Effect of Psycho-educational Program on Nursing Staff Caring Behavior Skills towards Patients having Substance Related Disorders

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Abstract

Background: Nurses who work in addiction treatment facilities have a very difficult job. They invest time and energy into patients who may relapse repeatedly before treatment gains a foothold. **Aim of the study:** This study aimed to evaluate the effect of a psycho-educational program on nursing staff caring behavior skills towards patients having substance related disorders. **Methods:** A quasi-experimental design was used. The subjects of the study included 134 nurses and divided into (Experimental group & Control group) with 67 nurses in each group who were chosen by purposive sampling. The study was conducted at Benha Mental Health and Addiction Hospital. **Tools for data collection:** two tools were used for data collection; **Tool (1):** Questionnaire interview assessing nursing staff socio-demographic data, **Tool (2)**: Caring Behavior Assessment Tool adapted to assess nursing staff' perception regarding caring behavior skills toward substance related disorder patients. **Results**: there was statistically significant improvement in the studied nurses' caring behavior skills toward substance related disorder' patients after implementation of a psycho-educational program. **Conclusion:** it was concluded that, the psycho-educational program had a positive effect on the nursing staff caring behavior skills towards patients having substance related disorder. **Recommendations**: The study suggested that providing up-to-date educational and training programs on regular basis for nurses' dealing with patients having substance related disorders about new health issues and its trends related to these disorders.

Keywords*: *Caring behavior skills, Psycho-educational program, Substance related disorder.

Introduction

Substance related disorders are a chronic-relapsing brain disorder characterized by cognitive, behavioral, and physiological symptoms. Individual susceptibility is influenced by genetic, psychological, and environmental factors; age of first exposure; substance characteristics and pattern of use **(Martini et al., 2022).**

Nurses are at the front lines of this addiction treatment battle. Nurses provide addiction treatment at all stages of the admittance process, from the initial assessment through treatment and follow up care. This requires the nurse to be one part counselor and one part medical provider. Nurses who work in addiction treatment facilities have a very difficult job **(Wason et al., 2022)**.

Caring behavior is an act, conduct, and mannerism enacted by professional nurses that convey concern, safety, and attention to the patient **(Oluma & Abadiga, 2020)**. Caring behavior has a critical part in tying nurse interactions to the client's experiences. Constant evaluations of nurses' caring conduct and patient satisfaction help to improve nursing quality **(Kasa & Gedamu, 2019)**.

Nurses have a long period of interaction with substance-abused patients and their families; caring behaviors are important when performing diagnostic and therapeutic interventions; however, there is no proper implementation of caring behaviors during hospitalization. This in turn creates patient dissatisfaction and poor nurse care delivery, resulting in a poor prognosis **(Amelework & Sisay, 2019)**.

Satisfactory caring behaviors of nurse's help patients feel relieved from fearful and anxious situations and satisfied with the care provided. Further, these behaviors have a positive effect on patient nurse relationships. These caring behaviors are related to the degree of empathy of nurses and help meet patients' individualized needs. Ultimately, it may improve patients' well-being and the quality of care provided to them **(Lee & Seo, 2022).**

Significance of the study

Globally, about 269 million people suffer from substance abuse, whose prevalence is expected to continue to grow **[United Nations Office on Drugs and Crime**

(UNODC), 2020)]. Previous study findings showed the importance of a continuing educational intervention for psychiatric nurses regarding caring for substance related disorder' patients **(Martini et al., 2022)**. Therefore, in order to improve the quality of nursing services, repeated and continuous implementation of training programs including education to improve nursing caring behavior skills **(Lee & Seo, 2022)**. Hence, the need for a high level of knowledge and positive attitudes will improve nursing ethics especially compassion, cognitive and emotional empathy among psychiatric nurses deal with substance related disorder' patients.

Aim of the study

The study aimed to evaluate the effect of a psycho-educational program on nursing staff caring behavior skills towards substance related disorder patients.

Research Hypothesis

Caring behavior skills of nursing staff towards patients having substance related disorders are expected to be improved after implementation of psycho-educational program.

Subjects and Methods

Technical design

Research design:

A quasi-experimental research design was used.

Study setting:

The study was conducted at Benha Mental Health and Addiction Hospital.

Type of the sample

A purposive sample was used.

Study Subjects

The sample of the study consisted of 134 nurse. The sample size was determined by using the following equation:

Sample size (n) = N/1+N*d^2

N = Total population

d = Margin of error or precision

According to above formula

N = 200 nurse

d = 0.05

n = 200/1+200* $(0.05)^2$ = 134

The study sample was divided into two equal groups (Experimental group & Control group) with 67 nurses in each group.

The subjects were selected according to the following criteria:

Inclusion criteria

-Both genders.

-Nurses that are in direct contact with substance abuse patients.

-Willing to participate in the study.

Exclusion criteria

- Psychiatric nursing staff who do not work directly with substance abusers as EEG nursing staff.

- Those on sick leaves

Tools of data collection

Two tools were used:

Tool 1: Socio-Demographic Characteristics:

This interview included data such as age, sex, marital status, academic qualifications and job.

Tool 2: Caring Behavior Assessment Tool (CBA):

The caring behavior assessment tool was developed by **Cronin & Harrison (1988**). It was adapted to assess nursing staff' perception regarding caring behavior toward substance abuse patients. It was divided into seven subscales as follows:

1. **Humanism / faith - hope/sensitivity subscale**: - It included the questions from 1 to 16 questions. This subscale is related to human rights of substance use disorder patients as a human being.
2. **Building trust subscale:** - It included 11 questions those from 17 to 27. This sub subscale is related to the providing of trust from nursing staff to substance abusers.
3. **Expression of positive /negative feelings subscale:** It had 4 questions from 28 to 31. This subscale is related to helping substance use patients to express their feelings freely without fear.
4. **Teaching / learning subscale**: it contained 8 questions those from 32 to 39. It is related to the providing of substance use patients with some skills that help them to be independent people.
5. **Supportive and protective environment subscale**: it included 10 questions those from 40 to 49. This subscale is related to providing substance use patients support to prevent relapse.
6. **Human needs assistance subscale**: it was the questions from 50 to 60 questions. It is concerned with assisting

substance use disorder patients in their needs.

7. **Existential/phenomenological / spiritual forces subscale**: - It involved 3 questions from 61 to 63, this subscale is related to help substance use patients to improve self-esteem.

Scoring system

The caring behavior assessment tool (CBA) was expressed through using a 3 Likert scale to reflect the degree to which each nursing behavior reflects caring. The scoring was in an ascending form where 1=little importance to 3= much importance. A scoring system of this questionnaire was as follows: Poor caring behavior skills < 50%, Neutral caring behavior skills 50 - 75%, Good caring behavior skills > 75%.

Validity of tools

To achieve the criteria of trust and worthiness of the study tools, the tools were distributed on a panel of five professors and assistant professors of mental health nursing staff members at Benha and Ain Shams University.

Reliability of tools

It was examined by using the Cronbach's Alpha to measure the internal consistency for the tool; nursing staff's caring behavior skills towards substance abusers was 0.958 that reflect accepted internal consistency of the tool.

Operational design

The study passed over the following phases: Preparatory phase, pilot study and field work.

Preparatory phase

It included reviews of related past, current, local, and international literatures as well as theoretical knowledge of various aspects of the study using books, internet articles to develop the study tools and the program.

Pilot Study

A pilot study was conducted on 10% of the total sample to ensure feasibility, objectivity, and reliability of the study tools, the time needed to complete them, and to identify the problems and obstacles that may be encountered during the study.

Field Work

The actual study was carried out for 5 months and two weeks (5 weeks for pretest, 3 months for the implementation phase, 5 weeks for

posttest). Then, the researcher followed up after 3 months of the program. The study was conducted through the following phases:

Phase I (Assessment)

The researcher attended the psychiatric hospital two days per week (Sunday, Thursday) from 11.00 AM. To 3.00 PM. The data collection lasted about six weeks. The number of interviewed nursing staff per week was about 14 nursing staff (7nursing staff in the morning shift as study group & 7nursing staff in the afternoon shift as control group). The researcher interviewed each nursing staff individually in the nursing room and briefly explained the nature and the purposes of the study, and asked for participation. All nursing staff was informed that participation is voluntary. Each nursing staff took about 20 minutes to fill the questionnaires.

Phase II: Planning phase

After reviewing recent literature, the program content was developed by the researcher in the form of booklet.

Phases III: Program implementation

The program was conducted in 8 sessions (introductory session, 2 sessions for theoretical part, 4 sessions for practical part and the final session were summery for the contents of the program).

Each session started by greeting the participants, assessing their motivation for learning, getting feedback about what was given through the previous session, and present the objectives of the new topic. At the end of every session, nursing staff' questions were discussed to correct any misunderstanding that would have happened.

Program sessions

Introductory session: during the initial session, the researcher explained the program objectives, the expected outcome and determined the meeting time for the next session.

Theoretical part including 2 sessions

Session (1): This session aimed to provide the experimental group some knowledge about substance use disorder (definition, causes, risk factors and sign, symptoms of substance dependence according to the type of substance used and level of prevention).

Session (2): This session focused on knowledge about professional nursing caring behavior skills.

Practical part containing four sessions

Session (3): The main objective of this session was: to help the nursing staffs identify and apply strategies to cope with stress like relaxation training as (deep breathing exercise, progressive muscle relaxation, meditation and physical activity). The main objective of this session was: to help the nursing staffs identify and apply strategies to cope with stress like relaxation training as (deep breathing exercise, progressive muscle relaxation, meditation and physical activity).

Session (4): This session aimed to enable nursing staff to apply humanistic skills such as (unconditional positive regard, empathy and credibility skill) with substance related disorder patients. At this session, the researcher gave a situation after each humanistic skill to identify the level of understanding of participants about these skills.

Session (5): The main objective of this session was: to help the nursing staffs identify and apply teaching and learning skills with substance related disorder patients as (mental preparation skill, diversifying stimuli skill, stimulating motivation skill and reinforcement skill). At this session, the researcher differentiated between teaching and learning and then discussed teaching and learning skills with participants by using different teaching methods.

Session (6): This session aimed to enable nursing staff to apply therapeutic communication skills such skills as(active listening, silence, the skill of giving response that reflect the feelings and thoughts of the patients, questioning skill, the skill of reciting the patient's speech, clarification skill, giving information skill and summarizing skill).

Summary session: the researcher provided reinforcement about the main points of the educational program.

Phase IV (program evaluation)

Evaluation of the program's outcomes was immediately performed after implementation of the program (post- test) then follow - up after three months of program by using the same study tools that have been used in pretest on all subjects (experimental group and control group).

Ethical considerations

Prior the study conduction, ethical approval was obtained from the scientific research committee at Faculty of Nursing Benha University. The study was conducted with careful attention to ethical standards of research and rights of the participants. An oral consent was obtained from the studied sample after explaining the purpose of the study. All subjects were informed that the participation in the study is voluntary and no name was to be included in the questionnaire sheet. Anonymity and confidentiality of data obtained from participants were kept strictly. Subjects were informed that the content of the tools was used for research purposes only. Subjects had the right to refuse to participate or to withdraw at any time from the research without any consequences.

Administrative design

An official approval was obtained from the Dean of Faculty of Nursing and another official letter was obtained from the director of Benha Psychiatric Hospital.

Statistical design

Data were fed to the computer and analyzed using IBM SPSS software package version 20.0**.** **(**Armonk, NY: IBM Corp**)** Qualitative data were described using number and percent. The Kolmogorov-Smirnov test was used to verify the normality of distribution Quantitative data were described using range (minimum and maximum), mean, standard deviation and median significance of the obtained results was judged at the 5% level. The used tests were Chi-square test, Fisher's Exact or Monte Carlo correction, Mann Whitney test, Friedman test and Pearson coefficient.

Results

Table (1): illustrates that, the highest proportions of study and control groups (58.2%; 59.7%) were in the age groups of 25-35 years respectively. In relation to sex, the higher percentage of both study and control groups (64.2% and 76.1% respectively) were males. Regarding academic qualification, this table revealed that, more than two thirds of both study and control groups (73.1% and 79.1% respectively) had a diploma degree in nursing. According to Job, the majority of both study and control group (89.6% and 94% respectively) were nurses. In relation to marital status, more than two thirds (80.6% and 86.6% respectively) of nurses in the study and control groups were married.

Figure (1): reveals that, the experimental group' nurses had a total mean score regarding caring behavior at pre intervention phase (69.24) and this level became high immediately post and three months after the program (84.44 & 79.33 respectively). While the control group nurses almost had a constant total mean score caring behavior skill throughout pre intervention, immediately post and follow up phases (70.14 & 70.44 & 70.1 respectively).

Table (2): reveals that, there is a highly significant relation between the experimental group' nurses caring behavior skills and their age (p=0.003), years of experience in the psychiatric field (p=0.004) and years of working in the addiction department (p=0.002) at immediate post intervention phase. Likely, there is a significant relation between the experimental group' nurses caring behavior skills and their age (p=0.016), years of experience in the psychiatric field (p=0.012) and years of working in the addiction department (p=0.003) at follow up phase among the experimental group' nurses. Where there is no significant relation between the experimental group' nurses caring behavior skills and their sex, job and academic qualification at immediate post intervention and follow up phases.

Table (3): shows that, the most independent factor affecting nurses caring behavior toward substance abusers was number of years of working in the addiction department, which (B= 4.054& p value= 0.042). The more number of years of working in addiction department, the better nurses' caring behavior skills had toward substance abusers. Then, age and years of experience in the psychiatric department had the same effect.

Table (1): Frequency distribution of the studied nurses regarding Personal data

Q	Items	Experimental group (n=67)		Control group (n=67)		χ^2	P
		No.	%	No.	%		
1	**Age**						
	Less than 25 years of age	6	9.0	10	14.9	1.654	0.437
	From 25 to less than 35 years of age	39	58.2	40	59.7		
	From 35 years of age or more	22	32.8	17	25.4		
2	**Sex**						
	Male	43	64.2	51	76.1	2.281	0.131
	Female	24	35.8	16	23.9		
3	**Academic Qualification**						
	Diploma of Nursing Technician	49	73.1	53	79.1	1.339	0.593
	Bachelor of Nursing	15	22.4	10	14.9		
	Post graduate	3	4.5	4	6.0		
4	**Job**						
	Nurse	60	89.6	63	94.0	0.891	0.345
	Head Nurse	7	10.4	4	6.0		
5	**Marital status**						
	Single	8	11.9	6	9.0	2.973	0.591
	Married	54	80.6	58	86.6		
	Widowed	4	6.0	2	3.0		
	Divorced	1	1.5	0	0.0		
	Separated	0	0.0	1	1.5		

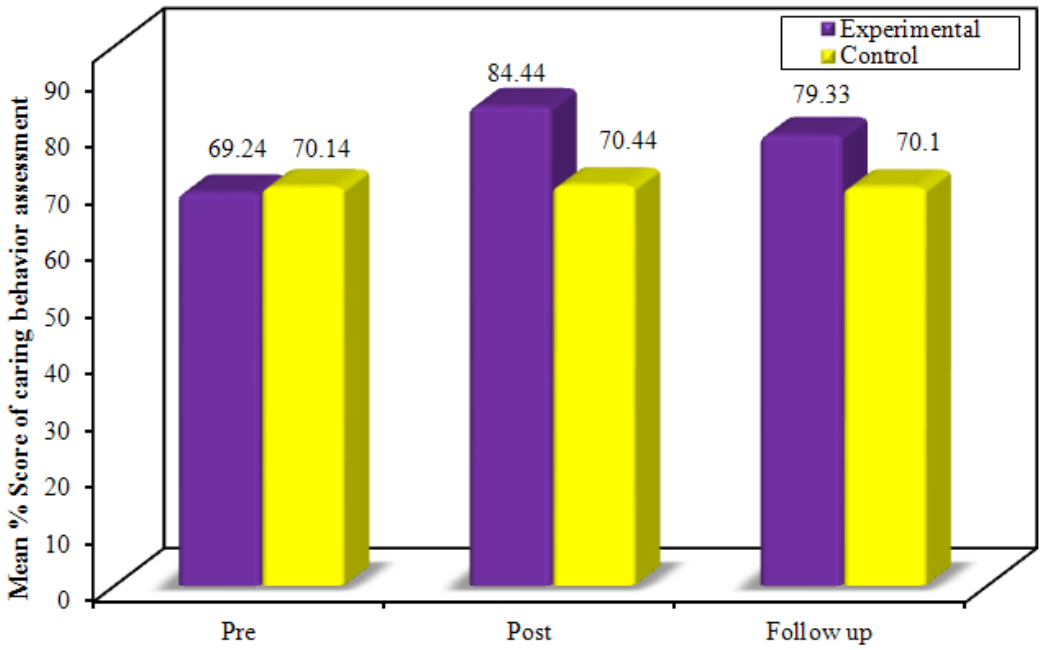

Figure (1): Comparison between the both studied groups according to Mean Score of caring behavior skills

Table (2): Relation between caring behavior skills and socio-demographic characteristics of nursing staff in the experimental group

Items	Caring Behavior Assessment									
	Post				Follow up					
	Poor (n =5)		Good (n = 62)		Poor (n =8)		Neutral (n =3)		Good (n =56)	
	No.	%	No.	%	No.	%	No.	%	No.	%
Age										
Less than 25 years of age	3	60.0	3	4.8	3	37.5	0	0.0	3	5.4
From 25 to less than 35 years of age	2	40.0	37	59.7	5	62.5	1	33.3	33	58.9
From 35 years of age or more	0	0.0	22	35.5	0	0.0	2	66.7	20	35.7
χ^2(^{MC}p)	**10.287*(0.003*)**				**10.306*(0.016*)**					
Sex										
Male	4	80.0	39	62.9	5	62.5	2	66.7	36	64.3
Female	1	20.0	23	37.1	3	37.5	1	33.3	20	35.7
χ^2(p)	**0.588 (^{FE}p=0.647)**				**0.261 (^{MC}p=1.000)**					
Academic Qualification										
Diploma of Nursing Technician	4	80.0	45	72.6	4	50.0	2	66.7	43	76.8
Bachelor of Nursing	1	20.0	14	22.6	2	25.0	1	33.3	12	21.4
Post graduate	0	0.0	3	4.8	2	25.0	0	0.0	1	1.8
χ^2(^{MC}p)	**0.399 (1.000)**				**7.500 (0.090)**					
Job										
Nurse	5	100.0	55	88.7	6	75.0	2	66.7	52	92.9
Head Nurse	0	.0	7	11.3	2	25.0	1	33.3	4	7.1
χ^2(p)	**0.630 (^{FE}p=1.000)**				**4.742 (0.097)**					
Number of years of experience										
Less than 5 years	4	80.0	10	16.1	5	62.5	0	0.0	9	16.1
From 5 to less than 10 years	1	20.0	20	32.3	2	25.0	0	0.0	19	33.9
From 10 years and more	0	0.0	32	51.6	1	12.5	3	100.0	28	50.0
χ^2(^{MC}p)	**8.985*(0.004*)**				**9.905*(0.012*)**					
Number of years of working in addiction department										
Less than 2 years	5	100.0	15	24.2	6	75.0	2	66.7	12	21.4
From 2 to less than 5 years	0	0.0	22	35.5	2	25.0	0	0.0	20	35.7
From 5 years and more	0	0.0	25	40.3	0	0.0	1	33.3	24	42.9
χ^2(^{MC}p)	**9.438*(0.002*)**				**11.769* (0.003*)**					

Table (3): Multivariate Linear regression for Caring Behavior Assessment

Items	B	T	P	95% CI	
				LL	UL
Age	3.231	0.988	0.327	-3.302	9.764
Number of years of experience	3.799	1.635	0.107	-0.846	8.444
Number of years of working in addiction department	4.054	2.076*	0.042*	0.151	7.957
R^2=0.248, F =6.907*, p <0.001*					

F,p: f and p values for the model R^2: Coefficient of determination
B: Unstandardized Coefficients t: t-test of significance CI: Confidence interval LL: Lower limit UL: Upper Limit
*: Statistically significant at $p \leq 0.05$

Discussion

As a general rule, nurses remain the most important persons in providing care for substance abusers and they play the pivotal caregiving role for them. To do this important role, nurses need to have good knowledge, positive attitude and good caring behavior skills toward those patients **(Matthew, 2021)**.

Part I: Socio-demographic characteristics of nursing staff

The results of the present study had revealed that, the majority of the studied nurses were males. The large number of male nurses compared to a minority of female nurses, from the researcher point of view, may be due to the need of male nurses in the addiction department in psychiatric hospitals as during intoxication phase, patients might be impulsive, rude or even aggressive. Other causes that could be related to Egypt and some countries in the Middle East are the stigma of psychiatric hospitals. Most female nurses do not like working in psychiatric hospitals due to the belief that psychiatrically ill patients are aggressive.

This finding was similar to the study done by **Abbas & AL-Juboori, (2017)** who revealed that, the large numbers of nurses are males. This finding is in opposition with **Kibret et al., (2022)** who found that, more than half of the studied nurses were females.

In relation to nurses' age, the present study has demonstrated that, the majority of the studied samples were in the age group between 25 to less than 35 years. This finding was

consistent with the study done by **Hughes, (2022)** who showed that, the age group of the majority of the nurses in his study was between 26 to 35 years old.

Concerning nurses' marital status, the present study revealed that, the majority of nurses were married. From the investigator's point of view, this may be due to the Egyptian social traditional encouragement for early marriage and the preference to marry an employee with a steady income. This finding supported by **Akinjola et al., (2020)** reported that, the majority of the subjects were married.

Regarding nurses' academic qualification, the present study showed that, the highest percentage was those of the nursing technical institute. This result congruent with **Oluma & Abadiga, (2020)** who found that, the majority of nurses were those with a diploma and staff nurses. On the other hand, this result was inconsistent with **Kibret et al., (2022)** who stated that, the majority of the respondents have a BSc in nursing.

Concerning the relationship between the socio-demographic characteristics and caring behavior skills among the studied nurses, the present study revealed that, there was a highly significant relation between the studied nurses' age, years of experience in the psychiatric field and in the addiction department at post intervention phase and their caring behavior skills. This may be due to the fact that advanced education and more on the job training in hospital gave the nurses this advantage. These findings are in agreement with a study by **Assefa et al., (2022)** who revealed that, the participants' age and working experiences significantly associated with perceptions of caring behavior. Additionally, the study conducted by **Inocian et al., (2021)** revealed that, there was association between nurses' ages and their caring behavior skills.

On the other hand, this finding was in opposition with the results of **Kibret et al., (2022)** who stated that, the level of nurses caring behavior is not influenced by demographic data. Additionally, this result was inconsistent with the study conducted by **Lee & Seo, (2022)** who revealed that, caring behavior was higher in head nurses than in general nurses.

Part II: Nursing staff's caring behavior skills towards substance use disorder' patients

The current findings indicated that, the proportion of the nurses in the study group and the control

group who had a good level of caring behavior skills was found to be slightly low in pre intervention phase than in post intervention phase. This result could be explained as a relatively high proportion of nurses had practical caring skills compared to psychosocial caring behavior skills. This indicates that. nurses more perceived concrete, observable aspects of caring skills than expressive caring behavior skills.

This result is in line with **Oluma & Abadiga, (2020)** who found that, nurses who had a high perception of caring behavior skills was a lower proportion. On the other hand, this result was inconsistent with the study conducted by **Assefa et al., (2022)** who stated that, a high percentage of nurses had a higher perception of caring behaviors.

Thus, by the end of the program, the majority of the nurses in the study group had good caring behavior skills in both posttest and follow up phases for the study group compared to control group.

The current result is consistent with **Mäkelä et al., (2022)** who showed that, the web-based education program had a positive effect on the intervention group's knowledge and improved their caring behavior skills toward alcohol and drug use patients. Additionally, the study conducted by **Kibret et al., (2022)** showed that, more than half of nurses had a high level of caring behavior. Furthermore, the research conducted by **Porter et al., (2018)** revealed that, the participants had high perceptions of caring behaviors in all of the assessed areas following implementation of the program. On the same hand, knowledge and caring behaviors of nurses toward substance abusers improved following the intervention as stated by **Clarke et al., (2019).**

Part V: Multivariate linear regression for caring behavior skills

Regarding caring behavior skills, the most independent factor affecting nurses caring behavior toward substance abusers was the number of years of working in the addiction department. This result is incongruent with **Oluma & Abadiga, (2020)** who demonstrated that, a significantly associated independent variable with caring behavior at $p < 0.05$ is the age.

Conclusion

Based on the findings of the current study, it is concluded that the

educational program has a positive effect on the nursing staff caring behavior skills towards substance related disorders patients. Moreover, there is a strong positive relation between the nursing staff' attitudes and their age, years of experience in the psychiatric field and years of working in the addiction department.

Recommendations

- Training and education programs on attitudes and caring behavior skills should be offered to nurses at suitable times, taking into consideration their working shifts, and asking nurses about the topics they wish to know more about.
- Hospital policies must encourage nurses to attend training program about new health issues and its trends related to SUD.

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