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RESEARCH ARTICLE (ORIGINAL)

Health Professionals' Attitudes and Perceptions Toward Alcohol Through a Matrix Support Approach

Atitudes e Perceções dos Profissionais de Saúde em Relação ao Álcool através de Apoio Matricial

Actitudes y Percepciones de Los Profesionales Sanitarios Hacia El Alcohol A Través Del Apoyo Matricial

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Abstract

Background: Alcohol consumption is a global public health issue that affects both adults and young people. It is one of the leading causes of preventable death and disability worldwide.
Objective: To analyze mental health professionals' attitudes and perceptions toward alcohol users through a workshop designed to train these professionals in matrix support for alcohol-related care.
Methodology: A cross-sectional study was conducted during three workshops following the constructivist model. Forty-five professionals from public healthcare services for populations with harmful alcohol use participated in the study. The *Escala de Atitudes Face ao Álcool, Alcoolismo e Alcoolista* (Attitudes toward Alcohol, Alcoholism and People with Alcohol-related Disorders Scale) and sociodemographic data were used.
Results: Positive attitudes were observed in the theoretical domains, work relationships, and contact with users. Negative attitudes were observed regarding alcohol use and its etiology.
Conclusion: The professionals' attitudes were not associated with their sociodemographic variables. Additionally, the participants' training and awareness provided them with the skills and positive attitudes necessary for effectively caring for alcohol users.

Keywords: mental health services; alcohol-related disorders; healthcare workers; mental health

Resumo

Enquadramento: O consumo de bebidas alcoólicas é um problema de saúde pública que afeta adultos e jovens globalmente, sendo uma das principais causas de morte e de perturbações evitáveis no mundo.
Objetivo: Analisar a atitude e as perceções dos profissionais de saúde mental sobre as pessoas consumidoras de álcool através de um *workshop* para qualificação do apoio matricial em álcool.
Metodologia: Estudo transversal realizado em três workshops, seguindo modelo construtivista, com 45 profissionais dos serviços públicos de cuidados de saúde da população em uso problemático de álcool, utilizando o instrumento Escala de Atitudes Face ao Álcool, Alcoolismo e Alcoolista e dados sociodemográficos.
Resultados: Observaram-se atitudes positivas nos domínios teóricos, nas relações de trabalho e face ao contacto com o utente, e negativas em relação ao uso do álcool e à sua etiologia.
Conclusão: As atitudes dos profissionais não estão associadas às suas variáveis sociodemográficas, ademais a capacitação e sensibilização dos participantes proporcionam o desenvolvimento de competências e atitudes positivas para uma atuação eficaz no atendimento oferecido aos utilizadores de álcool.

Palavras-chave: serviços de saúde mental; transtornos relacionados ao uso de álcool; profissionais de saúde; saúde mental

Resumen

Marco contextual: El consumo de bebidas alcohólicas es un problema de salud pública que afecta a adultos y jóvenes en todo el mundo, y es una de las principales causas de muerte y trastornos evitables en el mundo.
Objetivo: Analizar la actitud y las percepciones de los profesionales de la salud mental sobre las personas que consumen alcohol mediante un taller para la cualificación del apoyo matricial en materia de alcohol.
Metodología: Estudio transversal realizado en tres talleres, siguiendo un modelo constructivista, con 45 profesionales de los servicios públicos de atención sanitaria a la población con consumo problemático de alcohol, en el que se utilizó el instrumento *Escala de Atitudes Face ao Álcool, Alcoolismo e Alcoolista* (Escala de Actitudes hacia el Alcohol, el Alcoholismo y los Alcohólicos) y datos sociodemográficos.
Resultados: Se observaron actitudes positivas en los ámbitos teóricos, en las relaciones laborales y en el contacto con el usuario, y actitudes negativas en relación con el consumo de alcohol y su etiología.
Conclusión: Las actitudes de los profesionales no están asociadas a sus variables sociodemográficas; además, la capacitación y la sensibilización de los participantes propician el desarrollo de competencias y actitudes positivas para una actuación eficaz en la atención prestada a los consumidores de alcohol.

Palabras clave: servicios de salud mental; trastornos relacionados con el alcohol; profesionales de la salud; salud mental

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Introduction

Alcohol consumption is a public health problem that affects adults and young people worldwide. Despite evidence linking alcohol use to more than 200 health conditions, consumption levels remain high. Alcohol is one of the leading causes of preventable death and disability and requires substantial resources from healthcare systems (Ministério da Saúde, 2023).

According to the World Health Organization (2024), 2.6 million deaths per year can be attributed to alcohol consumption, representing 4.7% of all deaths, drawing attention to the fact that most of these deaths, 2 million, are due to alcohol.

In addition, mental and behavioral disorders associated with the chemical and physical dependence on alcohol contribute to high morbidity, mortality, and disability resulting from its harmful use (Morais et al., 2024).

Harmful alcohol consumption can also affect others, causing major social, economic, and health problems resulting from diseases, injuries, and other conditions, as well as their effects on individuals (Ministério da Saúde, 2023).

Reducing the burden caused by harmful alcohol use and contributing to the development of more inclusive public policies are therefore potentially relevant strategies for addressing harmful alcohol consumption (Magela et al., 2023).

In view of the above, this study aimed to analyze mental health professionals' attitudes and perceptions toward alcohol users through a workshop designed to provide training in matrix support for alcohol-related care.

Background

Mental disorders and substance dependencies pose challenges to the Brazilian National Health System and the mental health prevention and promotion networks. There are many constraints to the development of public policies because it requires social and economic transformations based on inclusive models centered on individuals, territories, and human rights (Araújo & Torrenté, 2023).

The Psychosocial Care Network (*Rede de Atenção Psicossocial*, RAPS) aims to create, expand, and coordinate healthcare services that provide safe, effective, and humane care to individuals experiencing mental distress or mental disorders, as well as those with needs arising from the harmful use and dependence on psychoactive substances (Portaria n° 3088/2011 do Ministério da Saúde).

Network professionals have essential tools at their disposal, such as welcoming practices, relationship-building, therapeutic listening, and comprehensive care. These tools are fundamental for treating individuals experiencing psychological distress and those affected by harmful alcohol consumption (Gusmão et al., 2024).

Some healthcare professionals exhibit negative attitudes that hinder the recognition of alcohol-related problems. Nonetheless, technical and relational training promotes continuous changes in these attitudes, thereby improving the care and follow-up of these patients (Seabra et al., 2025).

Research questions

What attitudes do healthcare professionals exhibit when interacting with alcohol users? How can a matrix support workshop for alcohol-related care improve healthcare professionals' perceptions of alcohol users?

Methodology

A cross-sectional study was conducted in a public healthcare service in a major municipality in the state of Tocantins, Brazil. In this city, the RAPS currently includes 16 Basic Health Units (UBS), 34 Family Health Strategy (ESF) teams – resulting in a 70% coverage in primary health care (PHC) – and two Psychosocial Care Centers (CAPS): one general CAPS type I and one CAPS AD III (alcohol and other drugs).

Study participants were intentionally selected based on the relationship between CAPS AD III, which addresses the health demands of individuals with harmful alcohol and other drug use, and the three UBS least coordinated with CAPS AD III regarding matrix support. One UBS was chosen from each geographic region (north, south, and center) to maximize PHC professional representation. Those invited to participate in the survey were provided with a telephone number and a link to register for three workshops. Participants included physicians, nurses, nursing technicians, community health agents, and other professionals from the selected units. A total of 59 individuals were invited from an approximate pool of 500 PHC professionals.

Inclusion criteria: being a permanent or contracted employee at the selected UBS and CAPS AD III, having worked for at least six months, availability to participate in the research, and having signed the Informed Consent Form.

Exclusion criteria: not participating in any workshop, missing two of the three workshops, taking any type of leave during data collection, failing to perform the activities proposed during meetings, or having less than six months of service at the unit.

This study was approved by the Ethics Committee of the proposing institution, under Opinion No. 5.082.013 (CAAE: 52622521.3.0000.5411).

Data were collected through three hybrid workshops, each lasting three hours, held in February 2022. This timeframe allowed for the presentation of all necessary content for the study's objectives without disrupting the functioning of the units. The workshops used a problematizing methodology based on the Constructivist Spiral (CS) framework (Lima, 2017), designed from curricula that use active educational technologies.

Participants were divided into two groups—morning and afternoon—so the units could continue operating during the workshop sessions. While part of the team attended the meetings, the remaining staff remained on duty.

Due to the COVID-19 pandemic, data collection occurred in a hybrid format, which posed challenges to carrying out the workshop activities and aligning them with the CS framework (Lima, 2017).

The workshop activities addressed a triggering situation related to alcohol consumption and aimed to identify the problem, formulate explanations, and develop hypotheses. Using the CS framework, participants identified the problem, formulated explanations, developed questions, sought new information, built new meanings, and evaluated both the process and the products. Each aspect was explored through verbatim explanation and the development of a case study by the participants. The workshops were evaluated at the end of each meeting.

At the beginning of the first workshop, a sociodemographic questionnaire on training and work in the health field was administered to identify the participants. The *Escala de Atitudes Face ao Álcool, Alcoolismo e Alcoolista* (EAFAAA, Attitudes Scale on Alcohol, Alcoholism, and Persons with alcohol use disorders) was administered at this time and again at the end of the third meeting to assess participants' attitudes toward alcohol, alcoholism, and individuals with alcohol use disorders.

The Brazilian version of the EAFAAA, validated and adapted, demonstrates satisfactory reliability and measures key factors related to health professionals' attitudes: moral, disease, causal, professional, and human factors (Vargas, 2011).

Sociodemographic questions collected general information such as age, sex, marital status, religion, ethnicity, education level, profession, length of service, length of time working at the unit, and type of employment relationship.

The EAFAAA consists of 50 items distributed across four factors: Factor 1 "Work and interpersonal relationships with people with alcohol consumption disorders" (21 items), Factor 2 "People with alcohol consumption disorders" (9 items), Factor 3 "Alcohol consumption disorders (etiology)" (11 items), and Factor 4 "Alcoholic beverages and their consumption" (9 items; Vargas, 2011).

Items are scored on a five-point Likert scale: 1 - *strongly disagree*; 2 - *disagree*; 3 - *indifferent*; 4 - *agree*; 5 - *strongly agree*.

The total score is calculates as the mean of the sum of all items. The same process was used for each factor. Points were assigned to the evaluation categories as follows: 1 or 2 points for unfavorable responses, 3 points for intermediate responses, and 4 or 5 points for favorable responses. Given that 75% of the EAFAAA items are predominantly negative, scoring was performed using inverted values. Higher scores indicate more positive attitudes.

Data obtained through participation in workshop activities and discussions was documented through field notes and video recordings of the sessions. The CS framework (Lima, 2017) guided the implementation of the workshops. Quantitative data were analyzed using measures of central tendency (mean and median) and dispersion (range and standard deviation) to characterize the sample and the EAFAAA results.

A *p*-value of less than or equal to 0.05 was considered statistically significant for assessing associations between variables. Univariate and multiple regression models were used to verify the association between outcomes. Statistical analyses were performed using SAS software, version 9.

Results

Of the 59 individuals invited, 45 participated in the study. Losses were distributed as follows: five did not attend any meetings, three missed two meetings, four were on leave, and two had less than six months of service (exclusion). Among the 45 participants, most were women (82.2%, n = 37), married (55.8%, n = 24), Catholic (54.8%, n = 23), and aged between 23 and 59 years, with a mean age of 40 years (Table 1).

Regarding education, 42.2% (n = 19) had a higher education and/or postgraduate degree, while 57.8% (n = 26) had completed secondary education or less (Table 1).

Community health workers represented the largest professional category (51.1%; n = 23), followed by nurses (20%, n = 9) and nursing technicians (13.3%, n = 6). Other professional categories were also represented, as shown in Table 1.

Table 1

Sociodemographic and education/training of participants (n = 45)

Variables		*N*	%
Gender	Female	37	82.2
	Male	8	17.8
Marital status	With a partner	25	55.8
	Without a partner	20	44.2
Religion	Catholic	25	54.8
	Evangelical	18	40.5
	Spiritism	2	4.8
Substance use	No	40	88.9
	Yes	5	11.1
Employment relationship	Permanent	29	64.4
	Contracted	16	35.6
Education level	Higher education or above	19	44.2
	Below higher education	26	57.8
Professional category	Nurse	9	20.0
	Nursing technician	6	13.3
	Physician	1	2.2
	Physical therapist	1	2.2
	Community Health Agent	23	51.1
	Psychologist	2	4.4
	Receptionist	3	6.7
RAPS	UBS A	13	28.9
	UBS B	10	22.2
	UBS C	16	35.6
	CAPS AD III	6	13.3

Note. *N* = Number of participants; % = Percentage.

The length of service in PHC ranged from 2 to 26 years, with a mean of 9.24 years, and time working in the same coverage area also ranged from 2 to 26 years, with a mean of 7.56 years.

In the first workshop, the topic was "Who is Psica?" Participants identified and shared their preconceived notions about alcohol users. They then reflected on how these representations are constructed and explored the professional tools that are present or lacking when providing care to frequent alcohol users. The workshop concluded with the administration of the sociodemographic questionnaire and the EAFAAA.

In the second workshop, participants reflected on approaches to alcohol users through everyday work scenarios. The workshop focused on communication and relationship-building skills in the initial contact with these individuals.

In the third workshop, after reflecting on the relational dimension of teamwork, the EAFAAA was administered a second time to identify changes after the three workshops. The scale was administered twice to assess professionals' attitudes before and after the workshops. Based on the total score, each participant's score differed by 0.04 between the two applications (Table 2), indicating only a slight change in attitudes toward alcohol and its users. Thirteen participants did not complete the final administration of the scale because they attended only the first two workshops and did not participate in the third, an aspect that should be considered when interpreting the quantitative results.

According to Table 2, Factor 1 showed a difference of 0.09 in each participant's score, indicating that professionals generally exhibited intermediate attitudes, with a slight positive change after participating in the matrix support workshops.

For Factor 2, the difference of 0.07 also indicated a positive change in attitudes due to the support provided during the workshops.

Factor 3 showed a difference of -0.02 in each participant's score between the pre- and post-workshop assessments, suggesting negative attitudes and indicating that the workshops were insufficient to influence participants' attitudes.

Considering the pre- and post- workshop assessments, Factor 4 showed a difference of -0.05 in each participant's score. This factor measures the relationship with alcohol users and reflects the challenges professionals face in maintaining this professional relationship.

It should be noted that this was a cross-sectional study rather than an intervention study, a distinction that must be considered when analyzing the small variations observed across the pre- and post-workshop measurements.

Table 2

Professionals' attitudes based on the EAFAAA factors (n = 45)

	Factors		Pre (*n* = 45)	Post (*n* = 32)	Df (*n* = 32)
Factor 1	Work and interpersonal relationships with people with alcohol consumption disorders	Mean	2.66	2.68	0.09
		Median	2.65	2.68	0.05
		Standard deviation	0.54	0.53	0.78
		Minimum	1.70	1.60	- 1.50
		Maximum	3.85	4.20	- 1.90
Factor 2	People with alcohol consumption disorders	Mean	2.58	2.61	0.07
		Median	2.60	2.50	- 0.05
		Standard deviation	0.67	0.75	1.08
		Minimum	1.10	1.10	- 2.30
		Maximum	4.40	4.30	2.00
Factor 3	Alcohol consumption disorders (etiology)	Mean	2.96	2.86	- 0.02
		Median	3.09	3.18	0.05
		Standard deviation	0.82	0.98	1.25
		Minimum	0.00	0.45	- 3.09
		Maximum	4.18	4.00	3.36
Factor 4	Alcoholic beverages and their consumption	Mean	2.88	2.93	- 0.05
		Median	2.89	2.83	- 0.11
		Standard deviation	0.81	0.82	1.16
		Minimum	0.00	1.56	- 2.33
		Maximum	4.33	4.56	2.56
Total		Mean	2.75	2.75	0.04
		Median	2.70	2.75	0.08
		Standard deviation	0.44	0.46	0.62
		Minimum	1.50	1.66	- 1.50
		Maximum	3.88	3.76	1.32

Note. Pre = First administration of the scale; Post = Second administration of the scale; *n* = Number of participants; *Df* = Difference.

Discussion

The findings of this study are consistent with previous research indicating that health professionals' views are laden with social prejudice and stigma that hinder the provision of care (Cazalis et al., 2023).

Another study involving 609 Brazilian PHC professionals also reported the presence of stigma, moralization, and negative judgment (Jorge et al., 2017).

The literature emphasizes the importance of professional training aimed at changing attitudes toward alcohol users. A study of 471 Portuguese health professionals using the EAFAAA found that a combination of academic education and ongoing in-service training, along with recognizing alcohol-related problems in daily practice, contributes to more positive attitudes toward alcohol consumption and associated problems (Seabra et al., 2025).

During the workshops, participants had the opportunity to change their perspectives, which helped reduce prejudice toward the cases under their care. This was a relevant strategy for establishing longitudinal relationships among professionals. It also provided a space for discussing issues related to the deconstruction of prejudiced and medicalizing practices that are not exclusively focused on the biomedical model (Pinheiro et al., 2023).

The workshops demonstrated that professional practices can be modified. One positive outcome was the incorporation of multidisciplinary consultations, reflecting a shift in health professionals' perspectives by incorporating teamwork into their planning for the care of alcohol users.

The activities developed during the workshops were aligned with the six movements of the CS methodology: identifying problems, formulating explanations, developing questions, searching for new information, building new meanings, and evaluating process and products.

In terms of positive aspects, the CS movements were thoroughly discussed in each of the three sessions, each of which proposed interdependent learning objectives with a specific approach. In other words, each meeting provided a new opportunity to address the identified problem.

The CS movements were carried out at several moments throughout the three meetings and were consistent with the methodological framework. Therefore, the reflections and products generated during the workshops depended on the quality of participants' engagement.

Upon analyzing the results, it became clear that negative

perceptions toward individuals with alcohol-related problems are difficult to transform through directive or traditional educational strategies. This conclusion is supported by the absence of significant differences in the EAFAAA scores, which showed slight changes in professional attitudes measured immediately after the workshops.

This study also revealed the potential for participants to acquire knowledge as active agents in the planning, interpretation, and creation of meaningful outcomes. This requires a constant presence in the investigated environment and the conscious and systematic sharing of activities (Costa et al., 2024).

Thus, the weaknesses exposed in care delivery and management reinforce the importance of high-quality relationships between facilitators and participants. The theoretical and methodological foundations of the CS framework reject the notion of specialized, academic knowledge and emphasize the value of horizontal relationships in which participants and facilitators learn from one another through dialogue, reflection, and discussion during the CS movements.

This study faced difficulties in detecting the effects of workshop participation on professional practice and healthcare delivery. Applying the EAFAAA at the end of the workshops was insufficient to demonstrate these effects. Future studies should focus on addressing these knowledge gaps.

Conclusion

Matrix support workshops fostered positive attitudes toward alcohol users in the theoretical domains, work relationships, and contact with alcohol users. However, negative attitudes persisted regarding alcohol use and its etiology. This can be attributed to social prejudices and stigmas reinforced by biomedical models, which perpetuate the perception that all alcohol users are criminals. This perception directly affects professional practice and contributes to the social marginalization of alcohol users. These results were not explained by the participants' sociodemographic variables, as no associations were found between these variables and the professionals' attitudes. The workshops were essential for promoting training and raising awareness about the importance of providing support and care to alcohol users, as professional training aims to change attitudes toward these individuals.

Although the study was conducted with health professionals in a municipality in the state of Tocantins, the theoretical foundation of transferability allows the findings to be generalized to other contexts with similar meanings and characteristics.

Thesis/Dissertation

This article is derived from the dissertation entitled "Oficinas para qualificação do apoio matricial em álcool e outras drogas na rede de atenção psicossocial", presented at the São Paulo State University Júlio de Mesquita Filho, in 2023.

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