SUMMARY

Antipsychotic medications remain a primary strategy for the management of mental illness and the prevention of relapse. Medication non-adherence is a pervasive problem and perhaps one of the most serious problems among psychiatric patients. About 80% of patients with schizophrenia do not take medications as prescribed. The frequent reasons for patient non-adherence to antipsychotics include the nature of disease, characteristics of regimen, patient history of substance abuse, stigma of mental illness, poor therapeutic alliance, lack of patient's knowledge, negative attitudes, lack of nurse's knowledge, psychiatric treatment services and lack of social support.

In this respect, nurses represent a formidable force to providing patients with knowledge about their medications, improving adherence and care outcomes by understanding the dynamics of compliance, assessing and monitoring side effects of medications, effectively use sustained strategies to improve adherence. It is also important to know indications, contraindications, types of drugs, dosages and side effects of antipsychotic medications. Nurses are the main members of psychiatric treatment team; they must be updated on developments and promotions of psychiatric drugs. In addition, they must have positive attitudes towards these medications to manage mental patients appropriately and effectively. Because the nursing knowledge and attitudes toward medication affect on treatment outcomes.

The aim of the present study was to assess psychiatric nurses` knowledge and attitudes toward antipsychotic medications. To fulfill the aim of the present study, the following research question was formulated:

- What are the psychiatric nurses` knowledge and attitudes toward antipsychotic medications?

A descriptive exploratory design was utilized in this study. The study was conducted at the Psychiatric and Mental Health Hospital in Benha City, Kaluobia Governorate, which is affiliated to the Ministry of Health. The hospital provides care for patients diagnosed with acute and chronic mental illness that need institutional care.

To implementing this study following tools were used:-

I: Socio-demographic characteristic sheet which include:

Socio-demographic characteristic of the studied nurses, as age, sex, and marital status, work place, years of experience, occupation, education, and training courses attended about antipsychotic medications. It was designed by the investigator.

II: Nurse's knowledge about antipsychotic medications:

It was adopted from *Patel et al., 2003; Patel & David, 2005; and Byrne et al., 2005*) after reviewing the related literature, and modified by the researcher. The scale was used to assess nurses` knowledge about antipsychotic medications. The scale consists of 28 questions divided into 4 subscales in the form of closed-ended questions (Yes and No) and open-ended questions.

Responses were measured for closed-end questions on "Yes" for correct answer is given score (2) and "No" for wrong answer is given score (1), while responses of open-ended questions were measured on 3-point Likert scale: (2) for correct complete answer, (1) for correct incomplete answer and (0) for wrong answer as the following:

III: Nurse's attitudes toward antipsychotic medications scale:

The scale was developed by ***Hogan et al., 1983; Angermeyer et al., 1993; Jaeger and Rossler, 2010)*** after reviewing related literature and used after being modified by the researchers & guided by the supervisors. It was used to assess studied nurses` attitudes toward antipsychotic medications. It consists of 18 questions, divided into two subscales; the first subscale consists of 10 questions and used to assess nurse's attitudes in general concerning effectiveness, benefits, risks and prejudice against antipsychotics. The second subscale, consisted of 8 questions, and used to assess attitudes toward depot antipsychotic medications concerning advantages and disadvantages of depot formulations.

Responses were measured on a 3- point Likert scale: (2) agree, (1) to some extent, and (0) for disagree.

IV: Difficulty implementing adherence strategies scale (DIASs):

The scale was adopted from ***Eckman et al., 1990; Eckman et al. 1992, and Rollnick et al., 1992; Agarwel et al. 1998 ; Azrin and Teicher, 1998).*** It consists of 31 commonly cited strategies for enhancing patient adherence. The scale consists of three subscales, (1) Information/education strategies consists of 8 questions (2) Behavioral strategies consists of 8 questions, and (3) Cognitive/motivational strategies consists of 15 questions. The studied nurses were asked to rate how often they had difficulties using each of the 31 strategies with patients who were non-adherent.

Responses were measured on a 4-point Likert scale: (4) always, (3) often, (2) sometimes and (1) never.

Data collection phase took three months from beginning of December, 2010 to beginning March, 2011 from Psychiatric Mental Health Hospital at Benha City.

The main findings of this study revealed that:

- The mean age of studied nurses was 31.03 ±7.69, males constituted 53% of the studied nurses, 80% were married, 59% were working in male departments, 77% were nurses, 78% of the sample had diploma in nursing, 62% work in psychiatric nursing between 2 - < 12 years with years of experience mean 10.70 ± 7.81.

- Slightly less than two thirds (64%) of the studied nurses did not attend any training courses about antipsychotic medications.

- More than half (58%) of the studied nurses had knowledge about antipsychotic medications, concerning nursing role subscale. The most of the studied nurses were knowledgeable about decreasing patient's fears before giving drugs (94%), and informing him/her about benefits and side effects of treatment, insuring that patient takes medications (94%), and observing side effects on patient (95%).

- Less than half (46%) of the studied nurses had neutral attitudes toward antipsychotic medications i.e., nurses agreed about medication is important in the treatment of psychiatric disorders (79%) and only by staying on medication patients can prevent getting sick (73%).

- More than three quarters (78%) of the studied nurses had high difficulty for implementing adherence strategies. i.e., Nurses always have difficulty about discussing the way medication works with the family/carers of the patient (51%), discussing with the patient confusion between symptoms of disease and side effects of medication (47%), having the patient associate taking their medication with their daily routine (e.g., breakfast or tooth brushing) (51%), and emphasizing to the patient the threat of illness because of not taking medication (62%).

- There were statistically significant relations between age, education, and occupation of the studied nurses and their total knowledge about antipsychotic medications.

- No statistically significant relations were found between age, education, and occupation of the studied nurses and their total attitudes toward medications.

- Total knowledge about antipsychotic medications was positively correlated with total difficulty implementing adherence strategies scale. While, there was no significant statistical correlation was found between total attitudes toward medications and total difficulty implementing adherence strategies scale.

Recommendations

Based on the previous findings of the present study, the following recommendations are suggested.

- Educational programs for nursing staff about medication management and their roles in how to rehabilitate patients and supporting patients with medication adherence strategies.

- Further studies are necessary, using a larger probability sample for generalization of the results.