

The Emotional Discipline Role of Nursing Personnel in the Control of Narcotic-Induced Psychosis Seizures

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Keywords:

Emotional Discipline –
Psychosis – Narcotic-Induced –
Nursing – Seizure – Patient

ABSTRACT

The nursing team is one of the cornerstones of any health institution around the world, as the nursing team deals with various cases on a daily basis. To ensure the continued good performance of the nursing team in any health institution, it must be checked periodically that the team has the appropriate level of mental health to deal with patients. In mental health and addiction treatment institutions, the nursing team constantly deals with various seizures of mental illness symptoms or the effects of withdrawal in an addicted patient. Accordingly, it directly affects the impulses and emotions of the nursing staff to the extent that it may lead to a deterioration in their mental health, especially if they do not have a healthy psychological defense and awareness of the nature of the cases they deal with. This necessitates a periodic psychological assessment of them to ensure their emotional steadiness and to keep performing their work successfully. The study aimed to reveal the role of the emotional discipline of nursing personnel in controlling patients with narcotic-induced psychosis seizures. The researcher used the descriptive analytical approach through two tools, which are the emotional discipline scale and the questionnaire form. They were applied to a sample of (150) nurses and healthcare workers at the (Iradat al-Amal Complex for Mental Health) in the Kingdom of Saudi Arabia. The sample was randomly selected. The collected data were processed by the two research tools using the SPSS26 statistical processing package. The results of the research on the questionnaire showed that there is a positive effect on the level of emotional discipline of the nursing staff in their ability to control the seizures of narcotic-induced psychosis patients. Whereas, the medical team and nurses have a medium ability to control their impulses with drug abuse psychosis patients, with a mean ranging from 1.525 to S.D 0.423. The medical team and nurses show a high level of flexibility in emotional responses when dealing with psychotic patients' seizures resulting from drug use in appropriate situations, with a mean ranging from 1.800 and S.D 0.389. The medical team and nurses have a medium level of flexibility in emotional responses when dealing with psychotic patients' seizures resulting from drug use in situations that call for these feelings, with a mean ranging from 1.622 and S.D 0.419. The medical and nursing staff have a medium level of flexibility in the role of emotional discipline to control psychotic episodes among drug abusers, with a mean ranging from 2.099 and S.D 0.723. The results of analyzing the data collected from the research sample concluded that there is a

fundamental role in the level of emotional discipline among nursing personnel. Consequently, their role-playing abilities are evident when dealing with seizures of narcotic-induced psychosis patients.



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1. INTRODUCTION

In the modern era, evaluating emotions, expressing them, and regulating the way they are channeled are major techniques for acquiring emotional intelligence in nursing practice. Where nurses are expected to have the emotional discipline to protect, promote and attend to patients' needs [3].

Nurses' ability to regulate and discipline emotions, along with practicing healthy self-care habits are potential stressors affecting nursing staff and patients. If a healthcare institution does not show concern for the health of those who provide care to patients, it will certainly reduce the quality of health care that the institution is able to provide [2].

It is known that emotions are the most important factor in determining human behavior in different situations. However, nursing personnel have to suppress their reactions and make psychological efforts to focus in a professional manner at work. This gave rise to the term "emotional distance" as a coping mechanism for emotional exhaustion and burnout on the job. It enables caregivers to protect themselves from emotional exhaustion to ensure rational medical treatment is provided to the patient [1].

The nursing profession not only requires that nursing personnel acquire the skill of emotional intelligence in order to respond to their various duties in patient care. But also, a high ability to discipline, understand, organize, employ, and manage emotions contributes to achieving a healthy work environment and enhancing organizational commitment, job satisfaction, and well-being in the workplace [4].

2. Literature Review

Emotional Discipline:

To understand emotional discipline, we must first shed light on some concepts. The first of which is the definition of emotional intelligence. It is described as the ability to recognize our own feelings as well as those of others, regulate ourselves, and manage the emotions within ourselves and in our relations [6].

Nursing personnel needs to learn emotional intelligence and support to be able to protect themselves during intense and stressful patient-care relationships and to manage difficult emotional situations [10].

The second concept is professionalism in nursing. It is a complex concept that includes necessary professional attributes such as educational preparation, research development, continuing education, participation in a professional organization, collegiality, collaboration, community service, competence and assessment, adherence to the Nurse Code, and self-regulation [8].

The professional state of nursing personnel requires controlling their emotional states and maintaining their professional character while caring for patients. Therefore, the interest in implementing programs aimed at developing their social and emotional skills, such as communication skills, the ability to solve problems,

decision-making, recognition of other people's feelings, and the discipline of emotions and behavior, has increased [11].

In light of the foregoing, emotional regulation and control, or emotional discipline, allows people to calm themselves down and relieve stress, anxiety, depression, or stress. It involves managing unpleasant emotions, analyzing their causes, adjusting emotional reactions, and choosing the appropriate response. In this sense, it is responsible for determining the external behavior and internal well-being of the nurses.

Psychosis:

Psychosis is a clinical syndrome characterized by several symptoms involving a wide range of psychological and mental disorders. Over time, a high degree of variability occurs among individuals with these different mental disorders. It also shows a high degree of variability within the individual. Symptoms of psychosis include the core clinical symptoms of mania, disturbed thinking, depression, delusions, and hallucinations [16].

Psychosis is a condition that affects a person's ability to differentiate between reality and imagination, causing disruptions in their thoughts and perceptions. First-episode psychosis, which occurs in the early period after the onset of psychotic symptoms, commonly affects young people who are establishing their autonomy as adults. Psychosis also refers to a mental condition in which a person experiences delusions, hallucinations, and/or disturbed thinking while remaining fully aware [24].

First-episode psychosis is a condition that affects an individual's ability to differentiate between reality and imagination, typically beginning between the ages of 16 and 30. It is generally defined as the period up to five years after the onset of psychotic symptoms. This condition can significantly impact young people, particularly as they are transitioning into adulthood and seeking independence [26].

According to 2013 statistics, there are 23.6 million cases worldwide. One in two people with psychosis receives care. Cure rates are one in every seven cases. Psychosis-related disability is the 11th leading cause of disability globally. Annual costs for patients with schizophrenia ranged around 1.65% of gross domestic product worldwide [17].

Healthcare providers of patients with psychosis face complex challenges. Not only because of the seizures of psychotic patients but also because of their families constantly expressing their frustration with the nursing personnel and demanding more care and more information. Therefore, support should be offered to nurses in order to manage anxiety related to work stress. Furthermore, nursing personnel should receive more training that reduces stress, improves their self-confidence, and balances them physiologically and emotionally. Subsequently, it is essential to focus on strategies that reduce stress and enhance emotional competence and well-being among nurses [18].

Ambulance nurses also suffer when dealing with episodes of psychotic patients from stress and negative emotions due to a lack of information about patients, the unpredictability of the situation, and being with them in a small space. To reduce nurse stress, mental health care must be provided by educating them through a process of continuous learning about the disorders and interventions used with patients with psychosis, as well as by practicing simulations [19].

Narcotic -Induced Psychosis Disorder:

A Substance Use Disorder is a condition where individuals continue to use a substance despite experiencing

negative consequences. These consequences can include using more of the substance over time, unsuccessful attempts to stop or cut down, spending a lot of time recovering from its effects and giving up important social, occupational, or recreational activities. Substance use disorders can involve a variety of drugs and may lead to a decline in an individual's ability to function.

Several research studies have examined the effects of alcohol, cannabis, and tobacco on individuals experiencing first-episode psychosis. Alcohol use has been linked to reduced medication adherence, lower quality of life, and impaired social functioning. Cannabis use has shown a correlation with the onset of psychosis in some young adults; regular cannabis use prior to the onset of psychosis is common. However, continuing to use cannabis after seeking treatment for first-episode psychosis can lead to poorer outcomes compared to those who abstained from cannabis. Tobacco use is associated with cardiometabolic troubles in young adults with first-episode psychosis.

Since cannabis is the most used illegal drug among young people, it can cause addiction in about 10% of its users. Cannabis use leads to several symptoms, including lethargy, worsening depression, acute short-lived psychosis, paranoia, and memory loss. Cannabis can also trigger symptoms of psychosis and contribute to the development of long-term mental health problems [21].

At present, there is insufficient evidence to recommend a dual-focus therapy for the management of narcotic-Induced psychosis. Therefore, individuals with this disease are cared for by providing specific interventions for each disorder (eg, substance abuse, psychosis) [21].

The Relationship of Substance Abuse to Psychosis

Many scientific studies have confirmed that drug abuse of all kinds and alcohol may cause psychosis. Distinguishing between narcotic-induced psychosis and primary psychotic illness is diagnostically challenging. Narcotic-induced psychosis can lead to an increased risk of future development of an initial psychotic disorder that may eventually develop into schizophrenia or bipolar disorder. Substance-induced psychosis includes the abuse of alcohol, cannabis, amphetamines, and drugs. Cannabis and amphetamines in particular also have the highest conversion rates for both types of disorders. Positive associations have also been shown between the use of cannabis, followed by amphetamines and hallucinogens, and the development of symptoms of psychotic illnesses such as schizophrenia [12].

According to the research conducted by [13], the high prevalence of cannabis uses among the study participants in Egypt, either alone or in combination with tramadol, may be attributed to various environmental and economic factors that affect the availability of these substances. While drug use does not necessarily result in drug-induced psychosis, schizophrenia, or psychotic spectrum disorders, it may still lead to psychosis. The study also found that cannabis use was more common among individuals with clinical psychosis [13].

In general, it is important for nursing personnel to examine their professional advancement in the context of a changing global perspective. Healthcare must prioritize patients' needs, overcoming bureaucracy and technology. To maintain nursing as a distinct healthcare profession, scientists, clinicians, researchers, and policymakers must maintain the continued development of the nursing system [5].

The occurrence of psychosis can be due to drug abuse or the use of prescription medications. Psychosis symptoms include hallucinations, anhedonia, and impaired executive functions. They are classified into positive, negative, and cognitive symptoms. Although the symptoms of drug-induced psychosis and

schizophrenia can be similar, they have different causes and mechanisms. The drug-induced psychosis model is often used in schizophrenia research to study common underlying mechanisms. However, drug-induced psychosis is believed to develop due to altered neurotransmitter systems, schizophrenia is thought to be caused by genetic factors [14].

Detecting drug-induced psychosis can be a difficult task and is typically done in an indirect manner. Medical professionals must collect details regarding the patient's drug usage history, symptoms, and urine drug screening results. Familiarity with the prevalence of drug use in the region is critical to identify drug intoxication effectively. For instance, khat, a natural stimulant frequently linked to psychosis in East Africa, would be an improbable cause of psychosis for a college student residing in New England who may opt for prescription stimulants. Moreover, the emergence of designer drugs available online has further complicated the identification of the root cause of drug-induced psychosis [15].

Medication-induced mental disorders are rare but can arise from medication, pre-existing medical conditions, or psychological factors. It can be difficult to differentiate this disorder from delirium, and an accurate differential diagnosis is crucial for effective management [20].

It is worth knowing that mobile healthcare crisis teams provide crisis intervention services to individuals. Crisis service providers must support all individuals seeking assistance and connect them to appropriate services. It is important that crisis systems work within the broader healthcare system. In addition, the increasing mental health and substance abuse issues highlight the need for more judicious and prompter intervention from mobile crisis teams [25].

The Emotional Discipline Role of Nurses During Narcotic-Induced Psychosis Seizures:

Rosemary Ellis' 1968 paper, "Characteristics of Significant Theories," sparked an important debate at the First National Theory Conference on Nursing. Ellis has raised important questions about nursing theories. She indicated that nursing knowledge should be a mixture of basic and applied knowledge, with an emphasis on the latter. She identified four categories of information that were necessary for nursing inquiry: 1) scientific knowledge, 2) historical knowledge, 3) nursing philosophy, and 4) nursing technology. Knowing that information allowed nurses to better understand patients' internal physiological processes, with the ability to distinguish between approaching illness and wellness. Ellis emphasized the importance of nurses studying the sciences of ethics and empathy to provide more humane and effective patient care [6].

The concept of emotional intelligence became widely known after Goleman's book on the subject was published in 1995, which aroused great interest in the scientific community and the general public. Goleman, along with Boyatzis and McKee, developed a model of emotional intelligence identifying several areas of competence. Emotional intelligence has gained a relatively well-established position in psychology and education. Care science education has also become a sub-discipline of nursing pedagogy. The ethos of teaching the science of care is based on the ethical actions of nursing personnel that are based on love and compassion with an emphasis on learning to care [9].

Nursing is a challenging job that requires dealing with the emotional demands of patients, relatives, and colleagues. To manage emotions effectively, nurses need to properly identify and manage their emotions to deliver quality care, which is often a challenge. Due to the nature of nurses' work, burnout can cause emotional stress, frustration, conflicts, and stress-related illnesses. Accordingly, the management of emotional regulation is related to the ability to deal with the emotional demands of work. Taking control of emotional regulation also gives nursing personnel the opportunity to become more efficient at managing stress and

improving their nursing practices in stressful situations [11].

Empathy is the ability to understand another person's feelings and is an important aspect of professionalism, especially in caring professions such as nursing where emotional intelligence is essential. Emotional intelligence plays a major role in nursing care interventions. Understanding emotions and interpersonal interaction is a requirement of the technical dimension of the science of care. Therefore, nursing educators must prioritize emotional competence when teaching students and enhance professional emotional intelligence in nursing students after the training. Poor emotional competence can lead to poor physical, mental, and social health for nurses and poorer quality of care for patients. Thus, it is essential for nursing leaders to enhance collaboration and the use of emotional intelligence skills for better well-being in the work community and superior quality of healthcare [9].

In addition to antipsychotic medications, nursing personnel can play an important role in managing narcotic-induced psychosis seizures through emotional discipline. There are two effective ways to treat patients: First, Brief motivational enhancement that helps individuals overcome ambivalence and develop skills needed to reduce or stop substance use. Second, Cognitive behavioral therapy techniques combined with motivational interviewing to address substance use problems, including the development of a shared formulation of substance use problems, psychoeducation, goal setting, change planning, coping skills training, and motivational enhancement.

Nurses are essential in managing cases of drug and alcohol abuse and their consequences. They are trained to take into account biological, psychological, and social factors in providing care, making them valuable resources in clinical supervision. Nurses can also contribute to workforce development by mentoring and teaching new and entry-level Occupational Addiction Nurses. Nurses are accountable to the Nursing and Midwifery Council and must undergo a re-validation process every three years to maintain their professional registration [22].

For drug use disorder treatment services to be efficient and of high quality, they must have effective and accountable clinical governance methods. Treatment program policies, procedures, and coordination mechanisms should be established in advance and communicated clearly to all staff and patients. The organization of services should reflect current research evidence and respond to service needs. The task of treating those with substance use disorders can be challenging for individual staff and organizations. Organizations should take steps to support their staff and promote the provision of quality services [23].

The Aim of the Study

The study aimed to highlight the role of the emotional discipline of nursing personnel in controlling patients suffering from narcotic-induced psychosis seizures.

Research Methodology

This study conducted a descriptive-analytical research design. Statistical methods were used to analyze the questionnaire data in order to achieve the research objectives.

Data Analysis

The research used SPSS23 to analyze the questionnaire data using alpha coefficient, frequencies, percentages, mean, standard deviation, relative weight, and Pearson correlation coefficient. Based on that, the following main questions have been formulated:

- To what extent does the level of emotional discipline of nursing personnel affect their ability to

control seizures in patients with drug-induced psychosis?

- How flexible is the response of nursing personnel in emotional situations when dealing with psychotic patients' seizures resulting from narcotic induced?
- How do the personality traits of nursing personnel affect the achievement of emotional discipline when dealing with psychotic seizures resulting from narcotic induced?

Study Population and Sample

The study population consists of healthcare workers in (Iradat Al-Amal Complex for Mental Health) in Jeddah, Saudi Arabia. As a result of the difficulty of conducting a comprehensive inventory of all members of the study population, the study samples were taken by selecting a simple random sample from the nursing and healthcare staff. The link was distributed on social networking sites and sent via e-mail and means of communication. 150 individuals participated in answering the questionnaire.

Study Tool

The researchers used an electronic emotional discipline scale and a questionnaire about the role of emotional discipline for medical and nursing staff in controlling psychotic episodes as field study tool. This was accomplished by preparing the questionnaire, its topics, and phrases using the theoretical framework from previous studies related to the subject of the study. The Likert scale was used to determine the answers to the questions of the study tool.

Validity of the Study Tool

To ensure the validity of the study instrument, internal consistency validity was calculated. The study tool was distributed to a random sample of 30 individuals from both the study population and outside the study sample to determine the level of internal consistency. Pearson's correlation coefficient was used to homogenize the study tool, and it was found that all correlation coefficients for the study tool questions were statistically significant at a significant level of 0.01. Therefore, the tool has internal consistency and is valid for study purposes.

The Reliability of the Study Tool

To determine the reliability of the study tool, the Cronbach alpha coefficient was calculated. The study tool was distributed to a sample of 30 individuals from both the study population and outside the study sample. It was found that the stability coefficient alpha value was greater than 0.7, reaching 0.969. This confirms the validity and relevance of the data obtained using the study tool and the high level of stability of the tool used in the study.

Personal Data

Table (1): Study Sample According to Personal Data

| | Categories | N | % |
|---------------|-------------------|----------|----------|
| Gender | Male | 64 | 42.7 |
| | female | 86 | 57.3 |
| Job | doctor | 14 | 9.3 |
| | nursing | 125 | 83.3 |
| | Social worker | 6 | 4.0 |
| | Psychologist | 5 | 3.3 |
| | Less than 3 years | 18 | 12.0 |

| | | | |
|------------------------------------|-----------------------------------|----|------|
| Duration of work experience | From 3 years to less than 5 years | 21 | 14.0 |
| | From 5 years to less than 7 years | 26 | 17.3 |
| | 7 years and over | 88 | 58.7 |

3. Results

The Emotional Discipline Scale for the Medical and Nursing Team in (Iradat Al-Amal) Hospital:

Statistical scores for expressions that demonstrate the ability of the medical team and nurses to control their various emotions when dealing with a narcotic-induced psychosis patient are presented in Table 2.

Table (2): Statistical analysis of the first axis expressions about the ability of the medical team and nurses to control impulses when treating drug-induced psychosis patients

| N. | Mean | S. D | Relative weight | Degree | Arrangement |
|----|-------|-------|-----------------|--------|-------------|
| 1 | 1.853 | 0.355 | 0.927 | High | 2 |
| 2 | 1.513 | 0.501 | 0.757 | Medium | 7 |
| 3 | 1.220 | 0.416 | 0.610 | Low | 9 |
| 4 | 1.513 | 0.501 | 0.757 | Medium | 7 |
| 5 | 1.560 | 0.498 | 0.780 | Medium | 6 |
| 6 | 1.127 | 0.334 | 0.563 | Low | 11 |
| 7 | 1.220 | 0.416 | 0.610 | Low | 9 |
| 8 | 1.573 | 0.496 | 0.787 | Medium | 5 |
| 9 | 1.500 | 0.502 | 0.750 | Medium | 8 |
| 10 | 1.213 | 0.411 | 0.607 | Low | 10 |
| 11 | 1.820 | 0.385 | 0.910 | High | 3 |
| 12 | 1.927 | 0.262 | 0.963 | High | 1 |
| 13 | 1.780 | 0.416 | 0.890 | High | 4 |

The 4th expression in the ability of the medical team and nurses to control their various emotions with drug-induced psychosis patients' axes was high. The 5th expression in the ability of the medical team and nurses to control their various emotions with drug-induced psychosis patients' axes was the medium. The 4th expression in the ability of the medical team and nurses to control their various emotions with drug-induced psychosis patients' axes was low. It shows the medium level of the ability of the medical team and nurses to control their various emotions with drug-induced psychosis patients where a mean is between 1.525 and S.D 0.423.

The flexibility of the emotional response of the medical team and nurses in (Iradat Al-Amal) Hospital:

The flexibility of the emotional response of the medical team and nurses in dealing with psychotic patients' seizures resulting from drug abuse, according to the situations that call for these emotional axes, is shown in Table (3). Statistical scores were monitored for participants' responses to statements of emotional resilience.

Table (3): Statistical analysis of the second axis expressions about the emotional responses of the medical team and nurses in dealing with psychosis patients' seizures resulting from substance abuse

| N. | Mean | S. D | Relative weight | Degree | Arrangement |
|----|-------|-------|-----------------|--------|-------------|
| 1 | 1.840 | 0.368 | 0.920 | High | 4 |
| 2 | 1.847 | 0.362 | 0.923 | High | 3 |
| 3 | 1.893 | 0.310 | 0.947 | High | 1 |
| 4 | 1.820 | 0.385 | 0.910 | High | 5 |
| 5 | 1.607 | 0.490 | 0.803 | Medium | 11 |

| | | | | | |
|-----------|--------------|--------------|--------------|--------|-----------|
| 6 | 1.787 | 0.411 | 0.893 | High | 8 |
| 7 | 1.793 | 0.406 | 0.897 | High | 7 |
| 8 | 1.893 | 0.310 | 0.947 | High | 1 |
| 9 | 1.660 | 0.475 | 0.830 | Medium | 10 |
| 10 | 1.740 | 0.440 | 0.870 | High | 9 |
| 11 | 1.840 | 0.368 | 0.920 | High | 4 |
| 12 | 1.807 | 0.396 | 0.903 | High | 6 |
| 13 | 1.873 | 0.334 | 0.937 | High | 2 |

The 11th expression in the flexibility of the emotional response of the medical team and nurses in dealing with the episodes of psychosis patients resulting from drug abuse to situations that call for these emotions axes was high. The 2nd expression in the flexibility of the emotional response of the medical team and nurses in dealing with the episodes of psychosis patients resulting from drug abuse to situations that call for these emotional axes was medium. It shows the high level of flexibility of the emotional response of the medical team and nurses in dealing with the episodes of psychosis patients resulting from drug abuse to situations that call for these feelings appear at a mean between 1.800 and S.D 0.389

The Personal Traits of The of Emotional Discipline of The Medical Team and Nurses in (Iradat Al-Amal) Hospital:

The statistical scores for the expressions of emotional response flexibility of the medical team and nurses according to their personal traits when dealing with psychosis patients' seizures resulting from drug abuse in situations that call for these emotional axes were monitored in Table (4).

Table (4): Statistical analysis of the third axis expressions of emotional response flexibility according to the personal traits of the medical team and nurses when treating patients with narcotic-induced psychosis

| N. | Mean | S. D | Relative weight | Degree | Arrangement |
|-----------|--------------|--------------|------------------------|---------------|--------------------|
| 1 | 1.793 | 0.406 | 0.897 | High | 7 |
| 2 | 1.287 | 0.454 | 0.643 | Low | 16 |
| 3 | 1.860 | 0.348 | 0.930 | High | 3 |
| 4 | 1.347 | 0.478 | 0.673 | Medium | 13 |
| 5 | 1.833 | 0.374 | 0.917 | High | 5 |
| 6 | 1.847 | 0.362 | 0.923 | High | 4 |
| 7 | 1.927 | 0.262 | 0.963 | High | 1 |
| 8 | 1.627 | 0.485 | 0.813 | Medium | 9 |
| 9 | 1.193 | 0.396 | 0.597 | Low | 17 |
| 10 | 1.607 | 0.490 | 0.803 | Medium | 10 |
| 11 | 1.713 | 0.454 | 0.857 | High | 8 |
| 12 | 1.320 | 0.468 | 0.660 | Low | 15 |
| 13 | 1.800 | 0.401 | 0.900 | High | 6 |
| 14 | 1.567 | 0.497 | 0.783 | Medium | 12 |
| 15 | 1.593 | 0.493 | 0.797 | Medium | 11 |
| 16 | 1.340 | 0.475 | 0.670 | Medium | 14 |
| 17 | 1.920 | 0.272 | 0.960 | High | 2 |

The 8th expression in the flexibility of the emotional response of the medical team and nurses in dealing with psychotic patients' seizures resulting from drug abuse in situations that call for these emotional axes was high. The 6th expression in the flexibility of the emotional response of the medical team and nurses in dealing with

psychotic patients' seizures resulting from drug abuse in situations that call for these emotional axes, it was medium. As for the 3rd expression, the flexibility of the emotional response of the medical team and nurses in dealing with psychosis patients' seizures resulting from drug abuse for cases that call for these emotional axes was low. The average level of flexibility appears in the emotional response of the medical team and nurses in dealing with psychotic patients' seizures resulting from drug abuse to situations that call for these feelings, with a mean between 1.622 and S.D 0.419.

Questionnaire on the Role of Emotional Discipline for The Medical and Nursing Staff in Controlling Psychotic Episodes Among Drug Abusers

Table (5): Statistical analysis of the axes of the role of the emotional discipline of the medical and nursing staff in controlling psychotic episodes of drug abusers

| N. | Mean | S. D | Relative weight | Degree | Arrangement |
|-----------|--------------|--------------|------------------------|---------------|--------------------|
| 1 | 2.381 | 0.677 | 0.794 | High | 7 |
| 2 | 2.477 | 0.677 | 0.826 | High | 5 |
| 3 | 2.174 | 0.713 | 0.725 | Medium | 13 |
| 4 | 1.568 | 0.684 | 0.523 | Low | 22 |
| 5 | 2.194 | 0.748 | 0.731 | Medium | 12 |
| 6 | 2.323 | 0.693 | 0.774 | High | 9 |
| 7 | 2.200 | 0.768 | 0.733 | Medium | 11 |
| 8 | 2.348 | 0.708 | 0.783 | High | 8 |
| 9 | 2.716 | 0.589 | 0.905 | High | 1 |
| 10 | 2.477 | 0.638 | 0.826 | High | 3 |
| 11 | 1.587 | 0.745 | 0.529 | Low | 20 |
| 12 | 2.000 | 0.764 | 0.667 | Medium | 10 |
| 13 | 2.000 | 0.764 | 0.667 | Medium | 10 |
| 14 | 2.658 | 0.552 | 0.886 | High | 2 |
| 15 | 2.477 | 0.648 | 0.826 | High | 4 |
| 16 | 1.987 | 0.798 | 0.662 | Medium | 15 |
| 17 | 1.568 | 0.739 | 0.523 | Low | 23 |
| 18 | 1.794 | 0.779 | 0.598 | Medium | 17 |
| 19 | 1.581 | 0.780 | 0.527 | Low | 21 |
| 20 | 1.813 | 0.812 | 0.604 | Medium | 16 |
| 21 | 1.794 | 0.803 | 0.598 | Medium | 18 |
| 22 | 2.077 | 0.689 | 0.692 | Medium | 14 |
| 23 | 1.748 | 0.803 | 0.583 | Medium | 19 |
| 24 | 2.432 | 0.790 | 0.811 | High | 6 |

The 9th expression of the role of the emotional discipline of the medical and nursing staff in controlling psychotic episodes of the interlocutor of drug abusers was high. The 11th expression of the role of the emotional discipline of medical and nursing staff in controlling psychotic episodes of a drug abuser interlocutor was moderate. The 4th expression of the role of the emotional discipline of medical and nursing staff in controlling psychotic episodes among interlocutors of drug abusers was low. The average level of the role of emotional discipline of the medical and nursing staff in controlling psychotic episodes of drug abusers, with a mean between 2.099 and S.D 0.723.

4. Discussion

The occurrence of delusions and/or hallucinations, which are defined as psychosis rather than delirium, can be attributed to various medications such as prescription medications, over-the-counter medications, and herbal remedies. A medical professional may diagnose drug-induced psychosis when these symptoms are thought to be a direct result of drug use during intoxication or withdrawal. Long-term alcohol abuse can also lead to chronic psychosis. Cannabis use has been associated with an increased risk of psychosis and triggering schizophrenia. Although some psychoactive drugs have been revisited for therapeutic use, identification of drug-induced psychosis can be difficult and is often indirect. Physicians should consider the patient's medication history, symptoms, results of urine drug tests, and local drug use patterns. The prevalence of designer drugs that can be easily obtained via the Internet raises challenges in determining the cause of drug-induced psychosis.

After reviewing the literature and conducting a thorough analysis of the data collected from the research sample, it can be inferred that emotional discipline plays a crucial role in the performance of nursing personnel. The study suggests that nurses who possess a higher level of emotional discipline are better equipped to handle challenging situations such as seizures in patients with narcotic-induced psychosis. The findings indicate that nurses who are adept at regulating their emotions can effectively manage stressful situations, remain calm under pressure, and exhibit a professional demeanor while dealing with patients. This highlights the importance of emotional intelligence in healthcare organizations and emphasizes the need for nursing personnel to acquire emotional discipline as a critical skill. By learning and practicing this, nurses can provide better care to their patients and enhance their overall performance in the workplace.

The statistical results of this study can be summarized in the following points:

- The mean of the medium level of the ability of the medical team and nurses to control their various impulses with drug abuse psychosis patients ranged between 1.525 and S.D 0.423.
- The mean of the high level of flexibility in the emotional response of the medical team and nurses when dealing with psychotic patients' seizures resulting from drug use in situations that call for these feelings ranged between 1.800 and S.D 0.389.
- The mean of the medium level of flexibility of the emotional response of the medical team and nurses when dealing with psychotic patients' seizures resulting from drug use in situations that call for these feelings ranged between 1.622 and S.D 0.419.
- The mean of the medium level of flexibility of the role of emotional discipline for the medical and nursing staff in controlling psychotic episodes among drug abusers ranged between 2.099 and S.D 0.723.

Recommendations

All these considerations from the literature reviews, along with the statistical results of this study, demonstrated the positive role of the emotional discipline of nursing personnel in controlling episodes of drug-induced psychosis. This study encourages further research on the importance of nursing staff learning emotional discipline for their own mental health and for providing quality healthcare to patients. Given the significant impact of emotional discipline on nursing performance, this study encourages further research to explore how nursing personnel can be trained to enhance their skills in emotional regulation and ultimately improve the quality of healthcare provided to patients. This research also sheds light on how emotional intelligence can be incorporated into nursing education and training programs, to equip future generations of nurses with the essential skills needed to thrive in their profession, especially when dealing with patients with narcotic-induced psychosis seizures.

5. References

[1] Kim, J., Kim, S. and Byun, M., 2020, November. Emotional distancing in nursing: A concept analysis. In

Nursing Forum (Vol. 55, No. 4, pp. 595-602).

[2] Vivian, E., Oduor, H., Arceneaux, S.R., Flores, J.A., Vo, A. and Madson Madden, B., 2019. A cross-sectional study of perceived stress, mindfulness, emotional self-regulation, and self-care habits in registered nurses at a tertiary care medical center. *SAGE Open Nursing*, 5, p.2377960819827472. <https://journals.sagepub.com/doi/pdf/10.1177/2377960819827472>

[3] Lee, C., Bristow, M. and Wong, J.C., 2018. Emotional intelligence and teamwork skills among undergraduate engineering and nursing students: A pilot study. <http://article.scinursingresearch.com/pdf/ajnr-6-6-2.pdf>

[4] Prezerakos, P.E., 2018. Nurse managers' emotional intelligence and effective leadership: A review of the current evidence. *The open nursing journal*, 12, p.86. https://www.researchgate.net/publication/325690812_Nurse_Managers'_Emotional_Intelligence_and_Effective_Leadership_A_Review_of_the_Current_Evidence

[5] Watson, J., 2018. Clarifying the discipline of nursing as foundational to development of professional nursing. *Texto & Contexto-Enfermagem*, 26. <https://www.scielo.br/j/tce/a/gsdWKvGVzYJVjVYkPjv8Lkq/?lang=en>

[6] Raghubir, A.E., 2018. Emotional intelligence in professional nursing practice: A concept review using Rodgers's evolutionary analysis approach. *International journal of nursing sciences*, 5(2), pp.126-130. <https://reader.elsevier.com/reader/sd/pii/S2352013217303812?token=61C79D9A5C7E7AFF42AD3046C87896935545CB773EB16156CEF3F502FFE4D70E34B7E47C081F8C8E1C2809A0170031E5&originRegion=eu-west-1&originCreation=20230503002907>

[7] Fitzpatrick, J.J., 2014. The discipline of nursing. *Theories guiding nursing research and practice: making nursing knowledge development explicit*, pp.3-13. <https://connect.springerpub.com/content/book/978-0-8261-6405-6/part/part01/chapter/ch01>

[8] Eid, A.G., Ahmed, M.Z., Safan, S.M. and Mohamed, S.M., 2018. Nursing professionalism: a concept analysis. *Menoufia Nursing Journal*, 3(2), pp.87-96. https://journals.ekb.eg/article_121319.html

[9] Honkavuo, L., 2019. Educating Nursing Students-Emotional Intelligence and the Didactics of Caring Science. *International Journal of Caring Sciences*, 12(1). https://www.internationaljournalofcaringsciences.org/docs/1_honkavuo_12_1.pdf

[10] Gonnelli, C., Raffagnino, R. and Puddu, L., 2016. The emotional regulation in nursing work: an integrative literature review and some proposals for its implementation in educational programs. *IOSR Journal of Nursing and Health Science*, 5, pp.43-49. <https://www.iosrjournals.org/iosr-jnhs/papers/vol5-issue6/Version-7/F0506074349.pdf>

[11] Pačarić, S., Nemčić, A., Farčić, N. and Trazer, V., 2018. Emotional control in surgical and intensive care nursing: Sociodemographic differences. *Southeastern European Medical Journal: SEEMEDJ*, 2(2), pp.1-7.

[12] Kwok, M.M.K., de Lemos, J. and Sharaf, E.M., 2019. Drug-induced psychosis and neurological effects following nitrous oxide misuse: A case report. *BCMJ*, 61(10), pp.385-387.

<https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.2018.17121395>

[13] Taha, M., Taalab, Y.M., Abo-Elez, W.F. and Eldakroory, S.A., 2019. Cannabis and tramadol are prevalent among the first episode drug-induced psychosis in the Egyptian Population: Single center experience. *Reports*, 2(2), p.16. https://www.researchgate.net/publication/333366820_Cannabis_and_Tramadol_are_Prevalent_among_the_First_Episode_Drug-Induced_Psychosis_in_the_Egyptian_Population_Single_Center_Experience

[14] Ham, S., Kim, T.K., Chung, S. and Im, H.I., 2017. Drug abuse and psychosis: new insights into drug-induced psychosis. *Experimental neurobiology*, 26(1), p.11. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5326711/>

[15] Freudenreich, O. and Freudenreich, O., 2020. Drug-Induced Psychosis. *Psychotic Disorders: A Practical Guide*, pp.37-48. https://link.springer.com/chapter/10.1007/978-3-030-29450-2_4

[16] Gaebel, W. and Zielasek, J., 2022. Focus on psychosis. *Dialogues in clinical neuroscience*. <https://www.tandfonline.com/doi/full/10.31887/DCNS.2015.17.1/wgaebel?scroll=top&needAccess=true&role=tab>

[17] Fusar-Poli, P., McGorry, P.D. and Kane, J.M., 2017. Improving outcomes of first-episode psychosis: an overview. *World psychiatry*, 16(3), pp.251-265. <https://onlinelibrary.wiley.com/doi/full/10.1002/wps.20446>

[18] Odeyemi, C., Morrissey, J. and Donohue, G., 2018. Factors affecting mental health nurses working with clients with first-episode psychosis: A qualitative study. *Journal of Psychiatric and Mental Health Nursing*, 25(7), pp.423-431. <https://onlinelibrary.wiley.com/doi/full/10.1111/jpm.12489>

[19] Daggenvoorde, T.H., van Klaren, J.M., Gijssman, H.J., Vermeulen, H. and Goossens, P.J., 2021. Experiences of Dutch ambulance nurses in emergency care for patients with acute manic and/or psychotic symptoms: A qualitative study. *Perspectives in psychiatric care*, 57(3), p.1305. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8359403/>

[20] Niebrzydowska, A. and Grabowski, J., 2022. Medication-induced psychotic disorder. A review of selected drugs side effects. *Psychiatria Danubina*, 34(1), pp.11-18. <https://hrcak.srce.hr/file/399874>

[21] Strang, J. and Independent Expert Working Group, 2017. Drug misuse and dependence: UK guidelines on clinical management. <https://www.bl.uk/collection-items/dohsc-drug-misuse-and-dependence-2017>

[22] Clancy, C., Flanagan, M., Greenslade, L., Gordon, E., Doherty, S., Evetts, C., Smith, M. and Collins, D.A., 2017. The role of nurses in alcohol and drug treatment services: a resource for commissioners, providers and clinicians. <https://www.drugsandalcohol.ie/28025/>

[23] World Health Organization, United Nations Office on Drugs and Crime. (2020). International Standards for the treatment of drug use disorders. Revised Edition Incorporating Results of Field-Testing. World Health Organization and United Nations Office on Drugs and Crime.(Viitattu 7.3. 2022.). <https://apps.who.int/iris/bitstream/handle/10665/352412/9789240044500-ara.pdf?sequence=1>

[24] Darker, C., O'Connell, N., Reddon, H. and Nicolson, G., 2022. The National Clinical Programme for

Early Intervention in Psychosis: A process evaluation of the implementation of a new model of care in three demonstration sites. <https://www.drugsandalcohol.ie/37113/1/Process-evaluation-of-the-implementation-of-a-new-model-of-care-in-three-demonstration-sites.pdf>

[25] Abuse, S., 2020. National guidelines for behavioral health crisis care: Best practice toolkit. <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

[26] Substance Abuse and Mental Health Services Administration: First-Episode Psychosis and Co-Occurring Substance Use Disorders., 2019. Publication No. PEP19-PL-Guide-3 Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration. https://store.samhsa.gov/sites/default/files/d7/priv/pep19-pl-guide-3_0.pdf

Appendix 1
Scale (Initial Vision)

Dear Respondents,

First and foremost, we want to express our appreciation for the time and cooperation you have provided in completing this scale. It should not take more than 10-15 minutes to finish it.

This scale was prepared for research purposes on "The Emotional Discipline Role of Nursing Personnel in the Control of Narcotic-Induced Psychosis Seizures."

Thank you for taking the time to complete this scale. Your answers will be treated confidentially.

We would be deeply grateful if you could complete the scale as soon as possible. We would like to thank you in advance for your sincere cooperation, knowing that there are no right or wrong answers. Please, let us know your opinions.

The Researchers

First: Demographic characteristics

1. Sex

Male

Female

2. Hospital name

.....

3. The job

.....

4. Years of experience

Less than 3 years old

3 to 5 years

5 to 7 years old

More than 7 years

Second: Scale phrases

The first axis: The ability of the medical team and nurses to control their various emotions with narcotic-induced psychosis patients

| No. | The phrase | Yes | No |
|-----|------------|-----|----|
|-----|------------|-----|----|

| | | | |
|-----|--|--|--|
| 1. | I can control my emotions while dealing with narcotic-induced psychosis patients. | | |
| 2. | I always feel calm and inner peace while dealing with patients with narcotic-induced psychosis. | | |
| 3. | I get angry quickly if someone mocks me. | | |
| 4. | When I encounter new situations while dealing with narcotic-induced psychosis patients, I feel neither fear nor dread. | | |
| 5. | I accept criticism even if it is inappropriate. | | |
| 6. | I take revenge on those who offend me, no matter what it costs me. | | |
| 7. | I revolt easily and for trivial reasons. | | |
| 8. | I easily deal with narcotic-related patients, whatever their personalities. | | |
| 9. | I can never forget the abuse regardless of the amount of time that has passed for it. | | |
| 10. | I do not feel at ease until I retaliate in kind. | | |
| 11. | I think I'm critical in making decisions about psychotic patients. | | |
| 12. | I pull myself together when I'm faced with the agitation of narcotic-induced psychosis patients. | | |
| 13. | I am concerned about the ambiguous attitudes of narcotic-induced psychosis patients. | | |

The second axis: The flexibility of the emotional response of the medical team and nurses to situations that may cause these emotions when dealing with seizures of narcotic-induced psychosis patients

| No. | The phrase | Yes | No |
|-----|---|-----|----|
| 14. | I can handle a crisis quickly. | | |
| 15. | I can find quick solutions to unexpected issues while dealing with narcotic-induced psychosis patients. | | |
| 16. | I have the ability to persuade and influence others while dealing with cases. | | |
| 17. | I believe I am resilient and adaptable to the issues that occur on a daily basis with psychotic patients. | | |
| 18. | If I encounter a sad situation with patients, I feel very sad. | | |

| | | | |
|-----|---|--|--|
| 19. | I persist in actively working with patients with narcotic-induced psychosis, despite the obstacles. | | |
| 20. | I am afraid that the cases will not respond to treatment. | | |
| 21. | I can practice my work with psychotic patients in any situation. | | |
| 22. | I am confused by the pressures at work. | | |
| 23. | I get stressed out when I can't deal with narcotic-related psychosis. | | |
| 24. | I can make critical decisions while dealing with stressful narcotic-induced psychoses. | | |
| 25. | I feel stressed from dealing with narcotic-related psychosis. | | |
| 26. | I need to unload my feelings from so much dealing with narcotic-related psychosis. | | |

The third axis: The personal characteristics of the medical team and nurses necessary to achieve emotional discipline

| No. | The phrase | Yes | No |
|-----|---|-----|----|
| 27. | I feel calm and inner peace. | | |
| 28. | I get angry quickly if I am being mocked. | | |
| 29. | I deal easily with those around me. | | |
| 30. | I find it difficult to express how I feel. | | |
| 31. | I think I am decisive in making decisions. | | |
| 32. | I hold on when I'm experiencing emotional shocks. | | |
| 33. | I get upset when exposed to heartbreaking news. | | |
| 34. | I arrange my work in the form of an organized plan that I do not deviate from. | | |
| 35. | When I get intolerant and revolt, I suffer from mumbling and stuttering. | | |
| 36. | I am greatly affected by the misfortunes of others. | | |
| 37. | I like to use clearly defined words when I speak. | | |
| 38. | I'm afraid of mysterious things. | | |
| 39. | I am very optimistic about the future. | | |
| 40. | If I am convinced of my opinion, I will defend it even if it exposes me to many problems. | | |

| | | | |
|-----|---|--|--|
| 41. | I get upset if things are out of place. | | |
| 42. | I am unable to accomplish what I aspire to. | | |
| 43. | I can do my job anyway. | | |

Thanks for your answers

Appendix 2
Questionnaire (Initial Vision)

Dear Respondents,

First and foremost, we want to express our appreciation for the time and cooperation you have provided in completing this scale. It should not take more than 10-15 minutes to finish it.

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The Researchers

First: Demographic characteristics

1. Sex

Male

Female

2. Hospital name

.....

3. The job

.....

4. Years of experience

Less than 3 years old

3 to 5 years

5 to 7 years old

More than 7 years

Second: Questionnaire phrases

| No. | The phrase | Yes | Sometimes | No |
|-----|--|-----|-----------|----|
| 1. | It is worrying me that the patients seem to have no desire to follow the instructions I present to them. | | | |
| 2. | Dealing with cases of psychosis, my work | | | |

| | | | | |
|-----|---|--|--|--|
| | requires me to focus for long periods. | | | |
| 3. | The work environment lacks essential equipment. | | | |
| 4. | There is no cooperation among the medical/nursing staff. | | | |
| 5. | Daily interaction with patients causes me stress. | | | |
| 6. | Dealing with psychotic patients exhausts me. | | | |
| 7. | My job requires more effort than my normal capabilities. | | | |
| 8. | It is difficult for me to balance more than one case of psychosis. | | | |
| 9. | I regret that the majority of patients I deal with have narcotic-induced psychosis. | | | |
| 10. | The long work hours I spend with psychotic patients exhaust me. | | | |
| 11. | My boss does not care how challenging it is to work with psychotic patients. | | | |
| 12. | I am required to perform many duties in the field of work with narcotic-induced psychotic patients. | | | |
| 13. | I feel that my work with psychotic patients interferes with my psychological stability. | | | |
| 14. | My co-workers create a collaborative atmosphere at work. | | | |
| 15. | I feel the lack of progress in patients with narcotic-induced psychosis. | | | |
| 16. | I get nervous if I encounter frequent outbursts from psychotic patients. | | | |
| 17. | I experience discomfort when my boss sees me dealing with psychotic patients. | | | |
| 18. | My mind is completely disturbed when I have to control the outbursts of psychotics. | | | |

| | | | | |
|-----|---|--|--|--|
| 19. | I worry when I need advice from my bosses or nursing personnel members. | | | |
| 20. | I feel uncomfortable regardless of the work I do with cases of psychosis. | | | |
| 21. | I get angry if I don't achieve what I want to accomplish with psychotic patients. | | | |
| 22. | I have to work at a slow pace to make sure I do my job well. | | | |
| 23. | I don't feel complacent when I cannot manage a patient's delirium. | | | |
| 24. | I get stressed when I feel devalued about my work. | | | |

Thanks for your answers
