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And Scientific Research

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**Nursing Knowledge Regarding Attention
Deficit Hyperactivity Disorder In Children
In Al- Basrah Hospitals**

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

((وَقُلْ اَعْمَلُوا فَسَيَرَى اللَّهُ عَمَلَكُمْ وَرَسُولُهُ وَالْمُؤْمِنُونَ ط
وَسْتُرُدُّونَ اِلَى عَالَمِ الْغَيْبِ وَالشَّهَادَةِ فَيُنَبِّئُكُمْ بِمَا كُنْتُمْ
تَعْمَلُونَ))

صدق الله العلي العظيم

سورة التوبة آية (105)

الأهداء

ألى من فدى رسول الله صلى الله عليه واله بنفسه
ألى من قال في حقه رسول الله يوم الخندق برز الايمان كله ألى
الكفر كله

ألى أمين الله في ارضه وحجته على خلقه
ألى من ضرب خراطيم الخلق حتى قالوا لا إله إلا الله ألى صالح
المؤمنين ووارث النبيين

ألى زوج البتول وأبو السبطين الحسن والحسين
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Abstract

The present distract study was conducted at the College of Nursing of Basrah University from December 2021 Till April 2022 aims To measured the extent to which the Nursing staff as parents in General and asspecialists in particular knows about Attention deficit hyperactivity disorder in Basrah hospitals. Data were collected through a questionnaire of 71 samples that included two axes, the first axis of demographic information for nurses. And the second axis is scientific knowledge through a group of questions amounting to 20 questions. The results of the descriptive demographic statistics of nurses related to sex showed the majority (78.9%) of participants (nurses) related to sex group were(female), regarding to the education level the majority (30 %) of samples were college, related to Service years the majority (53.5%) of Less than 5 years, related to work location the results indicate the majority of participants (50.7%) were in Private Child hospital, related to Social status the majority (53.5%) of samples has Married .And The results also showed that their knowledge of a large total average of the result. The current study describing nurses knowledge of Attention deficit hyperactivity disorder summarizes that the majority of nurses have good information about Attention deficit hyperactivity disorder and ways to deal with a child suffering from hyperactivity of some kind. As recommended by the studyEstablishment of treatment centers for Attention deficit hyperactivity disorder children. and more knowledge must be shown on this subject through educational courses and awareness publications in order to raise the scientific and professional competence of the nurses.

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List of abbreviation

ADHDAttention Deficet Hyperactivity Disorder

DSMDiagnostic And Statistical Manual Of Mental Disorders

SPECT Single Photon Emission Computed Tomography

IEP Individualized Education Programs

Chapter one

“introduction”

1-1 Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common neuropsychiatric disorders with childhood onset, with a chronic course associated with elevated dysfunction and lifelong morbidity [1].

Attention Deficit Hyperactivity Disorder is a neuro-developmental disorder affecting up to 5% of school-aged children. The cardinal features involve symptoms of over-activity, inattention and impulsiveness that are severe pervasive across settings and impairing. It is associated with educational and social difficulties for affected children and has considerable impact on their families. It is also a risk factor for children's further development in terms of a range of difficulties such as other psychiatric disorders, problems involving education, employment, and relationships and offending. Evidence-based treatments are available, and early identification and intervention may ameliorate the prognosis. Given all these factors, the National Institute for Clinical Excellence expressed concern about the considerable under-diagnosis of children with ADHD [2].

It is recommended that diagnosis and initial treatment with stimulant medication should only be carried out by specialists (paediatricians or child and adolescent psychiatrists). Despite significant advances in our understanding of the neurobiological underpinnings of the disorder, the diagnosis of ADHD remains fully clinical and based on behavioral symptoms of inattention, impulsivity, and hyperactivity. (3)

1-2 Importance Of The Study

To Draw Attention Of The Disorder And To Raise Community Awareness Of The Fact That Children Have This Type Of Hyperactivity And Lack Of Focus, And Understand The Consequences Of The Disorder And Search For Means And Methods Of Treatment Or Reduce the Side Effect Of This Disorder.

1-3 Aims Of Study

To Measured The Extent To Which The Nursing Staff As Parents In General And As Specialists In Particular Knows About Attention Deficit Hyperactivity Disorder(ADHD).

1-4 Problem Statement

Assessment Of Nurses Knowledge Regarding Adhd In Al_ Basrah Hospitals.

Chapter Two

“ Literature Review ”

2-1 Attention_Deficit/Hyperactivity Disorder (ADHD)

Attention-Deficit/Hyperactivity Disorder (ADHD) is a common, long-lasting, treatable childhood psychiatric disorder, characterised by a pattern of developmentally inappropriate inattention, motor restlessness, and impulsivity that affects approximately 3-7% of school-aged children. ADHD was first recognised 100 years ago as a childhood disorder found mainly in boys, and was initially described as "hyperactivity" or "hyperkinetic disorder of childhood". This abnormal behaviour was found to be the result of a biological condition rather than a result of poor parenting [4].

In the 1960's and 70's much of the focus on what is now called ADHD was on hyperactivity. The presence of excessive movements in children was proposed to result from bilateral cortical activity secondary to a lack of transcallosal fibre tract-mediated interhemispheric inhibition. Attention Deficit Disorder with or without Hyperactivity first featured in DSM-III in 1980, and the more recent DSM-IV-TR provided updated ADHD criteria. For a diagnosis of ADHD, symptoms need to occur often, have persisted for the past six months, and be maladaptive and incongruent with the individual's developmental level[5].

Additionally, an ADHD diagnosis is only given if at least some of the behavioural symptoms were present before the age of 7 years, occur in more than one setting, and cause significant impairment in social and school functioning. The renaming of the disorder, the subsequent focus on attention, and the clarification of three subtypes led to a range of neurocognitive and neurobiological hypotheses regarding the etiology and pathophysiology of ADHD within a more specific brain localisation. Furthermore, neurocognitive models of ADHD have become more refined, and one particular executive process, inhibition, is now considered to be a core deficit [6].

2-2 Pathophysiology

The pathophysiology of ADHD is complex and unclear, and there are a number of conflicting theories in this regard. Research in children with ADHD shows a lower overall brain volume, but a proportionately greater reduction in the volume of the left-sided prefrontal cortex. These findings indicate that the main features of ADHD, which are attention deficit, hyperactivity, and impulsivity may reflect dysfunction in the frontal lobe, but that there are other parts of the brain affected by this disorder, especially the cerebellum [7] .

Neuroimaging studies of ADHD have not always yielded single results, and as of 2008 these studies are used only for research rather than diagnostic purposes. In 2005, a review of published studies dealing with neuroimaging, neuropsychogenetics, and neurochemistry found common evidence to suggest that four interconnected frontal brain regions play a role in the pathophysiology of ADHD. These regions are: lateral prefrontal cortex, dorsal anterior cingulate cortex, caudate nucleus, and cortex. One study reported that a delay in the development of specific brain tissues with an average of three years was observed among primary school age ADHD patients. The two most prominent regions in which this delay occurred are the frontal cortex and the temporal lobe, which are believed to be responsible for the ability to control behavior and focus. In contrast, the motor cortex of people with ADHD was observed to grow at a faster than normal rate. Thus, they have the restlessness characteristic of this disease, which is caused by both the slow growth of behavioral control and the rapid

motor development. It is worth noting that the same stimulant drugs may affect the growth factors of the central nervous system. In the same study, a variant of the dopamine D4 receptor gene, the seventh repeat allele, which is responsible for the 30% heritability of ADHD, was previously observed to be associated with an abnormally thin right-sided cortex. , this thin part regains its normal thickness in adolescence in these children, and even improves their condition clinically, compared to other forms of genes found in patients with ADHD . In addition, radiographs using SPECT imaging technology demonstrated poor blood circulation in people with ADHD (indicating reduced neural activity. in addition to severely elevated concentrations of dopamine transporters in the striatum, which is responsible for planning For the future[8].

A study conducted at the Brookhaven National Laboratory of the US Department of Energy in cooperation with the Mount Sinai School of Medicine in New York, indicates that there is no relationship between the levels of dopamine transporters and ADHD, and indicated that what determines this disorder is the ability of the brain to produce neurotransmitters Similar to dopamine. The study was conducted by injecting 20 people with ADHD and 25 other people representing the control group with a radioactive substance that binds itself to dopamine transporters. The study revealed that it is not the levels of transporters that are responsible for determining the presence of ADHD, but rather dopamine itself. A low level of dopamine has been observed in all individuals with ADHD. The study authors believed that the number of dopamine transporters in the brain is not determining factor, due to the low initial levels of dopamine in cases with ADHD. In support of this notion, plasma homovanillic acid, a marker of

dopamine level, was found to be inversely associated not only with childhood ADHD symptoms in adult psychiatric patients, but also with "childhood learning difficulties" in healthy subjects as well [9].

2-3 Classification Of (ADHD)

ADHD has three subtypes [10,11]:

2-3-1 Predominantly hyperactive-impulsive

- Most symptoms (six or more) are in the hyperactivity-impulsivity categories.
- Fewer than six symptoms of inattention are present, although inattention may still be present to some degree.

2-3-2 Predominantly inattentive

- The majority of symptoms (six or more) are in the inattention category and fewer than six symptoms of hyperactivity-impulsivity are present, although hyperactivity-impulsivity may still be present to some degree.
- Children with this subtype are less likely to act out or have difficulties getting along with other children. They may sit quietly, but they are not paying attention

to what they are doing. Therefore, the child may be overlooked, and parents and teachers may not notice that he or she has ADHD.

2-3-3 Combined hyperactive-impulsive and inattentive

– Six or more symptoms of inattention and six or more symptoms of hyperactivity-impulsivity are present.

–Most children have the combined type of ADHD

2_4 Risk Factors (ADHD)

Scientists are not sure what causes ADHD, although many studies suggest that genes play a large role. Like many other illnesses, ADHD probably results from a combination of factors. In addition to genetics, researchers are looking at possible environmental factors, and are studying how brain injuries, nutrition, and the social environment might contribute to ADHD [12].

- 1) **Genes.** Inherited from our parents, genes are the “blueprints” for who we are. Results from several international studies of twins show that ADHD often runs in families. Researchers are looking at several genes that may make people more likely to develop the disorder. Knowing the genes involved may one day help researchers prevent the disorder before

symptoms develop. Learning about specific genes could also lead to better treatments [13].

- 2) **Environmental factors.** Studies suggest a potential link between cigarette smoking and alcohol use during pregnancy and ADHD in children. In addition, preschoolers who are exposed to high levels of lead, which can sometimes be found in plumbing fixtures or paint in old buildings, may have a higher risk of developing ADHD.
- 3) **Brain injuries.** Children who have suffered a brain injury may show some behaviors similar to those of ADHD. However, only a small percentage of children with ADHD have suffered a traumatic brain injury [14].
- 4) **Sugar.** The idea that refined sugar causes ADHD or makes symptoms worse is popular, but more research discounts this theory than supports it. In one study, researchers gave children foods containing either sugar or a sugar substitute every other day. The children who received sugar showed no different behavior or learning capabilities than those who received the sugar substitute [15].
- 5) **Food additives.** Recent British research indicates a possible link between consumption of certain food additives like artificial colors or preservatives, and an increase in activity. Research is under way to confirm the findings and to learn more about how food additives may affect hyperactivity [15].

2_5 Signs And Symptoms [16]

2-5-1 Symptoms Of Inattention Children :

- be easily distracted, miss details, forget things, and frequently switch from one activity to another
- have difficulty focusing on one thing
- become bored with a task after only a few minutes, unless they are doing something enjoyable
- have difficulty focusing attention on organizing and completing a task or learning something new
- have trouble completing or turning in homework assignments, often losing things (e.g., pencils, toys, assignments) needed to complete tasks or activities
- not seem to listen when spoken to
- daydream, become easily confused, and move slowly
- have difficulty processing information as quickly and accurately as others
- struggle to follow instructions.

2-5-2 Symptoms Of Hyperactivity Children :

- fidget and squirm in their seats
- talk nonstop
 - dash around, touching or playing with anything and everything in sight
- have trouble sitting still during dinner, school, and story time
- be constantly in motion
- have difficulty doing quiet tasks or activities.

2-6 Diagnosis

No Specific Test Can Diagnose Adhd, And The Dsm-5 Requires The Presence Of A Sufficient Number Of Core Symptoms And Functional Impairment 16 Adhd Includes Three Subtypes Primarily Inattentive (E.G., Distracted, Poor Organization And Follow-Through); Primarily Hyperactive-Impulsive (E.G., Fidgety, Overly Active, Interrupts) And Combined. A Positive Family History For Adhd Is Supportive Of An Adhd Diagnosis [15].

2-7 Treatment

The Goal Of ADHD Treatment Is To Improve Symptoms, Optimize Functional Performance, And Remove Behavioral Obstacles. The Primary Care Physician Should Provide Families With ADHD-Specific Resources And General Parenting Advice. Children With ADHD May Qualify For Accommodations At School Under Section 504 Of The Rehabilitation Act Or Under The Individuals With Disabilities Education Act. Parents Can Request An Evaluation To Determine Eligibility For These Accommodations Or For An Individualized Education Plan (IEP) Through Their Child's School District [17].

2-7-1 Behavioral Therapie

The Multimodal Treatment Study Of Children With Adhd Assessed Treatment Effects In 579 Children Seven To Nine Years Of Age. Patients Received Intensive Behavioral Therapy, Medication, Combined Behavioral Therapy And Medication, Or Standard Treatment By Community Physicians Over 14 Months. Similar Benefits Were Observed For Behavior, Social Skills, Relationships And Academics In Children Who Received Medication Alone Compared With Those Who Received Medication And Behavioral Therapy. Longer-Term Analyses Suggest That Behavioral Treatment Provides Additional Benefits Beyond Medication Alone, Particularly Regarding Treatment Satisfaction For Parents And Teachers And In Children With Lower Socioeconomic Status [18] .

Effective Behavioral Therapies Include Parent Training, Classroom Management, Peer Interventions, And Combinations Of These Interventions. Parent Training, In Group Or Individual Formats, Provides Education To Improve Their Understanding About ADHD, Behavioral Problems, And Child Development. This Training Also Helps Them Employ Positive Parenting Strategies (E.G., Praise And Rewards For Targeted Behaviors) And Reduce Disruptive Child Behaviors (E.G., Planned Ignoring Of Behavior And Use Of Consequences). Treatment Often Involves Seven To 12 Weekly Sessions And Has Demonstrated Improved Child Behavior And Parent Satisfaction. Classroom Management Focuses On Strategies To Improve Classroom Routines And Structure, A Token Economy To Shape Positive Behaviors, And A Daily Behavioral Report Card To Monitor Progress And Provide Feedback To The Child, Parent, And Team Peer Interventions Include Social Skills Training And Time-Intensive, Adult-Mediated Interactions To Improve Social Behaviors [19].

2-7-2 Pharmacologic Treatment

Medications Reduce Core Adhd Symptoms For Most Children. Summarizes Common Adhd Medications. Psychostimulants (E.G., Methylphenidate [Ritalin], Dextroamphetamine, And Mixed Amphetamine Salts Such As Dextroamphetamine/Amphetamine [Adderall]) Are The Most Effective And Safe Option, And Are The First Choice For Adhd Treatment In National Guidelines And Reviews. Atomoxetine (Strattera) And Alpha-2 Receptor Agonists (E.G., Guanfacine [Tenex], Clonidine [Catapres]) Are Also Effective But Have Fewer Supporting Studies

And Are Less Effective Than Psychostimulants. Reasons For Starting With Asecond-Line Drug Include Strong Family Preference For A Nonstimulant Medication,Concern About Drug Diversion (Although Some Long-Acting Stimulants Reduce This Risk), Or Comorbid Conditions That Might Also Be Managed By A Single Medication (E.G., An Anxiety Or Tic Disorder) [20,21] .

2-7-3 Psychostimulants.

These Medications Affect Central Nervous System Dopaminergic Pathways. In Addition To Symptom Reduction, Academic Performance May Also Improve Children With ADHD Who Are Taking A Stimulant Are Less Likely To Be Held Back A Grade. Stimulant Medication Does Not Increase The Incidence Of Substance Abuse And May Improve Driving Performance In Younger Drivers Who Have ADHD. About 70% Of Patients Respond To The First Stimulant Medication And 90% To 95% Respond To A Second Stimulant. Of The Medication Studies Involving Preschool Children, Methylphenidate Is Most Supported [22] .

2-8 Monitoring

Physician Follow-Up Is Recommended One Month After Initiating Treatment. Height, Weight, Heart Rate, Blood Pressure, Symptoms, Mood, And Treatment Adherence Should Be Monitored At Follow-Up Visits. Monthly Visits May Be Required Until Medication Dosing And Timing Are Optimized. When An Acceptable Regimen Is Determined, Follow-Up Is Recommended At Least Every Three Months During The First Year, And Two Or Three Times Per Year Thereafter To Assess Control Of Symptoms, Treatment Adherence, And The Presence Of Comorbid Conditions. Medication Holidays Are Unnecessary Unless Adverse Effects (E.G., Decreased Growth Velocity) Are A Concern [23].

Chapter Three

“Methodology”

3-1 Material And Methods :

This Study Conducted At College Of Nursing /Basrah University As Across Sectional Involving Sevinty One Nursing Staff In Basra Hospitals. To Achieve The Aim Of The Questionnaire Was Arabic Language To Assessment Nurses Knowledge Corresponding ADHD.

3-2 Setting Of Study

The Project Carried Out In- Basra (Al -Sadder Teaching Hospital And Private Child Hospital And Al- Basrah Maternity And Children Hospital) Hospitals ,Study Start From December 2021 Till April 2022 .

3-3 Study Samples

Seventy One Nurses Male And Female From To Assessment Nurses Knowledge The Regarding ADHD.

3-4 Instrument

The Study Instrument Was Comprised Of Questions Form Taken By Written. Before Introduction This Items Distributed For Teachers Of College. It Divided In To Two Parts, The First Parts Was To Identify The Socio Demographic Characteristic Include Gender, Education Level, And The Second Part Include Twenty Items Regarding Scientific Knowledge ADHD.

3-5 Statistical Datd Analysis

Data Were Analyzed Using The Statistical Package For Social Sciences (Spss)

1- Percentage(%)

2- Frequency.

3- Mean Of Score .

4-Standard Deviation (Sd)

5-Variance

Chapter quatre

“Results”

4-1 Demographic Information

Table(1) The Frequent And Percentage Regarding Demographic Information, N=71 Staff

Statistics		F	%
Sex	Male	15	21.1
	Female	56	78.9
	Total	71	100.0
Education level	High school	21	29.6
	Diploma	21	29.6
	College	29	30 %
	Total	71	100.0
Service years	Less than 5	38	53.5
	5 – 10	23	32.4
	More than 10	10	14.1
	Total	71	100.0
Hospital	Al Sadder	23	32.4
	Private Child Hospital	36	50.7
	Al-Basrah Maternal And Children	12	16.9
	Total	71	100.0
Social status	Single	33	46.5
	Married	38	53.5
	Total	71	100.0

Table (1) Showed The Majority (78.9%) Of Participants (Nurses) Related To Sex Group Were(Female), Regarding To The Education Level The Majority (30 %) Of Samples Were College, Related To Service Years The Majority (53.5%) Of Less Than 5 Years, Related To Work Location The Results Indicate The Majority Of Participants (50.7%) Were In Child Hospital, Related To Social Status The Majority (53.5%) Of Samples Has Married .

4_2 Scientific Informaion

Table (2) Results The Assessment Of Knowledge About Attention Deficit Hyperactivity Disorder

No.	Questions	N	Mean Score	Sd.	Varianc e	Ass.
1	Do you know Attention Deficit Hyperactivity Disorder?	71	0.85	0.364	0.133	Good
2	Have you ever seen a child with Attention Deficit Hyperactivity Disorder?	71	0.70	0.460	0.211	Good
3	Do you think that attention deficit hyperactivity disorder is clearly prevalent without anyone noticing it?	71	0.80	0.401	0.161	Good
4	The disorder appears in a greater proportion in males.	71	0.75	0.438	0.192	Good
5	The age of the child when symptoms appear is less than 6 years.	71	0.87	0.335	0.112	Good
6	Do you think ADHD is hereditary.	71	0.34	0.476	0.227	Mediu

						m
7	Do you think that the disorder is due to congenital neurological disorders?	71	0.72	0.453	0.205	Good
8	Do you think ADHD goes away in adulthood?	71	0.87	0.335	0.112	Good
9	Do you think that the mother's taking of various treatments during pregnancy increases the risk of the disorder?	71	0.79	0.411	0.169	Good
10	Do you think that the mother's addiction to alcohol and smoking increases the risk of the disorder?	71	0.82	0.390	0.152	Good
11	Does exposure to environmental pollutants during pregnancy increase the risk of the disorder?	71	0.73	0.446	0.199	Good
12	Do you think that premature birth is related to the occurrence of the disorder?	71	0.48	0.503	0.253	Medium
13	Do you think that addiction to the use of electronic devices and video games contributes to the disorder?	71	0.85	0.364	0.133	Good
14	Do you think that the disorder disappears on its own and does not need treatment?	71	0.20	0.401	0.161	Weak
15	Does home isolation help the patient's recovery?	71	0.10	0.300	0.090	Weak
16	Do you think he needs a special diet?	71	0.59	0.495	0.245	Medium
17	Are there medical tests that help detect the disorder?	71	0.79	0.411	0.169	Good
18	Do you think that behavioral and educational therapy is effective in controlling the disorder?	71	0.94	0.232	0.054	Good

19	Do you think that the disorder is accompanied by sleep disturbances?	71	0.85	0.364	0.133	Good
20	Do you think that the disorder is accompanied by psychological disorders such as depression or crying?	71	0.96	0.203	0.041	Good

***Weak = (0 – 0.33), medium = (0.34 – 0.67), good = (0.68 – 1)Mean Score**

Table(2) Showed The Nurses Knowledge About Attention Deficit Hyperactivity Disorder (75%) Of The Responses To The Questions Addressed To Nurses On Attention Deficit With Hyperactivity Disorder Has Been A Good Assessment, While (15%) Of The Answers Have Medium Assessment, While (10%) Of Answers Have Weak Assessment.

Table(3) The Mean Score Assessment For Sample.

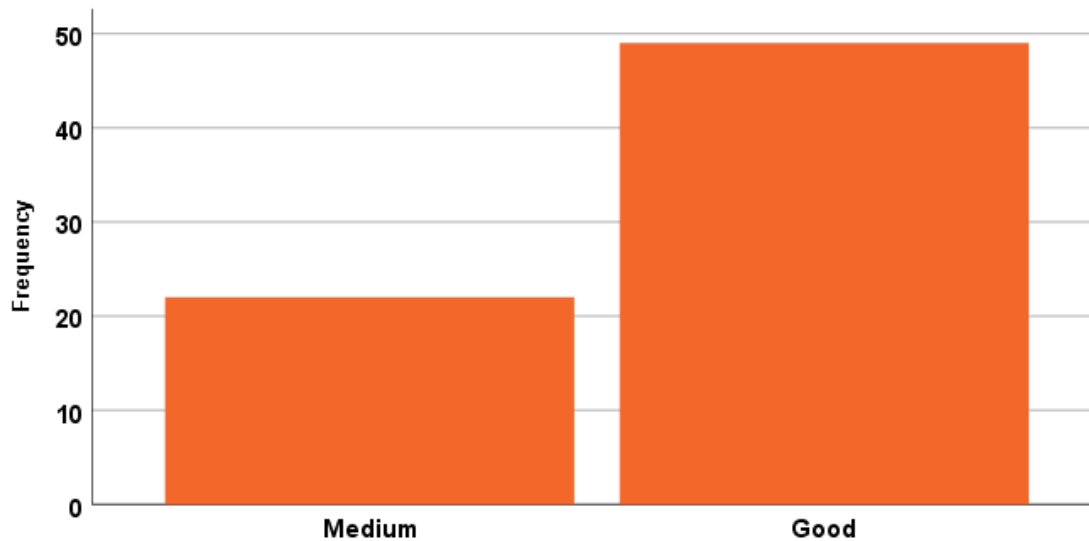
Statistics	N	Min	Max	Mean Score	Sd.	Ass.
knowledge	71	0.35	0.90	0.69	0.119	good
* good = (0.68 – 1)Mean Score						

Table (3) Shows Mean Standard And Assessment For Sample The Knowledge Of ADHD,Where The Mean Was (0.69)With Good Assessment.

Table(4) Overall Assessment Of Knowledge About Attention Deficit Hyperactivity Disorder

Mean Score	F	%	Ass.
0 – 0.33	0	0 %	Weak
0.34 – 0.67	22	31 %	Medium
0.68 – 1	49	69 %	Good
Total	71	100 %	

Table(4) showed assessment of mean score to nurses number (71) The majority (0 %) of weak assessment while the majority (31 %) of medium assessment while the majority (69%) of good assessment .



Figure(4.1) Overall Assessment Of Knowledge About Attention Deficit Hyperactivity Disorder Medium = (0.34 – 0.67), Good = (0.68 – 1)Mean Score.

Chapter five

“Discussion”

Hyperactivity And Attention Deficit Is Aneurobehavioral Disorder Of The Impaortant Disease That Affect Children Until Adolescence, Where Think That Attention Deficit Hyperactivity Disorder Is Clearly Prevalent Without Anyone Noticing It And The Disorder Appears In A Greater Proportion In Males Than On Females [24]. And Attention Deficit Hyperactivity Disorder (ADHD) Tends To Run In Families And Appears To Have A Strong Genetic Link [25]. While Think That Premature Birth Is Related To The Occurrence Of The Disorder [26] .

The Importance Of The Disorder And Its Negative Impact Of The Child`S Live And His Ability To Adapt To His Surrounding ,Here The Nursing Role In Carring For And Almanac The Affected Child Appean .

In This Investigation, The Extend Of Knowledge Nursing Staff In Basrah Hospital. The Demographic Reveals Variable , Where The Sample Size (71) The Majority (78.9%) Of Participants (Nurses) Related To Sex Group Were (Female) As Reflect The Fact That The Majority Of Nurses In Hospital Were Female This Is Due To Female Reception In Nursing Career More Than Male , Regarding To The Education Level The Majority Of (30%) Of Sample Were Nursing College , Regarding To Work Location The Result Indicate The Majority Of Participants (50.7%) Were Child Hospital And Other Participants Were Al Sudder And Bin Gazoun , Regarding Service Years The Majority (53.5%) Of Sample Was Less Than Five Years. At The Table (1).

Though Statical Analysis It Was Found The Knowledge Is Medium At Mean (0.34_0.67), Good (0.68_1) And Weak (0_0.34). Who Confirmed That Most Nurses Have Their Knowledge Of Medium Believe That Premature Birth ADHD Relate To The Occurrence Of The Disorder As Well As The Same Result Was In April 18,2011in Sweden. [26],The Knowledge Of Nursing About Think That ADHD Is Clearly Prevalent Without Anyone Notic Were Good While In US, More Than 9%Of Children Are Diagnosed With ADHD In 2016 [27], At The Table (2) Of Scientific Information. And Shows The Most Of Nurses Were Having The Good Assessment At The Table (3) While The Overall Assessment Of Knowledge About Attention Deficit Hyperactivity Disorder, Where (69%) Have Good Assessments , (31%) Have Medium And (0%) Weak At The Table (4).

“Conclusion And Recommendations”

Conclusion And Recommendations

Conclusion

1. It Has Been Proven In This Investigation That All The Nurses Working In Basra Hospitals Have Good Information About ADHD And Ways To Deal With A Child Suffering From Hyperactivity Of Some Kind.
2. The Difference In Scientific Levels And Educational Attainment Through The Questionnaire, There Is No Difference In The Answer, But The Difference Was In The Years Of Service And This Shows That New Generations Of Nursing Cadres Have More Knowledge And Keep Pace With The Development In Treatments For Disorder Cases.

Recommendations

1. Awareness Session For Parents By Introduction Them To The Disease ,Its Symptoms Its Development And How To Deal With It .
2. Education Session For Teacher About The Disease And How Deal With Child With Hyperactivity And Understanding It Is A disorder Not An Misbehavior.
3. Establishment Of Treatment Centers For (ADHD) Children.
4. More Knowledge Must Be Shown On This Subject Through Educational Courses And Awareness Publications In Order To Raise The Scientific And Professional Competence Of The Nurses.

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January 3, 201

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Appendix A1

Questionnaire Of Assessment Of Nurses Knowledge Regarding ADHD

Demographic Information

Gender

Male

Female

Education
level

High school

Diploma

College

Service
years

Less than 5

5_10

More than 10

Hospital

Al sadder
teaching
hospital

Private child
hospital

Al-basra
maternal and
children
hospital

Social status

Single

Married

Scientific Information

No	Questions	YES	NO
1	Do you know Attention Deficit Hyperactivity Disorder?		
2	Have you ever seen a child with Attention Deficit Hyperactivity Disorder?		
3	Do you think that attention deficit hyperactivity disorder is clearly prevalent without anyone noticing it?		
4	The disorder appears in a greater proportion in males.		
5	The age of the child when symptoms appear is less than 6 years.		
6	Do you think ADHD is hereditary.		
7	Do you think that the disorder is due to congenital neurological disorders?		
8	Do you think ADHD goes away in adulthood?		
9	Do you think that the mother's taking of various treatments during pregnancy increases the risk of the disorder?		
10	Do you think that the mother's addiction to alcohol and smoking increases the risk of the disorder?		
11	Does exposure to environmental pollutants during pregnancy increase the risk of the disorder?		
12	Do you think that premature birth is related to the occurrence of the disorder?		

13	Do you think that addiction to the use of electronic devices and video games contributes to the disorder?		
14	Do you think that the disorder disappears on its own and does not need treatment?		
15	Does home isolation help the patient's recovery?		
16	Do you think he needs a special diet?		
17	Are there medical tests that help detect the disorder?		
18	Do you think that behavioral and educational therapy is effective in controlling the disorder?		
19	Do you think that the disorder is accompanied by sleep disturbances?		
20	Do you think that the disorder is accompanied by psychological disorders such as depression or crying?		

Appendix A2

استبيان معارف الممرضين عن اضطراب نقص الانتباه مع فرط الحركة

المعلومات الديموغرافية

الجنس		
ذكر	أنثى	
المستوى العلمي		
بكالوريوس	دبلوم	ثانوي
سنوات الخدمة		
اكثر من ١٠ سنوات	١٠-٥	اقل ٥ سنوات
مكان العمل		
مستشفى البصره للنسائية والأطفال	مستشفى البصره الطفل التخصصي	مستشفى البصره الصدر التعليمي
الحالة الاجتماعية		
متزوج	أعزب	

لا	نعم	Questions	No
		هل تعرف اضطراب نقص الانتباه مع فرط الحركة؟	1
		هل سبق وشاهدت طفل لديه اضطراب نقص الانتباه مع فرط الحركة؟	2
		هل تعتقد ان اضطراب نقص الانتباه مع فرط الحركة منتشر بشكل واضح دون ان ينتبه اليه احد؟	3
		يظهر الاضطراب بنسبة اكبر لدى الذكور.	4
		عمر الطفل عند ظهور الاعراض اقل من 6 سنوات.	5
		هل تعتقد ان اضطراب نقص الانتباه مع فرط الحركة وراثي.	6
		هل تعتقد ان الاضطراب يكون بسبب اعتلالات خلقية عصبية؟	7
		هل يمكن تقليل احتمالية الاصابة باضطراب نقص الانتباه مع فرط الحركة؟	8
		هل تعتقد ان تناول الأم للعلاجات المختلفة أثناء فترة الحمل يزيد من خطر حدوث الأضطراب؟	9
		هل تعتقد أن أدمان الكحول والتدخين للأم يزيد من خطر حدوث الأضطراب؟	10
		هل التعرض للملوثات البيئية أثناء فترة الحمل يزيد من خطر حدوث الأضطراب؟	11
		هل تعتقد أن الولادة المبكرة لها علاقة في حدوث الأضطراب ؟ هل تعتقد أن الأدمان على الأجهزة	12
		الألكترونية والعباب الفيديو يساهم في حدوث الأضطراب؟	13
		هل تعتقد أن الأضطراب يختفي من تلقاء نفسه ولايحتاج الى علاج؟	14
		هل العزل المنزلي يساهم في التعافي؟	15
		هل تعتقد انه يحتاج الى نظام غذائي خاص؟	16
		هل هناك فحوصات طبية تساهم في الكشف عن الأضطراب؟	17
		هل تعتقد أن العلاج السلوكي والتربوي فعال في السيطرة على الأضطراب؟	18
		هل تعتقد أن الأضطراب يصاحبه اضطرابات في النوم؟	19
		هل تعتقد أن الأضطراب يصاحبه اضطرابات نفسية مثل الأكتئاب أو البكاء؟	20

Appendix B1

العدد : ٥٥
التاريخ : ٢٠٢٢/١/١٣



جمهورية العراق
وزارة الصحة
دائرة صحة البصرة
مكتب المدير العام
مركز التدريب والتنمية البشرية
شعبة ادارة المعرفة/البحوث

الى / م. البصرة الصدر التعليمي
م. البصرة الطفل التخصصي
م . البصرة ابن غزوان

م/ تسهيل مهمة

درست لجنة البحوث في دائرة صحة البصرة مشروع البحث ذي الرقم (٥٣٦) المعنون:
(تقييم معرفة كادر التمريض حول اضطراب نقص الانتباه مع فرط الحركة والمقدم من الباحثة (زينب طالح مولى) والباحثة
بيداء حسين صبيح) كلية التمريض / جامعة البصرة في دائرة صحة البصرة

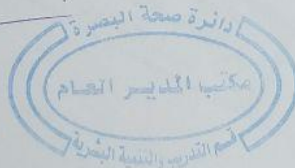
بتاريخ ٢٠٢٢/١/١٣ وقررت:

"الموافقة على تنفيذ مشروع البحث بصيغته المقدمة ولأمانع من تنفيذه في مؤسسات الدائرة."

لتفضلكم بالاطلاع وتسهيل مهمة الباحث لا جراء بحثة مع التقدير....

المرفقات:
قرار لجنة البحوث المرقم ١٦٦ / ٢٠٢٢

د. علي كمال الرضوي
الطبيبة الاختصاص
د. رجاء احمد محمود
مديرة مركز التدريب والتنمية البشرية
٢٠٢٢/١/١٣



نسخة منه الى:
مركز التدريب والتنمية البشرية بمع الاوليات



وزارة الصحة
دائرة صحة البصرة
مركز التدريب والتنمية البشرية
لجنة البحوث



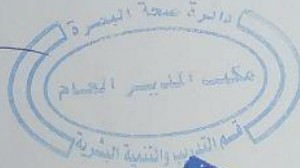
رقم القرار ٢٠٢٢/١٦٦
تاريخ القرار ١٣ / ١٠ / ٢٠٢٢

قرار لجنة البحوث

درست لجنة البحوث في دائرة صحة البصرة مشروع البحث ذي الرقم (٥٣٦) المعنون:
(تقييم معرفة كادر التمريض حول اضطراب نقص الانتباه مع فرط الحركة والمقدم من الباحثة (زينب طالح مولى)
والباحثة (بيداء حسين صبيح) كلية التمريض / جامعة البصرة في دائرة صحة البصرة
بتاريخ ٢٠٢٢/١٠/١٣ وقررت:

"الموافقة على تنفيذ مشروع البحث بصيغته المقدمة ولأمانع من تنفيذه في مؤسسات الدائرة."

الطبيب الاختصاص
د. علي كاظم قاسم
مقرر لجنة البحوث / دائرة صحة البصرة
٢٠٢٢ / ١ /



المرفقات:

لا يوجد

الملاحظات:

- تم تحويل رئيس لجنة البحوث او مقرر اللجنة للتوقيع على هذا القرار استنادا الى النظام الداخلي للجنة البحوث .
- الموافقة تعني ان مشروع البحث قد استوفى المعايير الأخلاقية والعلمية لإجراء بحث والمعتمدة في وزارة الصحة، اما التنفيذ فيعتمد على التزام الباحث بتعليمات المؤسسة الصحية التي سينفذ فيها البحث. وعلى الباحث التواصل مع مسئول البحوث في المؤسسة الصحية التي يجرى بها البحث وأطلاعها على مجريات البحث بشكل دوري ولحين انتهاء البحث.

Appendix c

قائمة الخبراء				
مكان العمل	التخصص	الشهادة	أسم الخبير	
جامعة البصرة / كلية التمريض	دكتوراه تربية رياضية / فسلجة	دكتوراه	أ.د محفوظ فالح حسن	1
جامعة البصرة / كلية التمريض	طب مجتمع	دكتوراه	أ.د سميرة محمد أبراهيم	2
جامعة البصرة / كلية التمريض	طب أسرة	دكتوراه	أ.د سجاد سالم عيسى	3
جامعة البصرة / كلية التمريض	دكتوراه تمريض أطفال	دكتوراه	م.د عادل علي حسين	4
جامعة البصرة / كلية التمريض	طب أسرة	دكتوراه	م.د فراس عبد القادر جاسم	5

الخلاصة

أُجريت الدراسة الحالية في كلية التمريض جامعة البصرة في الفترة من ديسمبر ٢٠٢١ حتى أبريل ٢٠٢٢ وتهدف إلى قياس مدى معرفة طاقم التمريض كأباء بشكل عام والمتخصصين المساعدين بشكل خاص باضطراب نقص الانتباه وفرط الحركة في مستشفيات البصرة. تم جمع البيانات من خلال استبيان من ٧١ عينة اشتملت على محورين ، المحور الأول للمعلومات الديموغرافية للممرضات. والمحور الثاني هو المعرفة العلمية من خلال مجموعة أسئلة تصل إلى ٢٠ سؤالاً. أظهرت نتائج الإحصاء الديموغرافي الوصفي للممرضات والمتعلقة بالجنس أن غالبية (٧٨,٩٪) من المشاركين (الممرضات) المرتبطتين بفئة الجنس كانوا (إناث) أما بالنسبة للمستوى التعليمي فإن غالبية (٣٠٪) من العينات كانت جامعية ذات علاقة. بالنسبة إلى سنوات الخدمة ، فإن الأغلبية (٥٣,٥٪) من أقل من ٥ سنوات ، فيما يتعلق بمكان العمل ، تشير النتائج إلى أن غالبية المشاركين (٥٠,٧٪) كانوا في مستشفى الأطفال الخاص ، فيما يتعلق بالحالة الاجتماعية ، تزوجت غالبية العينات (٥٣,٥٪). وأظهرت النتائج أيضا أن معرفتهم بمتوسط إجمالي كبير للنتيجة. الدراسة الحالية التي تصف معرفة الممرضات باضطراب فرط الحركة ونقص الانتباه تلخص أن غالبية الممرضات لديهم معلومات جيدة عن اضطراب نقص الانتباه وفرط النشاط وطرق التعامل مع طفل يعاني من فرط النشاط من نوع ما. كما أوصت الدراسة بإنشاء مراكز علاجية للأطفال المصابين باضطراب نقص الانتباه وفرط الحركة. ويجب إظهار المزيد من المعرفة حول هذا الموضوع من خلال الدورات التعليمية والمنشورات التوعوية من أجل رفع الكفاءة العلمية والمهنية للممرضات.



وزارة التعليم العالي والبحث العلمي

جامعة البصرة

كلية التمريض



تقييم معارف الممرضين عن اضطراب نقص الانتباه مع فرط الحركة لدى الاطفال

كجزء من متطلبات بحث مقدم ألى كلية التمريض / جامعة البصرة لنيل شهادة البكالوريوس

في التمريض العام

زينب صالح مولي

بيداء حسين صبيح

أشراف

المدرس/ دينا حامد صادق

المرحلة الرابعة

٢٠٢١-٢٠٢٢