Original Article

Effect of Relapse Prevention Training Program on Nurses' Knowledge related to Addict Patients after Treatment

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ABSTRACT

Objective: To assess the level of a relapse prevention on nurses' knowledge related to addicted patients after treatment.

Study Design: Descriptive study

Place and Duration of Study: This study was conducted at the teaching hospitals in Al-Hilla City Iraq from 15th June 2025 to 14th December 2025.

Methodology: A non-probability (convenience) sampling technique was used to reflect the general characteristics of the nurses and 50 nurses were enrolled.

Results: Overall nurse's knowledge toward relapse prevention related to addict patients, 48% of them poor and moderate level of knowledge and 48% of them have moderate level of knowledge too.

Conclusion: Poor and moderate level of knowledge that related to relapse prevention knowledge.

Key Words: Assessment, Nurse's knowledge, Relapse prevention, Addict patients

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INTRODUCTION

Substance use disorders (SUDs) continue to be a health issue in many parts of the world, and the high rate of relapse after treatment presents a significant burden to healthcare organizations.[1] Also states that about 35 million individuals throughout the world experience drug use disorders, and only 1 of every 7 individuals obtains the necessary treatment. Although some people show recovery, the relapse rates are still too high, and according to research, 40-60 percent of people relapse in the first year of treatment.[2] Nonetheless, the research indicates that a lot of nurses do not have sufficient training and knowledge skills to deal with the intricacies of addiction recovery.

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Recent cross-sectional research in Ethiopia also revealed that only a proportion of 48.3% of nurses were also good in terms of their knowledge on substance use care.[3,4]

Substance use disorder is a chronic, relapsing disease that has a huge burden on people, families, and medical systems all over the globe.[5] Although treatment is effective, the problem of relapse following treatment is an insurmountable obstacle to lasting recovery. Research has revealed that most patients receiving addiction treatment relapse in the first year, and in most cases, it is because of insufficient psychosocial support and relapse prevention measures.[6] Since addiction is a complicated issue with a multifaceted nature, relapse is no longer considered an act of moral failure but a certain predictive aspect of the process of recovery that needs specific interventions and qualified healthcare assistance.[7]

The concept of relapse is used to describe the re-emergence of substance use in people with SUD who have abstained or cut down on substance use. It is well known as a normal and clinically relevant phenomenon in the recovery process and not as a sign of moral failure or unsuccessful treatment. The Diagnostic and Statistical Manual of Mental Disorders defines substance use disorder by problematic pattern of substance use that causes clinically significant impairment or distress. In this context, relapse can be used to indicate the recurrence of symptoms and

functional deficiency following an improvement in status, which is indicative of the chronic and relapsing fact of addiction.[8]

Nurses operate at the leading line in the addiction recovery indicating medical and psychosocial assistance to the individuals after discharge. Nevertheless, research has shown that a lot of nurses are not well trained in the management of addictions and prevention of relapse. To illustrate, a recent report on Ethiopia indicated that only 48.3 per cent of nurses were knowledgeable enough when it comes to substance use care, and over 50 per cent showed misconceptions or negative views towards patients with SUDs.[3,9]

METHODOLOGY

This descriptive study was carried out at teaching hospitals in Al-Hilla City Iraq from 15th June 2025 to 14th December 2025 vide letter No. 85 dated 2nd June 2025. The non-probability (convenience) samples of 50 nurses were who employed in the addict care units of teaching hospitals. The information from the nurses about knowledge of them about relapse prevention related to addiction that is where all parts part fill by the nurses. The 1uestionnaires composed of six parts:

Part one include the demographical data of the nurses like age of the nurse who share in the study, sex, marital status, educational level, years of employment, and years of work in the psychiatric care unit.

Part two includes 13 questions that is used to assessment the level of knowledge of nurses regarding addiction and relapse, each question has four choices and the question was scored that one grade for correct answer and zero grade for incorrect answer.

Part three includes 14 question and information regarding the nurse knowledge related to assessment to prevent relapse each question has four choices and the question was scored that one grade for correct answer and zero grade for incorrect answer.

Part four includes 14 questions and information regarding the nurse knowledge related to assessment to prevent relapse each question has four choices and the question was scored that one grade for correct answer and zero grade for incorrect answer

Part five includes 12 questions and information regarding to psychosocial support, nurse-patient communication, and therapeutic relationships to prevent relapse each question has four choices and the question was scored that one grade for correct answer and zero grade for incorrect answer

Part six includes 26 questions and information regarding to clinical training plan for addiction-related relapse prevention each question has four choices and the question was scored that one grade for correct answer and zero grade for incorrect answer.

Rating and scoring of instrument of the study: 0-26 scores as grade of poor knowledge, 27-53 scores as grade of moderate knowledge and 54-79 scores as grade of good knowledge.

Reliability and validity of the instrument: The validity of the instrument of study had been achieved by experts from different scientific branches having at least 5 years of experience in their field of work mean of experiences. The validity of the study consists of (11 (expert that distributed as follow (experts of faculty of nursing university of Babylon, experts of Faculty of Nursing University of Kirkuk, experts of faculty of nursing university of Al-Mustaqbal university, experts of faculty of nursing university of Baghdad, Consultant physician from Babylon Health Department. All observation of the experts was taken in consideration to show the questionnaire in better status. The reliability of questionnaire is obtained questionnaire that include knowledge of nurses without demographical data the reliability of questionnaire includes 0.81 by used Cronbach's alpha test. The data was analyzed through SPSS-25.

RESULTS

There were approximately half of the females 54% and males 46%. Majority of participants 54% were aged between 25–30 years with mean age was 27.08±3.511 years.

Table No.1: Sociodemographic characteristics of sample (n=50)

Characteristics	No.	%
Gender		
Male	23	46.0
Female	27	54.0
Age (years)		
20-24	16	32.0
25-30	27	54.0
31-35	7	14.0
Marital status		
Single	24	48.0
Married	26	52.0
Widow	-	-
Divorced	-	-
Educational level		
Nursing School Graduated	-	-
Nursing Institute graduated	13	26.0
College of Nursing Graduated	37	64
Years of experience in nursing		
< 5	36	72.0
6-10	10	20.0
> 11	4	8.0
Years of experience in psychiatric units		
< 1	31	62.0
< 2	11	22.0
2-3	7	14.0
≥ 4	1	2.0

There were 52% of the nurses were married, 54% of the nurses graduated from a college of nursing. It was also

found that 72% of the participants had 5 years or less of nursing experience. About 62% of nurses had less than one year of experience in the psychiatric unit (Table 1). The mean scores are moderate in all domains (7.800, 7.960, 8.84, 9.08, 11.40, 42.0800). In overall, so moderate level assessment (Table 2).

48% of the participants had a poor level of knowledge, while another 48% had a moderate level of knowledge (Table 3). Regarding nurses' knowledge and sex, there is no significant difference between nurses' knowledge and sex (p=0.53) at the level of significance (p≤0.05). With respect to age, there is no significant difference between age and nurses' knowledge (p=0.632) at the level of significance (p≤0.05). However, the study results indicate a significant difference between nurses' knowledge and educational level (p=0.02) at the level of significance (p≤0.05) [Table 4]. Concerning years of experience in nursing, the results show that there is no significant difference between nurses' knowledge and years of experience in nursing (p=0.162) at the level of significance (p≤0.05).

Table No. 2: Descriptive statistics for study

Domain	Mean±SD	Assessment
Concept of addiction and relapse (range 5-10)	7.800±1.732	Moderate
Comprehensive assessment for relapse prevention (range 6-11)	7.9600±1.813	Moderate
Nursing interventions and relapse prevention strategies (range 4-12)	8.84±1.929	Good
Psychosocial support, nurse–patient communication, and the therapeutic relationship (range 7-12)	9.08±1.7058	Moderate
Clinical training plan for addiction-related relapse prevention (range 7-12)	11.40±3.662	Moderate
Overall (range 25-45)	42.0800±6.90	Moderate

Table No. 3: Overall nurse's knowledge study toward relapse prevention related to addict patients

Variable	Classes	Control	
		No.	%
Nurse's knowledge	Poor	24	48.0
	Moderate	24	48.0
	Good	2	4.0
	Minimum	25.00	
	Maximum	45.00	
	Mean ± SD	42.0800±6.90	
	Assessment	Moderate	

Poor = 0-26, Moderate = 27- 52, Good = 53-79

Table No. 4: Difference between demographic characteristics among study and nurse's knowledge toward relapse prevention related to addict patients

Socio-demographic characteristics		p. value	Statistic Test
Gender	Male	0.53	Mann-Whitney
	Female		
Age (years)	20-24	0.632	Kruskal-Wallis
	25-30		
	31-35		
Marital Status	Single	0.149	Kruskal-Wallis
	Married		
	Widow		
	Divorced		
Educational level	Nursing School Graduated	0.02	Kruskal-Wallis
	Nursing Institute graduated		
	College of Nursing Graduated		
Years of experience in nursing	≤ 5	0.162	Kruskal-Wallis
	6-10		
	> 11		
Years of experience in psychiatric unit	< 1	0.04	Kruskal-Wallis
	1-2		
	2-3		
	≥ 4		

DISCUSSION

In the present study, 48% of the participants had a poor level of knowledge, while another 48% had a moderate level of knowledge. This finding is consistent with that reported by Fisher et al[10] and Storm et al[11], which emphasizes that more interactive training methods should be implemented, as knowledge retention and practical skills are significantly improved through interactive teaching approaches such as role-playing.

The results of the present study show a significant difference between nurses' knowledge and years of experience in the psychiatric unit ($p=0.04$) at the level of significance ($p\leq0.05$). Barry et al[12] and Selby & Trinkoff[13] demonstrated that a higher level of education is associated with greater knowledge retention during addiction training. However, the researchers also found that a large proportion of participants (64%) had less than five years of nursing experience, and this factor did not have a significant influence on the results ($p=0.162$).

This study explained the psychiatric setting, 64% of participants had less than one year of experience, which showed a significant association ($p=0.04$). This highlights the importance of practical experience and is consistent with Chen et al[14], who suggested that limited experience in specialized fields may hinder the effective transfer of training knowledge. In contrast, Andersson and Nilsen[15] argued that knowledge can be effectively developed regardless of experience level, and that comprehensive training can help overcome knowledge gaps caused by limited experience.

CONCLUSION

Poor and moderate level of knowledge that related to relapse prevention knowledge.

Author's Contribution:

Concept & Design or acquisition of analysis or interpretation of data:	Hatem Kareem Mansoor, Muna Abdulwahab Khaleel
Drafting or Revising Critically:	Hatem Kareem Mansoor, Muna Abdulwahab Khaleel
Final Approval of version:	All the above authors
Agreement to accountable for all aspects of work:	All the above authors

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