – 2582-6417 JAN 2025 | Vol. 5 Issue 8 www.uijir.com

	Post-test	16.80		3.84			P<0.05
Maintenance	Pre-test	12.50		2.78			Significant
1viaintenance	Post-test	16.70	4.20	3.48	0.7021	6.60	P<0.05
Action	Pre-test	11.50		2.67			Significant
Action	Post-test	16.30	4.80	3.00	0.3386	8.36	P<0.05
Readiness	Pre-test	12.00		3.03			Significant
Readifiess	Post-test	16.50	4.50	3.42	0.3931	6.90	P<0.05
Motivation	Pre-test	12.70		2.80			Significant
Wionvation	Post-test	16.60	3.90	3.50	0.7012	6.08	P<0.05

The Table depicts that the pre-contemplation pre- test mean score was 13.10 and post- test mean score was 17.40, SDd=0.1602, t=6.72. The contemplation pre-test mean score was 11.60 and post-test mean score was 16.80, SDd=1.0311, t=7.56. The maintenance pre-test mean score was 12.50 and post- test mean score was 16.70, SDd=0.7021, t=6.60. The action pre-test mean score was 11.50 and post- test mean score was 16.30, SD=0.3386, t=8.36. The readiness pre-test mean score was 12.00 and post- test mean score was 16.50, SDd=0.3931, t=6.90. The motivation pre-test mean score was 12.70 and post- test mean score was 316.60, pre-test SDd=0.7012, t=6.08. Therefore H_1 is accepted.

Section V
Association between pre-intervention test knowledge and demographic variables of construction workers regarding maintaining abstinence from alcohol

Dem	ographic	Level of Knowledge Chi					Level of Knowledge					Chi-	Signifi
	riables	Strongly disagree	Disagree	Un decided	Ü	strongly agree	Square Value	cance					
	21-25 yrs	1	1	0	0	3	Df=12	Not					
Age	26 -30 yrs	1	0	2	5	12	$X^2 = 18.5$	Signifi					
Age	31- 35 yrs	3	4	1	0	8	5	cant					
	36-40 yrs	1	0	3	0	5	P=21.03	Cant					
	Male	2	16	3	5	19	Df=4	Signifi					
Sex	Female	0	0	2	2	1	X ² =10.2 4	cant					

© UIJIR | ISSN (O) – 2582-6417 JAN 2025 | Vol. 5 Issue 8 www.uijir.com

DOI No. - 08.2020-25662434

							P=9.49	
	Hindu	7	4	8	2	7	Df=8	Not
Religion	Muslim	2	0	3	7	2	$X^2=13.8$	Signifi
	others	2	1	0	2	3	0 P=15.51	cant
Educati	Illiterate	2	0	2	2	9	Df=12	
onal	Primary	2	4	0	3	7	$X^2=22.3$	Signifi
status	Secondary	2	0	7	4	5	1	cant
status	Graduate	0	0	0	1	0	P=21.03	
	Below Rs.5000/-	6	2	1	3	9	Df 0	
Socio - economi c status	Rs.5000/- to 10000/-	4	6	3	5	5	Df=8 X ² =10.6 7	Not Significant
	Above Rs.10000/	1	2	0	3	0	P=15.51	
	Single	4	2	0	1	1	Df=12	
Marital	Married	4	5	15	7	2	$X^2=21.7$	Signif
status	Divorce	2	0	1	1	3	9	cant
	Separate	0	0	0	1	1	P=21.03	
	Nuclear	3	5	9	8	3	Df=8	NT. 4
Types of	Joint	2	1	1	2	2	$X^2=10.5$	Not
family	Extended	4	0	1	4	5	1 P=15.51	Signif cant
family	Yes	5	4	6	1	13	Df=4	Not
Historyo f alcohol	No	2	3	5	6	5	X ² =4.56 P=9.49	Signif cant
Duratio	1-5 years	3	2	8	3	17		
n of	6-10 years	2	0	2	2	2	Df=12	NT = 4
drinking alcohol	11- 15years	2	2	0	2	1	$X^2=17.4$	Not Signif
(in years)	16 years above	1	0	0	1	0	P=21.03	cant



© UIJIR | ISSN (O) – 2582-6417 JAN 2025 | Vol. 5 Issue 8 www.uijir.com

Table shows that in alcohol dependent construction workers, educational status, occupational status, and religion of family are closely associated with their level of knowledge.

DISCUSSIONS & CONCLUSIONS

The present study was conducted to assess the effectiveness of nursing intervention on enhancing self-motivation to maintenance abstinence in alcohol dependent workers in a selected construction site at Bharatpur. In order to achieve the objectives of the study a quasi-experimental study approach was adopted. Purposive sampling technique was used to select the sample. The data was collected from 50 alcohol dependent construction workers.

The overall analysis of the level of motivation shows that all the participants had the increases level of motivation to maintain abstinence from alcohol consumption.

The mean post-test motivational scores regarding self motivation to maintain abstinence in alcohol dependent construction workers was significantly higher than the pre-test knowledge scores among alcohol dependent construction workers after providing self motivational package through nursing intervention. Pre-test motivational score was related Pre-contemplation 52.40%, Contemplation 46.40%, Action 50%, Maintenance 46%, Readiness 48%, and motivation 50.8%. Post-test score of Pre-contemplation 69.6%, Contemplation 67.2%, Action 66.8%, Maintenance 65.2%, Readiness 66%, and Motivation 66.4%. The increase in the post test score was signifies the effectiveness of nursing interventional package.

There was a significant difference in the mean scores between pre-test and post-test in relation to improving the motivational score of the alcohol dependent construction workers regarding maintaining abstinence from alcohol.

Financial Support and Sponsorship: No

Conflict of Interest: There are no conflicts of interest

REFERENCES

- 1. Channabasavanna, Youth and drug abuse. Indian journal psychiatry, Delhi: 1985;27():277-8.
- 2. David J. Alcoholism and treatment. New York: John Wiley and sons; 1978:47.
- 3. Declemente, C.C, and Hughes, S.O stages of change profiles in alcoholism treatment, Journal of substance abuse, 1990; 2:217-235.
- 4. Desilva HJ, a two year follow up study of alcohol dependent men rehabilitate at a special unit in a developing country. British journal of addiction.87 (10):409-14.
- 5. Donald LG, Gerhart S. Outpatient treatment of Alcoholism. Alcoholism and drug addiction research foundation of Ontario. Ontario: 1969:130.
- 6. Editorial in the Times of India, June 26, 1999.

143



© UIJIR | ISSN (O) – 2582-6417 JAN 2025 | Vol. 5 Issue 8 www.uijir.com

- 7. Elal, slade and Dewey. Predictors of outcome type in treated problem drinkers. Journal-stud-alcohol; 1986:47(1):41-7.
- 8. ICD-10 classification of mental and behavioural disorders. Geneva: W.H.O publication, Oxford University press; 1994:75-6.
- 9. Isenchart EE, Van Krevelen S. Relationship between readiness for and process of change in a sample of alcohol dependent males. Journal of substance abuse; 1998:10(2):175-84.
- 10. Jiloha RC. Letter to the Editor. British Journal of Addiction, 1991; 86:103-5.
- 11. Joanne R. Dennis MD. Relapse prevention in alcoholism after care: attendance. British Journal of addiction; 83: 171 81.
- 12. Joe WG, Simpson D. Effects of readiness for drug abuse treatment on client retention and assessment of process. Addiction, 1998:93(8):177-1190.
- 13. Joyee HL, Substance Abuse. 2nd ed. Maryland: Williams and Wilkins; 1992:25.
- 14. King MP, Tucker JA Natural resolution of alcohol problems without treatment. Addictive behaviour; 1991:537-41.
- 15. Klingemann KH, the motivation for charge from problem alcohol and heroin use: British journal of addiction; 1991; 86:727-744.
- 16. Kothari CR. Research methodology methods and techniques. New Delhi, Viswa Prakasan Publishers, 1996:187.
- 17. Kozier, Barbara and Erb Gleonara. Fundamentals of Nursing. Philadelphia: Mosby publishing company;1987:116-30
- 18. Kuppuswammy B, An introduction to social psychology Bombay. Media promoters and publishers pvt. Ltd; 1990:182.
- 19. Kuruvilla K, The prevention of alcohol related problems. Indian Journal of psychiatry; 33(1): 3-10.
- 20. Linda JB, Philip EB. Individual characteristics Gender differences and prop out from alcoholism treatment; year book of psychiatry and applied mental health: Mosbey Year book medical publishers Inc; 1988: 383.
- 21. Madeleine C, Occupational risk factors in alcoholism British journal of addiction; 1990:85:1611-14.
- 22. Mallika S. An assessment of motivation among relapsed and abstinent alcohol dependent individuals. Unpublished MSc. Nsg. Dissertation, NIMHANS, Bangalore. 1997; 21-46.