

An Exploratory Study of Bar and Nightclub Expectancies

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Abstract. Objective: The authors identified the principal components of bar and nightclub expectancy in college students and the associations between these factors and the risk behavior of nightclubbing. **Participants:** A total of 4,384 undergraduates enrolled at a large, public university participated. **Methods:** In the first phase (July–September 2007), the authors collected preliminary data from a convenience sample. In the second phase (March 2008), the authors collected data from a separate probability sample. **Results:** A principal components analysis revealed 4 reliable and distinct expectancy factors. Regression analyses revealed that after adjusting for the effects of alcohol and demographic variables, expectancies explained a significant proportion of variance in bar/nightclub attendance. Different expectancy profiles distinguished high-frequency nightclubbers from the most common bar attendance practice and nonmonogamous nightclubbers from monogamous nightclubbers. **Conclusions:** From a developmental perspective, nightclubbing appears to assist young adults with establishing and maintaining social networks, romantic and sexual relationships, and collegiate acculturation.

Keywords: alcohol, bar, college students, nightclub, outcome expectancy

In recent years, health promotion specialists have advanced the concept of “nightclub health.”¹ This conceptualization is aligned with the priorities set forth in the *Jakarta Declaration on Leading Health Promotion into the 21st Century*, which advances the need to establish infrastructures for health promotion that focus on critical

health settings.² The range of health threats found in bars and nightclubs extend beyond excessive drinking and include poly-drug use, passive smoke inhalation, dehydration and hyperthermia, fire, damage to hearing, sexually transmitted infections, unwanted pregnancy, acute injuries from fights and falls, and impaired driving after exiting drinking establishments.¹ Thus, from a public health and safety perspective, “nightclubbing” is a form of risk-taking behavior.

Previous research has documented the risks and harmful outcomes resulting from frequenting bars and nightclubs in various countries. For instance, in a sample of patients using emergency services after attending nightclubs in Liverpool, England, assault accounted for the most emergency department visits (57% of patients), and lacerations were the most common injury, with alcohol being cited as the most frequent contributory factor to these injuries.³ These findings corroborate field observations from bars and nightclubs in Glasgow, Scotland, where it was found that striking another patron with glassware was common in physical altercations.⁴ The United States is not isolated from these incidents of alcohol-related crime, as alcohol consumption at bars and nightclubs plays an important role in the sexual assault and violence experienced by American college students.^{5,6} Several studies have also documented that combining alcohol and other drug use is prevalent among bar and nightclub attendees in Australia,⁷ England,^{3,8} Spain,⁹ and the United States.¹⁰ Alcohol- and/or drug-impaired driving and riding with impaired drivers upon exiting bars and nightclubs also appear to be frequent occurrences.^{7,10}

Missing from the research literature are analyses of young adults’ motivations for exposing themselves to the risks of bars and nightclubs. One rather obvious motivation is anticipated intoxication from alcohol. However, recent field studies conducted in a college bar district found that

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about 25% of exiting patrons have relatively low breath alcohol concentrations (BrACs; $< .05$) late at night (after 10:00 PM), suggesting that other reasons may be involved in frequenting bars and nightclubs.^{10–12} Young adults may have multiple motivations for going to bars and nightclubs beyond merely getting drunk, such as watching sporting events, hanging out with friends, or seeking romantic partners. These anticipated outcomes may at least partially explain the variable risks associated with nightclubbing.

For some time, the outcome expectancy construct described by social cognitive theory has been used to predict and explain risk-taking behavior, including drinking behavior and other drug use.¹³ Outcome expectancies have been defined as the “anticipation of a systematic relationship between events or objects in some upcoming situation.”¹⁴ The construction implies an *if-then* relationship between an action and an anticipated outcome (ie, reinforcement/punishment). Social cognitive theory contends that human behavior is, in part, initiated and maintained by the anticipated outcomes of engaging in a particular behavior. Expectancies may be learned by observing others and the outcomes they experience. These models may be proximal to the individual (eg, a peer) or distal (eg, media advertising). Social cognitive theory predicts that the stronger the anticipated reinforcement, the greater the likelihood that a particular behavior will occur and be maintained by an individual. The construct has been applied to explanations of alcohol use,¹⁴ cigarette smoking,¹⁵ marijuana and cocaine use,¹⁶ body weight reduction practices,¹⁷ and other risk-taking behaviors.¹⁸ The purpose of our study was to examine the expectancies associated with nightclubbing in the college student population.

Despite the risks associated with attending bars and nightclubs, these establishments are popular social destinations among young adults. For example, in a national probability sample of American college students ($N = 17,592$), 70.5% of the respondents who had consumed alcohol in the previous 30 days had been to an off-campus bar during the same time period, and about one-third of this subsample reported consuming 5 or more drinks while at a bar.¹⁹ To advance the development of effective strategies to reduce harm associated with nightclubbing, it is important to first understand why bars and nightclubs are so popular among young adults. In addition, it is important to determine whether perceived benefits of attending these establishments contribute to the explanation of nightclubbing after accounting for drinking behavior. Previous preventive interventions for enhancing nightclub health have been limited.¹ Application of the outcome expectancy construct to nightclubbing may be useful for understanding how the nightclub experience fits into the lives of college students and other young adults and may lead to the identification of harm reduction strategies that are perceived to be relevant and helpful.

The aims of this study were (1) to determine whether bar and nightclub outcome expectancy is a multidimensional construct (ie, whether it consists of more than just expectations about alcohol intoxication) and (2) to

describe the associations between putative expectancy factors and nightclubbing practices of college students. We hypothesized that after adjusting for the effects of alcohol use and demographic variables, expectancies would have a statistically significant relationship with nightclubbing. Although we believed that current drinking behavior would account for the largest proportion of variance in nightclubbing, we anticipated that learned outcome expectancies would play a role above and beyond that explained by alcohol consumption alone. The construct validity of the bar and nightclub expectancy is dependent upon evidence showing that outcome expectancies have an independent association with bar and nightclub attendance that cannot be explained simply by alcohol use (ie, is not merely an artifact of an existing pattern of drinking).

METHODS

Participants and Procedure

This study was approved by the Institutional Review Board and included 2 phases. The purpose of phase 1 (July–September 2007) was to develop an instrument for measuring bar and nightclub outcome expectancies. We used principal components analysis (PCA)²⁰ to reduce the number of bar and nightclub expectancy variables needed to represent the construct. The purpose of phase 2 (March 2008) was to describe the associations between the derived expectancy measures and bar/nightclub attendance practices in a separate sample of randomly selected undergraduates. Both assessments took place at a large, public university in the southeastern United States (undergraduate enrollment exceeding 38,000).

During phase 1, we collected data from a convenience sample of 1,889 undergraduates enrolled in a variety of undergraduate courses using an anonymous paper-pencil questionnaire. More than 9 in 10 respondents (91.8%, $n = 1,735$) were aged 18–24 years. Participants were asked to complete the questionnaire even if they did not drink alcohol. They also were instructed not to complete the survey if they had already done so in another course. Although a small percentage of students may have submitted incomplete (blank) questionnaires, none of the students in these courses openly declined participation. Students in phase 1 did not receive compensation for their participation in the study.

In phase 2, we collected data using an anonymous Web-based questionnaire. An e-mail solicitation to participate in the study was sent to a random sample of 9,926 undergraduates at the host institution. Participants were asked to complete the questionnaire even if they did not drink alcohol. A lottery-based incentive was used to increase participation (ie, 4 respondents were randomly selected to receive a \$25 university bookstore gift card). During a 3-week period prior to a spring break recess, 3 follow-up e-mail reminders were sent out to nonrespondents. A total of 2,674 students responded to the survey (26.9% response rate), and 2,409 students provided complete questionnaire responses (24.3% total response rate).

The response rate was typical for Web-based surveys of this kind.²¹ Students in phase 2 also did not receive compensation other than the incentive for their participation in the study.

Instrument

To develop a list of anticipated outcomes of bar/nightclub attendance, interviews were conducted with 6 key informants (ie, undergraduates) to identify general motivations for going to bars and nightclubs. In 4 undergraduate classes (health education and behavior), elicitation exercises were conducted to assist with developing content for potential questionnaire items; expanding the number of items; and editing them for readability, clarity, and relevance. This information was refined and used to develop the 57 bar and nightclub expectancy variables for the phase 1 questionnaire. The phase 2 questionnaire assessed a reduced number of expectancy variables as determined by the phase 1 PCA ($n = 21$; see Table 1). In addition, the phase 2 questionnaire assessed alcohol consumption practices, other drinking-related behavior, and socio-demographic variables.

During both phases, bar and nightclub expectancies were measured using the alcohol outcome expectancy assessment format established by Leigh and Stacy.²² To assess respondents' anticipated outcomes of visiting bars and nightclubs, their responses to expectancy items were elicited with the stem "When I go to a bar or nightclub that caters mostly to college students . . ." As recommended by Fromme et al,¹⁸ the items assessed both positive expectancies ("I will have fun," "I look forward to dancing with members of the opposite sex," and "I will forget about my problems") and negative expectancies ("I might have a hangover the next day," "I will spend too much money," and "I might get sick"). Participants reported the likelihood of personally experiencing these outcomes using a 6-point scale (1 = *no chance*, 2 = *very unlikely*, 3 = *unlikely*, 4 = *likely*, 5 = *very likely*, 6 = *certain to happen*).

In phase 2, alcohol use was assessed by 6 questionnaire items. Onset of drinking (during one's lifetime) was measured on a 9-point scale ranging from 1 (*7th grade or below*) to 9 (*I have never been a drinker*). Frequency of alcohol use

TABLE 1. Principal Components of Bar and Nightclub Expectancies in a Phase I Sample of College Students, Ages 18–24 years (N = 1,811)

Variable	Possible range	M	SD	Percentage of variance	α
Intoxication	7–42	18.5	8.6	26.5	.93
1. I will take advantage of drink specials.					
2. I will try a drink that I have never had before.					
3. I might drink too much.					
4. I will get very intoxicated.					
5. I will engage in drinking games.					
6. I will try to get free drinks from others.					
7. I might have a hangover the next day.					
Socializing With Friends	4–24	17.8	4.6	10.1	.81
1. I will have fun.					
2. I will spend time with friends.					
3. I will hear good music.					
4. I will dance.					
Romance/Sex-Seeking	6–36	20.6	7.9	5.4	.90
1. I look forward to watching members of the opposite sex dance.					
2. I look forward to flirting with members of the opposite sex.					
3. I hope to meet members of the opposite sex.					
4. I look forward to dancing with members of the opposite sex.					
5. I will check out attractive members of the opposite sex.					
6. I hope to see a certain someone that I am attracted to.					
Problem Relief	4–24	12.6	4.7	4.3	.77
1. I will feel less depressed.					
2. I will feel less lonely.					
3. I will forget about my problems.					
4. I will feel less anxious or "stressed out."					

Note. Responses to the expectancy items were prompted by the phrase "When I go to a bar or nightclub that caters mostly to college students . . ." Response options ranged from 1 (*no chance*) to 7 (*certain to happen*).

was assessed by a 9-point scale ranging from 1 (*never*) to 9 (*7 times a week*). Frequency of going to bars and nightclubs was assessed by a 9-point scale ranging from 1 (*never*) to 9 (*7 times a week*). Quantity of consumption on typical occasions was measured on a 9-point scale ranging from 1 (*I do not drink alcohol*) to 9 (*12 or more drinks*). Frequency of drunkenness was assessed by a 9-point scale ranging from 1 (*never*) to 9 (*7 times a week*). Frequency of heavy episodic drinking during the previous 2-week period was assessed by a 6-point scale ranging from 0 (*none*) to 5 (*10+ times*). The Web-based survey was designed so that women were asked to report the number of times they had consumed 4 or more drinks during this period of time, whereas men reported the number of times they had consumed 5 or more drinks.²³ To measure current pattern of alcohol consumption, a composite scale was created using the following 4 measures previously described: (1) frequency of drinking, (2) quantity of consumption, (3) frequency of drunkenness, and (4) frequency of recent heavy episodic drinking.^{24,25}

In phase 2, the following drinking-related problems also were assessed: (1) “missed a class,” (2) “had a hangover the next morning,” (3) “had a blackout,” (4) “got hurt or injured,” (5) “had sex with someone you would have avoided if you were sober,” and (6) “got behind on schoolwork.” Participants reported the number of times they had experienced each consequence (as a result of drinking) since the beginning of the school year, using a scale ranging from 1 (*none*) to 4 (*4 or more times*). The format for assessing these alcohol-related problems was adapted from the Harvard College Alcohol Study.¹⁹ To measure the number of drinking-related problems experienced in the last year, the scores from these 6 questionnaire items were summed to form a composite scale. Data analyses were conducted using SPSS 14.0.

RESULTS

Phase 1 Analyses

To reduce the number of variables needed to adequately measure the bar and nightclub expectancy construct and determine whether there existed a detectable factor structure within the set of expectancy variables, a PCA was conducted on the 57 expectancy variables using data from 1,672 undergraduates who were aged 18–24 years. A total of 63 cases (3.6%) were discounted because of missing values. The criteria for extracting principal components were an eigenvalue equal to or greater than 2.00 and visual inspection of the scree plot. The analysis was conducted using both orthogonal and oblique rotations, which produced very similar factor structures. The orthogonal rotation was used because it led to a greater number of variables assigned to several factors. The criteria for determining the significance of the factor loadings followed criteria outlined by Hair et al²⁶ in which items were retained only if they loaded above 0.599 on the designated factor and less than 0.300 on all other factors (thereby optimizing communality within factors and uniqueness between them). Five factors

emerged from the analysis with eigenvalues greater than 2.00. However, only 3 variables loaded on the fifth factor (eigenvalue = 2.03), and their internal consistency was poor ($\alpha = .61$). Thus, this factor was excluded. Items that loaded on the remaining 4 factors are summarized in Table 1. Only 1 negative expectancy variable (“I might have a hangover the next day”) was found to load on any of the factors. The internal consistency of the expectancy subscales ranged from adequate (Problem Relief, $\alpha = .77$) to very good (Intoxication, $\alpha = .93$). The intercorrelations among the subscale scores ranged from .27 (Intoxication and Socializing With Friends) to .49 (Romance/Sex-Seeking and Problem Relief), indicating that they were independent measures of bar and nightclub expectancy.

To examine the stability of the 4-factor model, 2 additional PCAs were conducted using different subsets of cases. Each time, 50% of the 18- to 24-year-old respondents were randomly selected for inclusion. In both subsamples, an identical set of 4 factors emerged, with only minor variations in the assignment of variables to the Socializing With Friends factor. These results suggest the factor solution identified in Table 1 was robust across the sample.²⁶

Phase 2 Analyses

In phase 2, analyses were limited to undergraduates, aged 18–24 years ($n = 2,495$; 93.1% of the total number of online respondents). Among these participants, the mean age was 20.1 years ($SD = 1.4$), with 59.2% under the age of 21 years. Compared with the student body at the host institution, women were somewhat overrepresented in the study sample (66.2% vs 53.6% at the university). With regard to race and ethnicity, the sample was similar to the student body enrolled at the host institution: 69.1% white (64.4% at the university), 13.3% Hispanic (13.5% at the university), 8.0% African American (10.1% at the university), and 7.0% Asian (7.6% at the university). Nearly all of the study participants (99.0%) indicated that their marital status was “single.” Among these individuals, 51.7% indicated that they were involved in a monogamous relationship, 45.4% were in a nonmonogamous relationship, and 1.9% reported being in another type of relationship. The majority of the sample lived off campus (64.5%), followed by on campus (27.8%), in a fraternity or sorority house (2.8%), with parents (2.2%), and in another off-campus residence (2.2%).

In regard to alcohol use, 36.1% reported consuming alcohol on at least a weekly basis, and 23.8% indicated that they went to bars and nightclubs at least once a week (equal to the percentage that reported never going to bars and nightclubs). The median number of drinks consumed on a typical drinking occasion was 4.0. One-third of the respondents indicated that they never got drunk, whereas one-quarter reported doing so at least once a week. On the basis of the 5+/4+ measure of heavy episodic drinking, alcohol use among the participants in this sample appeared to be comparable to the US college student population in 2001. The rate of heavy, episodic drinking in the study sample was

TABLE 2. Descriptive Statistics of Bar/Nightclub Expectancies and Alcohol Use Measures in a Sample of 2,495 College Students (Phase 2)

Variables	Possible range	<i>M</i>	<i>SD</i>	α
Intoxication (expectancy)	7–42	18.6	8.6	.93
Socializing With Friends (expectancy)	4–24	17.9	4.6	.87
Romance/Sex-Seeking (expectancy)	6–36	20.8	7.8	.91
Problem Relief (expectancy)	4–24	12.6	4.7	.87
Current pattern of alcohol consumption	3–32	10.7	6.1	.93
Number of drinking-related problems in last year	6–24	8.7	3.3	.79
Onset of drinking	1–9	6.1	2.2	—

42.3% compared with 44.4% among college students in the United States,²³ suggesting that with respect to heavy drinking, the study sample was similar to the American college student population.

Table 2 summarizes the descriptive statistics for the expectancy and alcohol use measures from the phase 2 sample of 18- to 24-year-old students. The internal consistency of each subset of expectancy measures and current pattern of alcohol consumption was judged to be good or excellent.²⁰ The internal consistency of drinking-related problems in the last year was judged to be adequate. The intercorrelations among the subscale scores ranged from .39 (Socializing With Friends and Romance/Sex-Seeking) to .60 (Intoxication and Problem Relief). The phase 2 psychometric results were consistent with those obtained from phase 1 and provided additional evidence that the bar/nightclub expectancy scales are internally consistent and independent measures.

Expectancies' Contribution to the Explanation of Nightclubbing

A multiple linear regression analysis consisting of three separate blocks was conducted to test whether expectancies would account for a statistically significant amount of variance in the frequency of nightclubbing after adjusting for the effects of demographic variables and alcohol use. Because of a listwise deletion of cases with missing values, 393 cases were excluded from the analysis. Table 3 shows that each model was statistically significant ($p < .0001$). The alcohol use variables explained an additional 40.7% of the variance in the frequency of nightclubbing beyond that accounted for by demographic variables alone. In support of the study hypothesis, model 3 shows that expectancies explained an additional 4.7% of the variance in nightclubbing after adjusting for the effects of demographics and alcohol use. Together, the sets of variables explained 57.2% of the frequency of nightclubbing.

Nine of the eighteen predictors had significant beta weights. As expected, current pattern of alcohol consumption was clearly the strongest predictor of nightclubbing ($\beta = .498, p < .0001$), followed by number of drinking-related problems in the past year ($\beta = 0.195, p < .0001$), Socializing With Friends ($\beta = 0.194, p < .0001$), and age ($\beta = .189, p < .0001$). Two other expectancy measures had more modest, though statistically significant, associations with frequency

of nightclubbing: Intoxication ($\beta = -.112, p < .0001$) and Romance/Sex-Seeking ($\beta = .107, p < .0001$). Problem Relief did not have statistically significant association with nightclubbing. Model checks suggested that Intoxication and current pattern of alcohol consumption had a collinear relationship that reversed the true direction of the (positive) association with nightclubbing frequency. Removal and reentry of each variable indicated that the presence of both variables in the model did not substantially affect the size of either beta weight and did not have much of an impact on the beta weights of the other variables. Therefore, Intoxication was left in the model (see Table 3).

Expectancy Profiles of High-Frequency and Nonmonogamous Nightclubbing

To examine the roles that different expectancies might play in the nightclubbing practices of students, we conducted 2 additional logistic regression analyses. In both analyses, the 4 expectancy measures were tested for their ability to distinguish (1) high-frequency nightclubbers (defined as going to bars/nightclubs on at least 2 days a week) from the most common nightclubbing practice in the sample (ie, going to bars/nightclubs once a month or less) and (2) nonmonogamous nightclubbers (single or divorced and not in a monogamous relationship) from monogamous nightclubbers (ie, single and in a monogamous relationship, engaged, or married). Because of a listwise deletion of cases with missing values, 136 cases were excluded from the first analysis and 240 cases from the second analysis. As shown in Table 4, both models accounted for a significant amount of variance in frequency of nightclubbing, $\chi^2(4) = 347.39, p < .0001$, and relationship status, model $\chi^2(4) = 304.29, p < .0001$. The pseudo- R^2 statistics indicated that 30.2–42.5% of the variance in nightclubbing frequency and 17.0–22.7% of the variance in relationship status could be explained by the predictor set.

In both analyses, the odds ratios (ORs) of all expectancy measures were statistically significant. High-frequency nightclubbing was most strongly associated with Intoxication (OR = 1.19, 95% confidence interval [CI] = 1.16–1.22) and Socializing With Friends (OR = 1.19, 95% CI = 1.16–1.27). Thus, for every 1-unit increase in these 2 variables, there was a 19% increase in the odds of a student being a

TABLE 3. Multiple Linear Regression Models Predicting Frequency of Nightclubbing in a Sample of College Students (N = 2,102)

Model summary	Adj R ²	df ^s	F	p	Significance F change	β	95% Confidence interval	
							Upper limit	Lower limit
Model 1: demographics (sex, age, race, type of residence)	.118	11, 2090	26.66	.0001	0.0001			
Model 2: demographics and alcohol use (onset of drinking, current pattern of alcohol consumption, number of drinking-related problems in last year)	.525	14, 2087	164.79	.0001	0.0001			
Model 3: demographics, alcohol use, and 4 bar/nightclub expectancy measures (Intoxication, Socializing With Friends, Romance/Sex-Seeking, Problem Relief)	.572	18, 2083	156.77	.0001	0.0001			
Variables in model 3								
Current pattern of alcohol consumption				.0001		.498	0.106	0.134
Number of drinking-related problems from last year				.0001		.195	0.068	0.106
Socializing With Friends (expectancy)				.0001		.194	0.049	0.075
Age				.0001		.189	0.161	0.232
Intoxication (expectancy) ^a				.0001		-.112	-0.280	-0.008
Romance/Sex-Seeking (expectancy)				.0001		.107	0.012	0.028
Sex				.0001		.091	0.185	0.388
Fraternity/Sorority house residence				.0001		.080	0.475	1.005
African American				.04		.051	0.020	0.552
Hispanic/Latino				NS		.037	-0.081	0.411
Live with parent(s)				NS		-.030	-0.602	-0.018
On-campus residence				NS		.026	-0.028	0.197
Problem relief (expectancy)				NS		-.015	-0.017	0.008
Onset of drinking				NS		-.013	-0.033	0.015
White (race/ethnicity)				NS		-.012	-0.260	0.183
Other (race/ethnicity)				NS		.001	-0.329	0.338
Other off-campus residence				NS		-.005	-0.303	0.212
Asian				NS		.000	-0.268	0.272

^aAssociation with dependent variable is positive; model checking suggested that a collinear relationship between intoxication and current pattern of alcohol consumption reversed the true direction of the variable's (positive) association with nightclubbing frequency.

TABLE 4. Two Logistic Regression Analyses: Association of Expectancies With High-Frequency and Nonmonogamous Nightclubbing in a Sample of College Students

Expectancy variables	High-frequency nightclubbing				Nonmonogamy					
	Odds ratio	95% Confidence interval	p	Cox and Snell	Nagelkerke	Odds ratio	95% Confidence interval	p	Cox and Snell	Nagelkerke
Intoxication	1.19	1.16–1.22	.0001			0.97	0.96–0.98	.0001		
Socializing With Friends	1.19	1.11–1.27	.0001			0.94	0.90–0.98	.001		
Romance/Sex-Seeking	1.05	1.02–1.08	.001			1.18	1.15–1.21	.0001		
Problem Relief	0.94	0.90–0.99	.02			0.95	0.92–0.98	.002		
Pseudo R ²				.302	.425				.170	.227

Note. High-frequency nightclubbing refers to going to bars/nightclubs at least 2 days a week ($n = 302$) vs once a month or less often ($n = 664$); nonmonogamy refers to people not in a monogamous relationship ($n = 859$) vs in a monogamous relationship or married ($n = 739$). For high-frequency nightclubbing, $\chi^2(4) = 347.39, p = .0001$; for nonmonogamy, $\chi^2(4) = 304.29, p = .0001$.

frequent nightclubber. It should be noted that Problem Relief scores (OR = 0.94, 95% CI = 0.90–0.99) were associated with a modest decrease in the odds of being a frequent nightclubber. In contrast, Romance/Sex-Seeking (OR = 1.18, 95% CI = 1.15–1.21) was the expectancy measure that best distinguished nonmonogamous and monogamous nightclubbers. The scores of the other 3 expectancy measures were associated with decreases in the odds of being a nonmonogamous nightclubber.

COMMENT

Previous research has identified bar and nightclub attendance to be a risky behavior. Despite these risks, young people regularly patronize these establishments. To establish a foundation for addressing these risks through effective prevention efforts, it is imperative that researchers understand the gamut of motivations for nightclubbing. This exploratory study assessed the outcome expectancies of bar/nightclub attendance among college students with a specific aim of determining whether bar and nightclub expectancy is a multidimensional construct. Findings from a PCA revealed that this expectancy construct consists of 4 dimensions: Intoxication, Socializing With Friends, Romance/Sex-Seeking, and Problem Relief. Thus, the critical motivational elements for patronizing bars and nightclubs extend beyond drinking alcohol to include Socializing With Friends, seeking partners for romance and sex, and finding temporary relief from problems. It is interesting that only 1 negative expectancy variable (or consequence of nightclubbing) loaded on the 4 factors (“I might have a hangover the next day”), even though the phase 1 instrument tested 9 negative expectancy variables. Though not surprising, these results offer a clear explanation for why the harms associated with bars and nightclubs do not diminish their popularity and support the assertion that young adults have multiple positive motivations for nightclubbing that go beyond becoming intoxicated.

The findings support the hypothesis that expectancies account for a statistically significant amount of variance in the frequency of nightclubbing. More specifically, expectancies explained about 5% of the variance in frequency of nightclub attendance beyond that accounted for by participant alcohol use and demographic characteristics. These expectancies—Socializing With Friends, Intoxication, and Romance/Sex-Seeking—had distinct, positive associations with frequency of nightclubbing. These findings suggest that the focus of preventive interventions must extend beyond alcohol use and include the matrix of important positive motivations for nightclubbing.

We also found that different expectancy profiles distinguished between high-frequency nightclubbers (2 or more days a week) and the most common attendance practice (once a month or less), and between nonmonogamous nightclubbers and monogamous nightclubbers. Greater scores on the Intoxication and Socializing With Friends measures significantly increased the odds of being a high-frequency nightclubber, whereas greater scores on

Romance/Sex-Seeking significantly increased the odds of being a nonmonogamous nightclubber. In contrast, Problem Relief scores were associated with small but statistically significant decreases in the odds of being a high-frequency nightclubber and a nonmonogamous nightclubber. Thus, preventive interventions may have to address differing motivations among subsets of nightclubbing college students. Additional inquiry is needed to explicate them.

The results presented here are consistent with past research on outcome expectancy and risk taking. Positive expectancies (ie, beliefs about potential benefits) have been found to be better predictors of risk-taking behavior of all types than are negative expectancies (ie, beliefs about possible negative consequences).¹⁸ Although a person may recognize the possibility of harm and perhaps even have experienced harm in a bar or nightclub on a prior occasion, the prospects for positive outcomes may be much more powerful determinants of the behavior. This is particularly the case in late adolescence and young adulthood, when there is an increasing awareness of the potential benefits of drinking and lessened concern about the risks and costs.^{27,28}

In the bar or nightclub setting, positive experiences occur much more frequently than negative ones, thereby shifting attention away from potential negative consequences. For example, the pleasure obtained from merely watching members of the opposite sex dance (see Table 1) is reasonably certain and inextricably linked with the bar and nightclub setting. In contrast, the likelihood of a negative event, such as being arrested for drinking and driving after leaving a bar, is statistically lower and not necessarily perceived to be a direct outcome of visiting a bar or nightclub (eg, such an arrest could be perceived to be unfair police enforcement). Thus, prevention strategies that rely on fear-based appeals and emphasize legal and medical consequences are likely to be inadequate. Additional research is needed to examine the role of previous bar and nightclub experience in shaping an individual's outcome expectancies. In all likelihood, experience contributes to the modification of these beliefs, which in turn influences future nightclubbing behavior. An understanding of the reciprocal relations between expectancies and nightclubbing may provide insight into the initiation and maintenance of this behavior in college students and other young adults.

Limitations

Interpretation of the findings of this study must be qualified by 4 limitations of the methods. First, the study relied solely on retrospective, self-report measures of alcohol consumption and nightclub attendance. Research has demonstrated that self-report measures of substance use are generally valid when participants believe the research is being conducted for legitimate scientific purposes and when they have adequate privacy to respond to questions.^{29,30} Nevertheless, it is possible that there was some degree of inaccurate reporting. Second, the data were collected at 1 American university. Even though the phase 2 sample was randomly selected and the prevalence rates for heavy episodic drinking indicated that alcohol use

in the study sample was comparable to national probability estimates, the restriction of the sampling to 1 campus introduces some uncertainty about the external validity of the findings. Future research should test the college bar and nightclub expectancy construct in the gay, lesbian, bisexual, and transgendered student populations, which will likely require the development of distinct questionnaire items and may produce a factor structure different from the 1 identified in this study. Third, the relatively low response rate (24.3%) in phase 2 may suggest that there was a bias in the sample. However, this rate is typical for Web-based surveys²¹ and, as Krosnick³¹ has pointed out, nonresponse often stems from time pressures faced by the respondent—a reason that does not necessarily produce sampling error. Fourth, because of the cross-sectional research design, conclusions about causal linkages between the variables must remain tentative.

Conclusions

Schulenberg and Maggs^{28(p62)} have noted that as many college students transition from their family of origin to campus life, their world becomes “strongly age-graded” as cultural myths and legends about “partying” in college predominate and family influences diminish. During this period of rapid developmental transition, young adults are faced with negotiating the challenges of integrating themselves into new microsystems of friends and romantic and sexual relations. The findings of the current study suggest that the bar and nightclub scene may serve as a catalyst for identifying and maintaining friendship networks, finding partners for romance and sex, and generally supporting general social integration into the collegiate experience. These results are consistent with research conducted by Hoel et al³², who found that, although alcohol use is linked with a greater number of life problems in younger adolescents, it is also positively associated with a greater number of friends and an improved quality of friendships. This is not a recommendation in favor of nightclubbing, but rather a suggestion that we recognize that bars and nightclubs likely facilitate the negotiation of normal developmental challenges of late adolescence and young adulthood.

The 4-factor expectancy model identified in the current study provides a framework that can help prevention specialists in planning collaborative interventions with college students who spend time in bars and nightclubs. The expectancy factors in the current study suggest that bars and nightclubs are common settings for taking up the normal developmental tasks of young adulthood. Therefore, rather than using punitive approaches to address nightlife risk behavior, harm reduction strategies³³—accommodating young adults' motivations for nightclubbing—are needed to promote nightclub health. As applied to nightclubbing, the goal of harm reduction interventions would be to minimize risks among frequent bar and nightclub patrons without marginalizing or stigmatizing them. Such strategies would accept the widespread appeal of college nightlife and would be embraced by patrons themselves, while encouraging

practices to minimize the associated risks (eg, condom distribution in bars/nightclubs and providing safe-ride services) are critical.^{33,34} Local government, bar/club owners, and management and law enforcement agencies will need to be involved in these community partnerships.

NOTE

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