

research snapshot

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The Gambling and Gambling Problem Perception Questionnaire as a measure of clinicians' attitudes towards people with gambling problems

What this research is about

In Japan, the prevalence rate of problem gambling in the past 12 months is around 2.2%. Gambling participation rate is lower in Japan than in other Asian countries and many Western countries. This may be partly because of the negative images of gambling and of people who gamble in the Japanese culture. Many people hesitate to disclose their gambling problems and seek treatment. General healthcare professionals may encounter people who suffer from gambling problems in their routine practice. Thus, it is important for them to have adequate knowledge about gambling and problem gambling.

The aim of this study was to develop and evaluate a measure of healthcare professionals' attitudes towards people with gambling problems—the Gambling and Gambling Problem Perception Questionnaire (GGPPQ). Additionally, the researchers assessed the influence of a workshop aiming to improve healthcare professionals' knowledge of and attitudes towards problem gambling.

What the researchers did

The researchers developed the GGPPQ based on the Drug and Drug Problems Perception Questionnaire. The original format of 20 questions rated on a 7-point Likert scale was retained. The wordings were revised to ask about gambling and problem gambling instead of drug use. One question about physical effects was revised to ask about financial effects. The GGPPQ was reviewed and translated into English.

The researchers sent an email to all 69 Mental Health and Welfare Centres in Japan. The email was an invitation to the workshop along with information about this research. The workshop was targeted to

What you need to know

The aim of this study was to develop and evaluate the Gambling and Gambling Problem Perception Questionnaire (GGPPQ) as a measure of healthcare professionals' attitudes towards people with gambling problems. The researchers held 12 workshops targeted at healthcare professionals who consult people with gambling problems in Japan. Participants completed the GGPPQ and other questionnaires before the workshop. The researchers found that the GGPPQ was associated with participants' self-ratings of their knowledge of and confidence in supporting people with gambling problems. The GGPPQ was also associated with frequency of consulting people with gambling problems and past experience of attending workshops on problem gambling. These results suggest that the GGPPQ is a valid measure of healthcare professionals' attitudes.

clinicians who consult people with gambling problems or have a plan to do so in the near future.

The researchers held 12 workshops from December 2017 to January 2022. Before the workshop, participants completed the GGPPQ and six questions related to knowledge of gambling and gambling problems. Participants also self-rated their knowledge of and confidence in supporting people with gambling problems. Some participants were also asked about their years of practice and frequency of consulting people with gambling problems, and past experience of attending workshops/lectures on problem gambling. After the workshop, participants completed the GGPPQ and rated the usefulness of the workshop.

What the researchers found

A total of 663 participants attended the 12 workshops. Among them, 653 participants completed the GGPPQ. Their data were used in this study. The majority were nurses (30.8%) or social workers (31.9%). The rest were clinical psychologists (18.8%), medical doctors (7.5%), and professionals holding other licenses (9.2%) or no particular licence (8.0%).

A total of 189 participants rated the usefulness of the workshop. They agreed that the workshop was useful (88.9%) or somewhat useful (11.1%). Participants scored higher on the GGPPQ after the workshop compared to before. Therefore, the workshop had a positive influence on the participants' attitudes.

The researchers found that the GGPPQ questions could be described by five underlying factors, except for three questions. As a result, these three questions were excluded. The five factors included the following: (1) "role adequacy", which reflected knowledge about gambling and gambling problems; (2) "role support", which reflected the clinician being able to find someone to support them in their role; (3) "role-related self-esteem", which reflected confidence in the ability to help people with gambling problems; (4) "emotional response", which reflected respect for and comfort working with people with gambling problems; and (5) "job satisfaction" from working people with gambling problems.

The GGPPQ showed good internal consistency; participants who scored higher on one question also scored higher on the other questions. Scores on the GGPPQ were not associated with knowledge about gambling and problem gambling. However, participants who scored higher on the GGPPQ, particularly on role adequacy and role-related self-esteem, rated themselves as having more knowledge and were more confident in their ability to support people with gambling problems.

Participants who had experience consulting people with gambling problems scored higher on the GGPPQ than those with no such experience. Those who had past experience of attending workshops/lectures also scored higher on the GGPPQ. In addition, participants

with more years of practice scored somewhat higher on the GGPPQ.

How you can use this research

The results suggest that the GGPPQ is a valid measure of healthcare professionals' attitudes towards people with gambling problems. The GGPPQ could be used to collect cross-cultural data to inform the development of training programmes for healthcare professionals.

About the researchers

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Citation

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