

The WAGER, Vol 6(28) - Health Care Providers and the Problem Gambler

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A recent edition of the WAGER addressed the role general practitioners play in the prevention, diagnosis, and treatment of problem (i.e., level 2) gambling in New Zealand (Sullivan et. al, 2000). Christensen, Patsdaughter, and Babington (2001) recently investigated the awareness of problem gambling among American health care providers.

Researchers distributed surveys to health care providers (i.e., physicians, registered nurses, advanced practice nurses, and social workers) at professional conferences and practice settings (e.g., ambulatory care, acute care, and private practice); the respondents provided information anonymously. There were 180 participants who answered the following questions¹ : 1) Have you read or heard about problem gambling? 2) If yes, where did you get the information? 3) How many clients have told you about a gambling problem? 4) How many times have you asked a client about a gambling problem? 5) How many clients did you identify as having a gambling problem? 6) What did you do for those clients you identified as having a gambling problem? 7) How interested are you in learning more about problem gambling (Christensen, Patsdaughter, and Babington, 2001)?

Ninety-six percent of survey respondents had read or heard about problem gambling (Christensen, Patsdaughter, & Babington, 2001). Almost one quarter of respondents reported that clients had told them about a gambling problem. Moreover, thirty percent of the research participants claimed to have asked clients about gambling problems; approximately thirty-six percent of respondents identified a gambling problem among their clients. Referral to counseling was the most frequently reported intervention for gambling problems (27.5%). Gamblers Anonymous and counseling the client were less frequently reported intervention strategies (20.2% and 20.2% respectively), followed by referral to other gambling resources (3.9%).

No statistically significant differences exist among different health care provider groups and their interest in learning about problem gambling (Christensen,

Patsdaughter, & Babington, 2001). However, physicians and social workers were more likely than registered and advanced practice nurses to ask about and identify gambling problems. Furthermore, "interest in learning more about problem gambling was significantly correlated with whether or not the provider had been told of the gambling problem by a client..., whether or not the provider had asked client(s) about a gambling problem..., and whether or not the provider ever identified a gambling problem in the client(s). . ." (Christensen, Patsdaughter, & Babington, 2001, pp.75-76). Table 1 illustrates the means through which some American health care providers obtain information about problem gambling.

Table 1. Sources of information about problem gambling*

Source of Information	N	%**
Popular media	147	85.5
Professional journal	52	30.2
Graduate school	24	14.0
Continuing education	13	7.6
Other (i.e., clients, friends, Internet, associations, personal experiences)	15	8.7

*From Christensen, Patsdaughter, and Babington (p. 76, 2001)

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Christensen, Patsdaughter, and Babington (2001) have provided some insight into the extent of awareness about problem gambling among American health care providers. However, the applicability of the researchers' data to all American health care providers remains uncertain. The research sample is small. Moreover, different health care provider participants are unequally represented. Furthermore, the data might not be entirely valid. While a user-friendly survey instrument might be convenient for survey respondents, such an instrument might sacrifice precision for response speed and ease of data collection. Indeed, Christensen, Patsdaughter, and Babington (2001) admit that their methodology ". . . allowed health care providers to fill out the survey during the course of a busy day, but raised issues of reliability and validity since identity of the respondents was not confirmed" (2001, pp. 76-77). Further, WAGER readers must always remember that respondents do not always do in practice what they say they do on a survey.

Nevertheless, Christensen, Patsdaughter, and Babington (2001) have inspired future research on the awareness of problem gambling among American health

care providers. Perhaps geographical proximity to gambling opportunities (i.e., casinos, horse tracks, and riverboats) dictates whether certain health care providers address gambling disorder issues with their patients and clients. Additional scientific research in the United States and abroad can begin to clarify these issues.

1 The survey administered by Christensen, Patsdaughter, and Babington (2001) contains more questions than those presented strictly for the purposes of this WAGER.

References

Christensen, M. H., Patsdaughter, C. A., & Babington, L. M. (2001). Health care providers' experiences with problem gamblers. *Journal of Gambling Studies*, 17(1), 71-79.

Sullivan, S., Arroll, B., Coster, G., Abbott, M., & Adams, P. (2000). Problem gamblers: do GP's want to intervene? *New Zealand Medical Journal*, 113(1111), 204-207.

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