Effect of Training Program on the Nurses' Attitude and Perception of Caring Behavior toward Substance Use Disorder Patients

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Abstract

Nurses are responsible for the holistic care of substance use disorder patients, which encompasses the psychosocial, developmental, cultural, and spiritual needs of the individual, and helped to manage physical needs, prevent illness, and treat health conditions, they consider the vital caregiver for SUD patients. To do this important role, they need to have good knowledge, positive attitude and caring behavior skills toward these patients. **Aim of the study:** This study was aimed to determine the effect of training program on the nurses' attitude and perception of caring behavior toward substance use disorder patients. **Subjects of study:** Sample consisted of 50 nurses who were chosen by convenient sampling. **A quasi-experimental design** was utilized. **Tools of the study:** Two tools were used for data collection; Substance Abuse Attitudes Survey (SAAS) designed to measure nurses' attitudes towards substance use disorder and Caring Behavior Assessment Tool (CBA) aims to assess nurse' perception regarding caring behavior toward substance use disorder patients. **Result of the study:** The results revealed that there was statistically significant improvement in nurses' attitude and perception of caring behavior skill regarding substance use disorder patients before and after implementing of the training program. **Conclusion , recommendation:** The study **concluded** that training program about substance use disorder enhancing the nurses' attitude and perception of caring behavior skills toward substance use disorder patients .According to these results, the study **recommended** that hospital policies must encourage nurses to attend in-service training program about attitude and caring behavior skills toward substance use disorder patients.

Key wards: Attitude, Caring Behavior, Substance Use Disorder

I-Introduction:

Substance use disorder is one of the major social, mental, legal, and public-health challenges in the world; it is the major burden in 21st century that impacts families and society on multiple levels, directly or indirectly. Substance use disorder can result in wide range of psychological and social problems and it is a tremendous toll on society at many levels it impacts the individual, family, and community, as it plays a role in many major social problems, such as violence, stress, child abuse, homelessness, crime, and family disruption and missed work. Productivity, relationship and physical health are also affected and are considered cause of preventable illnesses and premature death in society. [1, 2]

It is a chronic pattern of behavior that is characterized by the repeated use of substances or behaviors despite significant an ongoing harms associated with use, where the harms over the benefits. It is difficult to control or cease the use of the substances due to physical or psychological dependence. Substance use disorder generally takes a- period of time to develop and follow a chronic and relapsing course and therefore require ongoing support and treatment. At the International level, The World Health Organization (WHO, 2015) estimated that 600 million people in the world suffer from mental or neurological disorders and psychosocial problems that occur with substance use disorder. [1, 3, 4]

Also drug misuse accounts for 33.4% of the burden of disease, 12.4% of all death globally and drug misuse was cited as constituting the third highest risk factor to health in the developed world. At the national level, the Minstery of Health (2016) stated the percentage of substance use disorder patient in Egypt reached to 6% from total population and percentage of substance users in Algharbia government reached to 6.9% from total population of government. [5,6]

Because of the nurses are responsible for the holistic care of substance use disorder patients, which encompasses the psychosocial, developmental, cultural, and spiritual needs of the individual, and helped to manage physical needs, prevent illness, and treat health conditions , they consider the vital caregiver for SUD patients. To do this important role, they need to have good knowledge and positive attitude, caring behavior skills toward these patients. [2,7,8]

A positive attitude in nurses can impact on nurses' actual job performance, in the form of dealing with stressors of the job, crafting creative solutions to problems, managing effective interpersonal relationships with others and also

enhancing nurse's ability to be more productive. [9] On the other hands negative and pessimistic attitude of the nurse can adversely adversely effect on the therapeutic nurse-patient relationship, resulting in suboptimal patient care, so the nurses must have positive attitude toward those patients. [7, 10]

A significant percentage of nurses have false ideas or gaps in their knowledge and caring behaviors skills toward substance use disorder, which causes them to behave toward SUD patients inappropriately, so that nurses must have knowledge and skills that enable them to behave in a manner that meets patients need. [11-13] Nurses play a key role in many aspects of substance use disorder management, planning and implementation, so insufficient knowledge and negative attitudes towards patients with substance use disorder and its treatment can result in lack or improper implementation of management leading to poor patients' outcome. [5, 14-16]

In this regard it has been observed that specific training of nurses in this field as communication skill, humanistic skill, learning and teaching, supportive skill and stress management skills have positive consequences and enable them to work effectively with those patients. [17-20]

II Aim of the study

The aim of this study was to:

Determine the effect of training program on the nurses' attitude and perception of caring behavior toward substance use disorder patients.

Research hypothesis:

The attitude and perception of caring behaviors of the nurse who will attend the training program toward substance use disorder patients expected to be changed positively..

III Subjects and Method

Research design:

A quasi -experimental research design was used in the current study.

Research setting:

The study was conducted at Shopra kas center for addiction, the center is affiliated to the General Secretariat of Mental Health. The capacity of the center is 30 beds and it provides health care services to Gharbya, Menofia, Sharkia,Dakahelia and Kafr-ilsheikh governates.

Subjects:

According to (Epi- Info program) the subjects of this study consisted of 50 nurses .The subjects were selected by convenient sample and were fulfilling the following inclusion criteria:-

- Both sex.
- Nurses who provide direct care to substance dependent person.
- Agree to participate in the study.

Tools of the study

The data of this study was collected by using the following two tools:

Tool I: Substance Abuse Attitudes Survey (SAAS); It was developed by Chappel et al., 1985[121]. It divided into two parts:-

Part 1: Socio Demographic and clinical characteristic of nurse:

It was used to assess the socio demographic data about nurses it will included 6 demographic data (age, gender, educational level, years of experience in nursing, years of experience in care of substance use disorder patient, and having work shop related to substance use disorder.

Part 2: Substance Abuse Attitudes Survey (SAAS); It consisted of 27 items, designed to measure nurses' attitudes towards substance abuse and it composed of five subscales: permissiveness, treatment intervention, non-stereotypes, treatment optimism, and non-moralism attitudes.

- **Permissiveness subscale :**(from 1 to 8) 8 questions implied accepting substance use within a continuum of normal human behavior. Like

statement "Cannabis should be legalized".

- **Treatment intervention subscale**: (from 9 to 13) 5 questions, this subgroup related to an individual's orientation towards perceiving substance use/misuse in the context of treatment and intervention. Like statement "Family involvement is a very important part of the treatment drug dependence".

- **Non stereotypes subscale:** (from 14 to 17) 4 questions relates to persons non reliance on popular societal stereotypes of substance use and substance users. Like statement "People who use cannabis usually do not respect authority".

- **Treatment optimism subscale**: (from 18 to 22) 5 questions related to an optimistic perception of treatment and the possibility of a successful outcome. Like statement "Drug dependence is a treatable illness".

- **Non-moralism subscale**: (from 23 to 27) 5 questions was linked to an individual's absence or avoidance of moralistic perspective when considering substance use and' substance users. Like statement "Street dealers are the initial source of drugs for young people".

Scoring system : Each item is scored on a 3-point Likert scale ranging from 1 (strongly disagree) to 3(strongly agree). The minimum score is 27and maximum score is 81. Scoring system of these questionnaires was as followed:

- < 50%   = Poor attitude
- 50 – 75% = Neutral attitude
- > 75%   = Good attitude

Tool II: Caring Behavior Assessment Tool (CBA). The caring behavior assessment tool was developed by **Cronin and Harrison (1988)** [122]

It adapted to assess nurse' perception regarding caring behavior toward substance abuse patients . The caring behavior assessment tool (CBA) is a 63 item questionnaire that used a 5 likert scale to reflect the degree to which each nursing behavior reflects caring. It was ascending scale from 1=little importance to 5= much importance. It ordered in seven subscales, the subscales with their respective items numbers

- **Humanism / faith – hope/sensitivity** from (1 to16) 16 questions, this subgroup related to human rights of substance use disorder patients as a human being .Like statement" Treat the patient as an individual".

- **Helping trust** from(17 to 27) 11 questions, this subgroup related to provide trust from nurse to substance

use disorder patients. like statement "Really listen to the patient when talk".

- **Expression of positive /negative feelings** from(28 to 31) 4 questions, this subgroup related to help substance use disorder patients to express his feeling freely without fear. Like statement "Encourage the patient to talk about how he feels".

- **Teaching / learning** from (32 to 39) 8 questions, this subgroup related to provide substance use disorder patients some skills that help him to be independent person. Like statement "Help the patient set realistic goals for his health".

- **Supportive, protective- corrective environment** from (40 to 49) 10 questions, this subgroup related to provide substance use disorder patients support to prevent relapse. Like statement "Explain safety precautions to the patient and his family".

- **Human needs assistance** from (50 to 60) 11 questions, this subgroup related to assist substance use disorder patients in his need. Like statement "Check the patient condition very closely".

- **Existential /phenomenological / spiritual forces** from (61 to 63) 3

questions, this subgroup related to assist substance use disorder patients to improve self-stem .Like statement "seem to know how the patient feel".

Scoring system, each nurse can receive score ranging from 63 to 315 grades. Scoring system of this questionnaire was as follow:

- $< 50\%$ = Poor caring behavior skill
- $50 - 75\%$ = Neutral caring behavior skill
- $> 75\%$ = Good caring behavior skill

Method

1.   An official letter was issued from faculty of nursing, Tanta University to study setting to obtain his permission for data collection.

2. Ethical consideration:

a. consent for voluntary participation was obtained from all nurses participating in the study.

b. The subjects were informed about the aim of the study and reassured the study subjects that the confidentiality and privacy of any obtained information were ensured and used only for the purpose of the study.

c. Respecting the right of the study subjects to refuse to participate or to withdraw from the study at any phase was emphasized.

d. The nature of study not produces harm for subject.

3. Tools of the study were translated into Arabic language by the researcher and were tested for content validity by a jury of five experts in the field of psychiatric nursing to ascertain the appropriateness of items for measuring what they are supposed to measure and both tools were proved to be valid.

4. A pilot study was carried out before embarking in the field of work on 10% from total subjects to ascertain the clarity and applicability of the study tools. Also it served to estimate the approximate time required for filling study tools as well as to identify obstacles that might be faced during data collection. After collecting pilot study, it was found that each nurse took 25-30 minutes to fulfill tools of the study and no modification was done on study tools. The pilot subjects were excluded later from actual study sample.

5. Internal consistency of the study tools were done by means of Cronbach's Alpha coefficient which yielded values of $r=0.924$ – $r=0.941$ respectively.

7- Actual study: The actual study was divided into the four phases;

I) Phase one: - Assessment phase (pretest)

- Tools of the study were distributed on the study subjects in individual basis and the subjects were asked to fill the questionnaire in the presence of researcher for any clarification and filling of the questionnaire ranged from 25 to 30 minutes, this phase aimed to determine the study subject's needs as a base line of training program.

II) Phase two: - Development of the training program

- Training program was developed by the researcher based on reviewing of the recent related literatures [1, 2, 27, 29, 39,101-9] and the result of phase one.

- The general object of training program was aimed to improve the nurses' attitude and their perception of caring behavior toward substance use disorder patients. The training program consisted of theoretical and practical parts in which each one of them has set of specific objectives. The objective of theoretical part of training program was providing studied nurses with theoretical knowledge about substance use disorder like (definition, causes, types and treatment) and attitude like (concept, type, impact of positive and negative attitude). Meanwhile the objective of practical part of the program was providing study subjects with skills to improve their attitude and caring behavior skills like humanistic skills, teaching and learning skills, supportive skills.

- The prepared program was written into a simplified Arabic language by the researcher and revised by the supervisors to ascertain its content and appropriateness and applicability. Accordingly, the required modifications and corrections were carried out.

III) Phase three: - Implementation of The training Program.

- The training program was implemented on 16 sessions, the first one is introductory session and six of them were theoretical sessions, eight of them were practical sessions and the final session was summery for all previous sessions.

- The studied nurses classified into 8 subgroups. Each sub group composed of 5-7 nurses. Each sub group attended sixteen sessions, these sessions were scheduled as 2 sessions per week for duration of 8 week. The time for each session was about (45-60 m).

- The training program was carried out in the training room of study setting on

small group basis. This room was prepared specifically by the hospital for continuing teaching and training nurses.

- Lecture, hand out, power point, role play were used as teaching method in implementation of training program.
- The data collection took about seven months from July 2017 to January 2018.
- **In implementation of the program, as a general,** the researcher was the initiator, provider and encourage of exchange knowledge between studied nurses and researcher, and encouraged exploration of their responses, issues or concepts and their attitude. The researcher also acted as a group leader who operated as a facilitator, teacher, and trainer. Clinical experiences of nurses were taken into consideration during teaching-training sessions. All over the sessions, nurses were motivated to share in the discussion with symbolic reward (by giving them paper notes, pens, and offering tea breaks), and emotionally reward by positive comments and appreciation.
- At the end of the program for each subgroup, printed booklet of the training program was given to all studied nurses.

- **Specifically**
- **The theoretical sessions** was implemented by using lecture interwoven with discussion and sometimes demonstration method. Group discussion was used to enhance interest and promote active involvement of nurses. In addition to the examples, and illustrations which provided by the researcher for assuring understanding and the subjects also provided additional examples from their professional experiences. Lecture was given in clear, simple manner using attractive power point presentations which prepared by the researcher in a simplified and meaningful Arabic language for the study subjects and appropriate for allocated time.
- Lecture, group discussion were used as method of teaching ,meanwhile the hand out , power point and posters were used as a media of teaching.
- **In the practical sessions,** The researcher used mainly role play, demonstration and re demonstrations as method of teaching also used lecture and group discussion, visual aids, video .Role play was carried out between studied nurses themselves and studied nurses with researcher. Handout papers

about simulated situations and scenario were distributed to all studied nurses at the beginning of each session. In each practical session, simulated nurse, patient situations presented by the researcher through data show and then discussed with the studied subjects.

□ Firstly, the researcher allowed nurses to think critically and give wide range of their own responses to the situations and analyze each one, after that the most therapeutic responses were presented at the end of each situation's discussion in addition to giving rationale and analysis to each choice.

□ In most of the sessions, nurses brought clinical situations which also discussed with them. Also role playing for simulated scenario was used as a teaching method in showing therapeutic response to the clinical situations and such method help the nurses to know how they convey the appropriate response. Also after each session, nurses were given a homework in which each nurse writes other situations with its therapeutic response and this will be discussed in the following session.

IV phase four (Evaluation phase):-

• This concerned with the evaluation of the implemented training program. The tools of the study were reapplied twice on all study subjects on an individual basis.

- Immediately after implementation of the training program.

- Three months later after completion of the training program.

Statistical analysis

The collected data were organized, tabulated and statistically analyzed using SPSS software statistical computer package version 16. For quantitative data, the range, mean and standard deviation were calculated. For qualitative data, comparison was done using Chi-square test (χ2). For comparison between means, student t-test was used. For comparison between more than two means, the F-value of analysis of variance (ANOVA) was calculated. Correlation between variables was evaluated using Pearson's& Spearman correlation coefficient r. A significance was adopted at P<0.05 for interpretation of results of tests of significance..

IV Results.

Table (1): illustrate the effect of training program on the total mean score of studied nurses regard substance abuse attitude survey pre, post and follow up the implementation of training program .The results revealed that there is highly statistically significant relation between total mean score of studied nurses regard substance abuse attitude survey before,

immediately after, and after three month from implementation of the training program in which (P-value=0.000*). This mean that studied nurses had total mean score regard substance abuse attitude survey before program (32.180± 3.691), and then this level became high immediately and three months after program (48.320±3.159& 46.280±3.540 respectively).

Table (2): clarifies distribution of the studied nurses in relation to their mean score of non-stereotypes attitude subscale, The results revealed that there is highly statistically significant relation between nurses non-stereotypes attitude subscale before, immediately after implementation of the training program in which (P-value=0.000*). Where there isn't statistically significant relation between nurses non-stereotypes attitude subscale post program and at follow (after implementation of the training program three month ago) in which (P-value=0.159)

Table (3): illustrate the effect of training program on the total mean score of studied nurses regard caring behavior skill pre, post and follow up the implementation of training program .The results revealed that there is highly statistically significant relation between total mean score of studied nurses regard

caring behavior skill before, immediately after, and after three month from implementation of the training program in which (P-value=0.000*). Where studied nurses had total mean score regard caring behavior skill before program (32.180 ± 3.691), while this level became high immediately and three months after program (48.320±3.159& 46.280±3.540 respectively).

Table (4): show distribution of the studied nurses in relation to their mean score of caring behavior subscale (Humanism .faith -hope) skill, The results revealed that there is highly statistically significant relation between nurses caring behavior subscale (Humanism .faith -hope) skill before, immediately after, and after three month from implementation of the training program in which (P-value=0.000*). Where studied nurses had mean score of caring behavior subscale (Humanism .faith -hope) skill before program (20.620 ±3.613), while this level became high immediately and three months after program (27.900±3.512& 27.760±3.467 respectively

Table (1): The Effect of Training Program on The Total Mean Score of Studied Nurses Regarding Substance Abuse Attitude Survey Pre, Post and Follow up The Implementation of Training Program

Items		Mean	±	SD	Comp.	Difference		Paired T-test	
						Mean	SD	t	P-value
Substance abuse attitude survey SAAS	Pre	32.180	±	3.691	Pre-Post	-16.140	4.436	-25.730	0.000
	Post	48.320	±	3.159	Pre-Follow up	-14.100	4.841	-20.594	0.000
	Follow up	46.280	±	3.540	Post-Follow up	2.040	2.603	5.542	0.000

* Significant at P < 0.05

Table (2):   Distribution of The Studied Nurses in Relation to Their Mean Score of Non-Stereotypes Attitude Subscale Pre, Post and Follow up The Implementation of Training Program.

Items		Mean	±	SD	Comp.	Difference		Paired T-test	
						Mean	SD	t	P-value
Non stereotypes Attitude	Pre	4.180	±	1.535	Pre-Post	-2.920	2.049	-10.078	0.000
	Post	7.100	±	1.035	Pre-Follow up	-2.880	2.076	-9.807	0.000
	Follow up	7.060	±	1.018	Post-Follow up	0.040	0.198	1.429	0.159

* Significant at P < 0.05

Table (3): **The Effect of Training Program on The Total Mean Score of Studied Nurses Regarding Caring Behavior Skill Pre, Post and Follow up The Implementation of Training Program.**

Items		Mean	±	SD	Comp.	Difference		Paired T-test	
						Mean	SD	t	P-value
Caring behaviors skill	Pre	68.980	±	11.578	Pre-Post	-37.280	12.615	-20.896	0.000
	Post	106.260	±	10.913	Pre-Follow up	-35.640	12.657	-19.911	0.000
	Follow up	104.620	±	10.913	Post-Follow up	1.640	2.248	5.160	0.000

* Significant at P < 0.05

Table (4): **Distribution of The Studied Nurses in Relation to Their Mean Score of Caring Behavior Subscale (Human Needs Assistance) Skill Pre, Post and Follow up The Implementation of Training Program.**

Items		Mean	±	SD	Comp.	Difference		Paired T-test	
						Mean	SD	t	P-value
Human needs assistance skill	Pre	11.400	±	4.252	Pre-Post	-6.860	5.071	-9.566	0.000
	Post	18.260	±	2.813	Pre-Follow up	-6.640	5.082	-9.239	0.000
	Follow up	18.040	±	2.941	Post-Follow up	0.220	0.887	1.753	0.086

* Significant at P < 0.05

V: Discussion

Substance use disorder is a major problem that the world is facing. Substance use disorder not only ruins the social fabric of society but it contributes significantly towards disease and violence.

Emerging result of the present study revealed that the training program has positive effect on nurse attitude toward substance use disorder patients immediately and after three month from implementation of the training program. This result may be due to training program development which mainly based on the studied nurses' needs in addition to its clarity, simplicity, frequent repetition, and motivating staff to participate in both practical and theoretical sessions of the training program**. (Table 1)**

This enhancement of the nurses' attitude also may be due to the way of implementation of training program in which researcher used role play and simulation as a method of teaching. This method help nurses to be more self-awareness for their attitude toward patients particularly their negative attitude .Additionally role play and simulation as a method of implementing of program give the researcher opportunity to demonstrate positive attitude that mainly helped in replacing negative attitude by positive one .

Additionally the researcher gave subjects nurses homework as post simulation activity that enhanced nurses' attitude as this homework provide them opportunity to be more explore to their attitude toward SUD patients and become more self-awareness about their attitude which leads to personal and professional growth. In theoretical sessions the researcher gave it by using lecture interwoven with group discussion. Group discussion was used to enhance interest and promote active involvement of nurses. Additionally the researcher was very keen to implement program in a warm and friendly environment which helps nurses to share and express their negative attitude freely.

This result is supported by **Rawat (2009)**[23] in his study found that there were significant improvements in nurse attitude after intervention than before .In the same line **Tierney (2013)**[24] showed significant improvements for nurses' attitude toward patients with substance use disorder after program implementation.

Society has the tendency to label and stereotype people who are abusing drugs. There is a stigma that is attached to these people. Nurse as a member of society also follows the views of society and stigmatize those SUD patients. This leads to poor attitude and poor quality of nursing care

with consequent harm to the patient. **(Table 2)**

This study was carried out with the hope of eradicate nurses stigma toward SUD patients, at the same line the result of presented study improved that there was positive change on nurse attitude toward SUD patients .this improvement may be due to the implementation of the program. For example in one of the session concerned with stigma. This success was due to during implementing session one of the nurse said that they saw SUD patients as unacceptable person, dangerous and drug seeker, as the result of what has been said the researcher intended to change myths and mis- concepts about SUD patients by revealing real-life experiences of stigma [25], like statement" SUD patients aren't drug seeker". "Drug abusers are acceptable patients". "SUD like any other disorder can be treated and prevented" change of this stigmatized view of patients lead to improved nurses' attitude toward those patients. This result was in line with, *Mansour (2011)* [25] in their study observed that there was statistical significant relation of non-stereotypes attitude subscale before and after program.

Caring is a central concept to psychiatric nursing and the nurse is vital in caring with substance use disorder patients so that the nurses must be understand that substance use disorder patients are unique and their needs are urgent and therefore their intervention should cater for their needs, this require from nurse to be more self-confidence, more self-autonomy. This refers to the topical importance of training of caring behavior skills which enable nurses to provide effective care for those patients. **(Table 3)**

In the consistent with this current study the result pointed out the caring behavior skills of nurses shaped positively after the implementation of training program. This result may be due to successful effect of training program which consist of seven practical training sessions about different caring behaviors such as (humanistic skills, supportive skills, self-dependent skills, teaching and learning skill in order to enhance caring behavior skills of nurses.

The researcher used mainly role play, demonstration and re demonstrations as method of teaching also used lecture and group discussion, visual aids, video and role play was carried out between studied nurses themselves and studied nurses with researcher. Handout papers about simulated situations and scenario were distributed to all studied nurses at the beginning of each session.

For example the researcher implement communication skills like active listening skills, silence, open end question, proud

opening, and assertiveness. Another example in implementation of teaching and learning skills as mental preparation skills, diversifying stimuli skills, and stimulating motivation skills, positive and negative reinforcement ,after the researcher provide all knowledge about these skills by using attractive power points and after listening video or scenario to qualified nurses when deal effectively with patients and use effective caring behavior skills. the researcher played role of nurse and studied nurses played role of patients to make role play of effective and therapeutic response between nurse and patients while giving care to substance use disorder patients.

This result was supported by *Cristina et al., (2013)* [27] in their study who observed that there were significant improvements in nurse caring behavior skills after intervention than before .Additionally *Hunter(2018)* [28] in his study support the same result. While *Justin & Sleeper (2013)* [26] in their study revealed that there was poor quality of nursing caring behavior skills toward substance use disorder patients and this require more improvement to deal effectively with those patients.

Nursing is a profession committed to the promotion of human beings. It takes into consideration their freedom, uniqueness and dignity, therefore communication plays an important role within the nursing process and its results, and it is also a fundamental component of the treatment. Alongside with that this study intended to promote nurse humanistic skill, in consistent with this result, it was notice that there was significant increase in mean score of (humanism, faith -hope) skill of studied nurses' toward substance use disorder patients immediately after and after three months of implementation of the training program compared with before the implementation of the training program**. (table4)** This result may be related to the effort made from researcher in order to provide wide knowledge for nurses about humanistic skills and make effective role play about humanistic skills (empathy, sharing hope skill) that help nurses to practice them effectively.

This coincides with *Mousa's study (2015*) [29] that showed that all nurses achieved high level of humanistic skills following the completion of theoretical and practical contents of the training program. Similarly, a study done by *Kahriman et al (2016)* [30] revealed the same result for *Mousa's study*. [29] This finding was contradicted with *Williams & Stickley (2010)* [31] in his study who stated that humanistic skills are a personality trait that cannot be easily taught, in the same line the results of the current study contradicted

with *Nunes et al., (2011)* [32] which found that nurses' levels of humanistic skills did not change or were more likely to decrease after intervention.

VI Conclusion and Recommendations

Based on the results of the present study. The findings confirmed the importance of nurses' attitude and nurses caring behavior skills in management of substance use disorder, and also confirmed the effect of the training program on enhancing the nurses' attitude and perception of caring behavior toward substance use disorder patients. It can be concluded that the majority of studied nurses had a high level substance use disorder attitude and caring behavior skills that enable them to deal effectively with SUD patients after the implementation of this training program. Total score of attitude and caring behavior skills before intervention was significantly different from immediately after and at follow up.

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

- Introduction of effective nursing attitude and caring behavior skills related to substance use disorder patients in students curriculum.

- Purposeful training workshop about positive nurse attitude toward SUD patients.

- Hospital policies must encourage nurses to attend in-service training program about new health issues and its trends related to SUD.

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