An analysis of attitudes, values and beliefs

Aims and objectives:

- To understand the meaning of attitudes, values and beliefs
- To understand the difference between these terms
- To analyse why these constructs are important in clinical practice
- To show by an example how these constructs are related to our clinical practice

Definitions:

- Construct: An exploratory concept not directly observable but inferred from observable events

Beliefs:

- Assumptions about the probability that an object exists, possesses certain characteristics, and relates in specific ways to other objects (Sheibe, 1970)
- **Belief** is usually defined as a conviction to the truth of a proposition without its verification, therefore it is a subjective mental interpretation of the perception results, own contemplation/reasoning or communication.
- People believe in messages, causes, ideas, efficacy, love, persons and intentions, as well as, in many other plausible or not plausible events, such as ... horoscopes and hags.
- In the **psychological** sense, belief is a representational mental state that takes the form of a propositional attitude.
- Beliefs are sometimes divided into *core beliefs* (those which you may be actively thinking about) and *dispositional beliefs* (those which you may ascribe to but have never previously thought about). For example, if asked 'do you believe tigers wear pink pyjamas ?' a person might answer that they do not, despite the fact they may never have thought about this situation before.
- In the **religious** sense, "belief" refers to a part of a wider spiritual or moral foundation, generally called faith;

Values:

- A person’s beliefs tell us what he thinks is true, wheresas a person’s values tell us what he desires to be true
- Whilst beliefs are laregely cognitive in nature (i.e. related to thinking, knowing and understanding), values are largely affective in nature (i.e. related to emotions and feelings)
- Principles, standards or qualities considered worthwhile or desirable by the person who holds them.
- Abstract ideas about what a society believes to be good, right, and desirable.
- Those qualities of behavior, thought, and character that society regards as being intrinsically good, having desirable results, and worthy of emulation by others.
- Assumptions, convictions, or beliefs about the manner in which people should behave and the principles that should govern behavior.

- Main characteristics of values:
  - Values are developed early in life and are very resistant to change. Values develop out of our direct experiences with people who are important to us, particularly our parents. Values rise not out of what people tell us, but as a result how they behave toward us and others.
  - Values define what is intrinsically right and what is wrong. Notice that values do not involve external, outside standards to tell right or wrong; rather, wrong, good or bad are intrinsic.
  - Values themselves cannot be proved correct or incorrect, valid or invalid, right or wrong. If a statement can be proven true or false, then it cannot be a value. Values tell what we should believe, regardless of any evidence or lack thereof.
- Six categories of values:
  - **Ethics** (good - bad, virtue - vice, moral - immoral - amoral, right - wrong, permissible - impermissible)
  - **Aesthetics** (beautiful, ugly, unbalanced, pleasing)
  - **Doctrinal** (political, ideological, religious or social beliefs and values)
  - **Innate** (inborn values such as reproduction and survival, a controversial category)
  - **Non-use/passive** - includes the value based on something never used or seen, or something left for the next generation.
  - **Potential/option** - the value of something that's known to be only potentially valuable, such as a plant that might be found to have medicinal value in the future.

Attitudes:

- An internal state that influence the choices of personal action made by an individual (Gagne', 1977)
- Attitudes are positive or negative views of an "attitude object": i.e. a person, behaviour or event. People can also be "ambivalent" towards a target, meaning that they simultaneously possess a positive and a negative attitude.
- The nature of attitudes (**The ABC model**) : Three different aspects
  - **The cognitive component:** is linked to a person's beliefs
  - **The affective (emotional) component:** is linked to a person's values
  - **The behavioural component:** is the verbal indication of the intention of an individual
    - The link between attitude and behaviour exists but depends on attitude relevance, personality , social constraints and timing of measurenment.
    - Several things play a role for an attitude to cause a behavior.
      - Example 1: A person may have a positive attitude towards blood donation but not go to a blood bank to donate blood.
      - Example 2: A person may hold an anti-pollution attitude but yet drive to work daily.

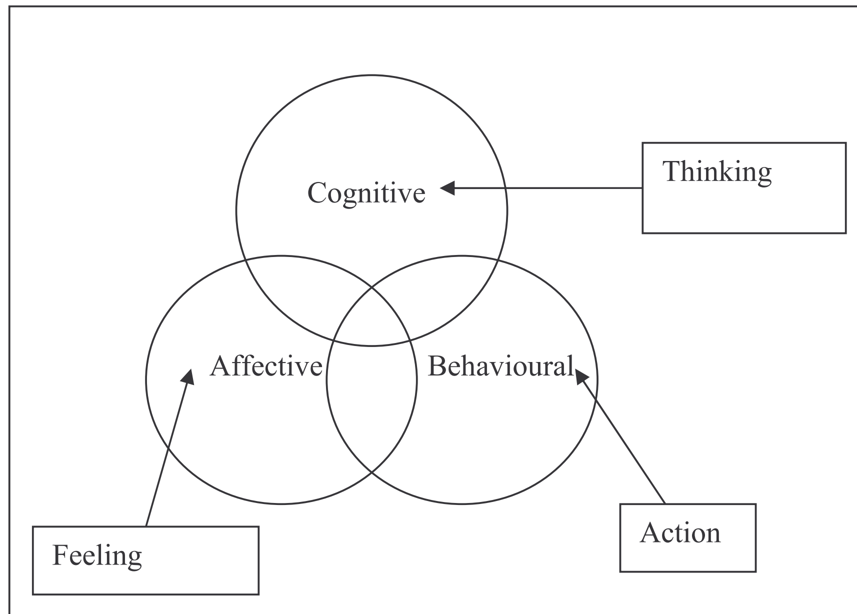

Table 1: The ABC model

- **Implicit and explicit attitudes:**
  - "Implicit" attitudes are unconscious but have effects (identified through sophisticated experiments using people's response times to stimuli).
  - "Explicit" attitudes (i.e. ones people report when they ask themselves how much they like an object)
  - They tend not to be strongly associated with each other, although in some cases they are. The relationship between them is poorly understood.
  - (Examples)

- **Attitude formation**
  - **Direct contact:**
    - Direct contact with the attittitude object can be strongly influential in the formation of attitudes.
      - E.g. If a nurse had a negative experience when in contact with a particulat group of patients (e.g. mental health, drug abusers, prisoners), this may effect the care given to subequent patients to whom she might come in contact. (other examples)
  - **Interaction with others:**
    - Interaction with others, especially people who are held in high red (e.g. fellow senior colleague) is potentially a strong influence on attitude development.
      - E.g. If the ward manager has a positive attitude towards patient-allocation as a system of delivering care, it is likely that other colleagues in the ward will have the same positive attitude.

- **Group membership:**
  - Schacter (1951) demonstrated the effect of group membership on attitude formation
    - When a deviant was introduced with a different attitude from the group, the group tried to change his attitude to those of the group. If the deviant complied he was accepted by the group, if no he was excluded.
    - E.g. The impact of a new member of staff on the ward whose attitudes towards leadership are at variance with those held by the majority of the clinical staff.
- **Child bearing:**
  - Parental influence is very powerful in the formulation of attitudes.
    - Eg. If parents belong to the same political party, the chances are theat the offspring will eventually support the same party. (other examples)
- **Mass media:**
  - E.g. patients and clients may come to departments with attitudes to nurses which have been shaped by television programmes.
- **Chance conditioning:**
  - People often develop strong attitudes toward localities, places, objects or groups of people on the basis of one ot two unsually good or bad experience.
    - Eg. Nurses can develop strong attitudes to different specialities in nursing based on either good or bad experiences during their allocation.

- **Attitude change:**
  - Unlike personality. attitudes are expected to change as a function of experience.
  - Attitudes can be changed through persuasion. The celebrated work of Carl Hovland, at Yale University in the 1950s and 1960s, helped to advance knowledge of persuasion. In Hovland's view, we should understand attitude change as a response to communication. He and his colleagues did experimental research into the factors that can affect the persuasiveness of a message:
    - **Target Characteristics**:
      - These are characteristics that refer to the person who receives and processes a message. One such is intelligence - it seems that more intelligent people are less easily persuaded by one-sided messages.
      - Another variable that has been studied in this category is self esteem. Although it is sometimes thought that those higher in self-esteem are less easily persuaded, there is some evidence that the relationship between self-esteem and persuasibility is actually curvilinear, with people of moderate self-esteem being more easily

persuaded than both those of high and low self-esteem levels (Rhodes & Woods, 1992).
        - The mind frame and mood of the target also plays a role in this process.
    - **Source Characteristics**:
        - The major source characteristics are expertise, trustworthiness and attractiveness. The credibility of a perceived message has been found to be a key variable here (Hovland & Weiss, 1951); if one reads a report on health and believes it comes from a professional medical journal, one may be more easily persuaded than if one believes it is from a popular newspaper.
    - **Message Characteristics**:
        - The nature of the message plays a role in persuasion. Sometimes presenting both sides of a story is useful to help change attitudes.
    - **Cognitive Routes**:
        - A message can appeal to an individual's cognitive evaluation to help change an attitude.
            - In the *central route* to persuasion the individual is presented with the data and motivated to evaluate the data and arrive at an attitude changing conclusion.
            - In the *peripheral route* to attitude change, the individual is encouraged to not look at the content but at the source. This is commonly seen in modern advertisements that feature celebrities. In some cases, doctors and experts are used. In other cases film stars are used for their attractiveness

- **Why is it important to know about one's own attitudes, values and beliefs and that of our patients?**
    - Inappropriate attitudes can influence the delivery of our care for example by being judgemental or moralisitic, ageistic etc.
    - Nurses should be aware of the context of the situation and how different groups may have different attitudes towards the same belief or value. Eg. Mental health problems or homosexuality may be acceptible for part some Maltese but may still be considered at taboo for others.

Example: Nurses' attitude towards patients (The Sunday Times, 17th September 2006)

As inferred from the article (ie. As perceived by the patient)

- **What were the nurses' :**
  - **attitudes towards the patient**
  - **beliefs about the patient**
  - **values that the patient wished they had?**

Nurses' attitudes: Negative

Nurses' beliefs: A nuisance, unwelcome, extra

Nurses' values: Tenderness, kindness, warmth, friendliness, compassion, consideration, respect etc.

- **What were the nurses':**
  - **Attitudes towards the situation**
  - **beliefs about the situation**

Nurses' attitudes: Ambivalent

Nurses's beliefs: Nothing can be done, unable to change

- **How do you think did the patient's experience changed her attitude and beliefs towards nursing care at SLH?**

From a postive attitude to a negative one. Now a sense of 'loss' from believing that nursing was 'tender loving care'

- **After her experience, what do you think can be done to change the patient's attitude towards nursing care at SLH?**

Very little. Perhaps a positive experience at SLH may show her that not all has 'vanished'