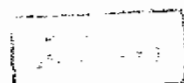


**Assessment of Knowledge, Attitude,
and Practice of Nurses Toward
Administration of Psychotropics**

A THESIS



Submitted to the High Institute of Nursing
for the Fulfillment of
Master Degree in Psychiatric Nursing

61248

610.7368

N.M

BY

Nevein Moustafa Mohamed

B.Sc.N

Supervised by

Prof. Dr. Zeinab Lotfy

Professor Head of Psychiatric Nursig

Department and Dean of H.I.N.,

Ain Shams University

Dr. Mohamed Refeat Al-Fiky

Ass.Prof. of Psychological Medicine,

Faculty of Medicine,

Ain Shams University



**Ain Shams University
(1995)**

م. م. م. م.

م. م. م. م.

ACKNOWLEDGEMENT



ACKNOWLEDGMENT

I wish to express my sincere appreciation to professor, Dr. Zeinab Lotfy, Prof. & Head of Psychiatric Nursing Department and dean of H. I. N., Ain Shams University, who has always been supportive, patient and tolerant in guiding me through the study.

To Dr. Mohamad Refeat Al. Fiky, Ass. Professor of psychological Medicine, Faculty of Medicine, Ain Shams University, I wish to express my gratitude and appreciation for offering suggestions, help and guidance.

Also . I wish to express my thanks to my family, to all hospitals authorities, to all nurses who have been involved in this study and every body who helped me in this research.

CONTENTS

Chapters	Page
I. INTRODUCTION	1
II. REVIEW OF LITERATURE :	4
(1) The relation between nursing and pharmacology.	4
(2) Implications for nursing care.	5
(3) Drugs used in psychiatry.	12
(4) Factors modifying drugs action.	18
(5) The role of the psychiatric nurses.	20
(6) Nursing role toward administration of psychotropic drugs.	32
(7) Nursing attitude.	42
III. METHODOLOGY	45
(1) Aim of the study.	45
(2) Statement of the problem.	45
(3) Subjects and methodology.	46
IV. RESULTS	49
V. DISCUSSION	99
VI. CONCLUSION	106
VII. RECOMMENDATION	108
HIX. SUMMARY	114
IX. REFERENCES	117
X. APPENDIX	125
XI. OBSERVATION SHEET (CHECK-LIST)	125
XII. QUESTIONNAIR SHEET	
XIII. PROPOSAL OF THE STUDY	
XIV. ARABIC SUMMARY	

List of Tables

Tables	Page
TABLE (1)	49
Percentage distribution of the study sample according to nursing education and area of work	
TABLE (2)	50
Percentage distribution of the respondents according to years of experience	
TABLE (3)	52
Nurses' knowledge about grouping of psychotropics	
TABLE (4)	54
Nurses' knowledge about dosage of psychotropics	
TABLE (5)	56
Nurses' knowledge about form of psychotropics	
TABLE (6)	58
knowledge about indications and contraindications of psychotropics	
TABLE (7)	60
potentialities of nursing practical behaviours	
knowledge about side effects of psychotropics	
TABLE (8)	62
Relation between years of experience and correct answers in recognizing drug grouping	
TABLE (9)	68
Relation between years of experience and correct answers in recognizing the colour of psychotropics	

Con. List of Tables

Tables	Page
TABLE (10)	73
Relation between years of experience and correct answers in recognizing the indications and uses of psychotropics	
TABLE (11)	79
Relation between years of experience and correct answers in recognizing the side effects of psychotropics	
TABLE (12)	85
Relation between years of experience and correct answers in recognizing the dose of psychotropics	
TABLE (13)	91
Analysis of potentialities of nursing practical behaviours sed to relay on relevant knowledge	
(14)	93
ysis of potentialities of nursing practical behaviours ed to crucial nursing managment duties	
(15)	95
ysis of potentialities of nursing practical behaviours uring nursing intention towards the patient's laints and a possibly encountered daily problems	
(16)	97
Its of statistical study on observations collected by an rvation-check-list of attitude towards psychotropic inistration	

List of Figures

Figures	Page
Fig. (1a)	51
Distribution of the selected samples upon years of experience	
Fig. (1b)	51
Distribution of the selected samples within univ and state mental hospitals	
Fig. (1c)	51
Distribution of the selected sample according to the educational level (diploma & B.Sc.)	
Fig. (1d)	51
Distribution of the diploma nurses in the selected sample upon male and female sections	
Fig. (2)	53
Relation between percentages of correct answers of HIN and D.N as regard recognition of psychotropics grouping	
Fig. (3)	55
Relation between percentages of correct answers of HIN and D.N as regard recognition of psychotropics dosage	
Fig. (4)	57
Relation between percentages of correct answers of HIN and D.N as regard recognition of psychotropics form and colour	
Fig. (5)	59
Relation between percentages of correct answers of HIN and D.N as regard recognition of psychotropics indications and contraindications	

Con. List of Figures

Figures	Page
Fig. (6)	61
Relation between percentages of correct answers of HIN and D.N as regard recognition of psychotropicsside effects	
Fig. (7a)	63
Relation between years of experience and percentage of correct answers in recognizing group of Imipramine	
Fig. (7b)	64
Relation between years of experience and percentage of correct answers in recognizing group of Diazepam	
Fig. (7c)	65
Relation between years of experience and percentage of correct answers in recognizing group of Benztropine	
Fig. (7d)	66
Relation between years of experience and percentage of correct answers in recognizing group of Carbamazepine	
Fig. (7e)	67
Relation between years of experience and percentage of correct answers in recognizing group of Trifluperazine	
Fig. (8a)	69
Relation between years of experience and percentage of correct answers in recognizing colour of Imiperamine	
Fig. (8b)	70
Relation between years of experience and percentage of correct answers in recognizing colour of Benztropine	

Con. List of Figures

Figures	Page
Fig. (8c)	71
Relation between years of experience and percentage of correct answers in recognizing colour of Carbamazepine	
Fig. (8d)	72
Relation between years of experience and percentage of correct answers in recognizing colour of Trifluoperazine	
Fig. (9a)	74
Relation between years of experience and percentage of correct answers in recognizing indication of Imipramine	
Fig. (9b)	75
Relation between years of experience and percentage of correct answers in recognizing contra indication of Diazepam	
Fig. (9c)	76
Relation between years of experience and percentage of correct answers in recognizing indications of Diazepam	
Fig. (9d)	77
Relation between years of experience and percentage of correct answers in recognizing indications of Benztropin	
Fig. (9e)	78
Relation between years of experience and percentage of correct answers in recognizing indications of Carbamazepine	

Con. List of Figures

Figures	Page
Fig. (10a) Relation between years of experience and percentage of correct answers in recognizing side effects of Imimarmine	80
Fig. (10b) Relation between years of experience and percentage of correct answers in recognizing side effects of Diazepam	81
Fig. (10c) Relation between years of experience and percentage of correct answers in recognizing side effects of Benzotropin	82
Fig. (10d) Relation between years of experience and percentage of correct answers in recognizing side effects of Carbamazepine	83
Fig. (10e) Relation between years of experience and percentage of correct answers in recognizing side effects of Trifluoperazine	84
Fig. (11a) Relation between years of experience and percentage of correct answers in recognizing dose of Imipramine	86
Fig. (11b) Relation between years of experience and percentage of correct answers in recognizing dose of Diazepam	87

Con. List of Figures

Figures	Page
Fig. (11c) Relation between years of experience and percentage of correct answers in recognizing dose of Benzotropine	88
Fig. (11d) Relation between years of experience and percentage of correct answers in recognizing dose of Carbamazepine	89
Fig. (11e) Relation between years of experience and percentage of correct answers in recognizing dose of Trifluoperazine	90
Fig. (12) Analysis of potentialities of nursing practical behaviours supposed to relay on relevant knowledge	92
Fig. (13) Analysis of potentialities of nursing practical behaviours related to crucial nursing management	94
Fig. (14) Analysis of potentialities of nursing practical behaviours and intentions towards the patient's complaints and a possibly encountered daily problems	96
Fig. (15) Observational results upon HIN and DN taken by the researcher during notification of the nurses while giving psychotropic drugs	98

SPECIAL DEDICATION

To my father, the man

who showed love, care and chirish

who gave attention and help so much

who paid time, effort and watch

who waited to see this work as such

to him I say:

" Thank you, very much"

Nevien

INTRODUCTION

INTRODUCTION

The nurse should be knowledgeable about the psychopharmacoleological strategies available, but this information must be used as one part of a holistic approach to patient care. **Soloff. 1989.**

Nurses who work in hospitals consistently act to maintain patient safety but sometimes in their career they may make a mistake at work that may jeopardize the safety of a patient. Medication errors are unintentional mistakes associated with drugs that are made during prescription, transcription, dispensing, and administration phases of drug preparation and distribution. These occur when nurses administer drugs to patients, notwithstanding the procedures, routines, policies, and rituals designed to eliminate errors through specific safeguards : **Garduer 1987**".

The phenomenon of mistakes made at work is not unique to nurses. According to sociologist **Hughes (1987)**, people working in all occupations make these errors and suffer a great deal of anxiety as a result. Often they do not discuss the risks associated with work-related mistakes and exert themselves to keep their skills well developed in order to eliminate errors. Medication errors constitute a special type of mistake. Medications of psychotroic drugs are not administered or are administered in a manner other than prescribed. The workers who make these errors are frequently professionals working in