

A PRE-EXPERIMENTAL STUDY TO EVALUATE THE EFFECTIVENESS OF SELF INSTRUCTIONAL MODULE (SIM) ON THE MANAGEMENT OF VIOLENT PATIENTS AMONG NURSING PERSONNELS IN A SELECTED PSYCHIATRIC HOSPITALS AT JAIPUR RAJASTHAN

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ABSTRACT

Mental health nursing is the practice of promoting mental health as well as caring for people who have mental illness, potentiating their independence and restoring their dignity.¹ During the course of practice, a mental health nurse has to face violence from acute psychiatric patients. Violence towards nurses in workplace is an endemic worldwide multifaceted problem. Violence has a detrimental effect on nurse's psychological, cognitive, emotional and behavioral spiritual wellbeing, and a negative impact on public healthcare costs and organizations effectiveness. In order to overcome the above problems, a mental health nurse must possess sound knowledge base and requisite skills in management of violent psychiatric patients.

Aggressive and angry behavior may escalate in a predictable and orderly manner, thus providing opportunities for the healthcare professional to risk assess and intervene in the short-term through a process of de-escalation, thus avoiding confrontation. However aggression may also occur in a violent and abrupt pattern requiring emergency management and a coordinated staff response. The use of risk assessment methods helps determine the best intervention in order to reduce the potential for violent behavior. Also, the effectiveness of risk assessment lies in its advantage of reducing many un-necessary coercive measures like: seclusion, chemical and mechanical restraint.

INTRODUCTION

Violence and aggressive behaviour are the serious problems in the health sector. Multinational data reports that approximately 75% of all psychiatric nurses have been assaulted at least once in their careers and nurses experience high rates of verbal assault from 82% to 97%.⁴ Whilst extensive efforts have been made to understand the processes involved in violence in psychiatric wards, the mental state of the patient at the time of the assault was often cited as an important factor in many assaults. The high-risk mental states were induced following self-poisoning, a part of a prolonged organic brain syndrome (dementia)

alcohol or illegal drug intoxication or withdrawal concurrent mental illness or mental handicap (mania, psychosis) and the patients finding themselves in an environment they had not expected.⁵

The postal survey of senior nurses in intensive care units in England and Wales was conducted with an aim to ascertain the frequency of abusive and violent behavior by patients and relatives towards intensive care staff, discover the perceived causes, effects and documentation of such behavior and define the current and proposed security arrangements for intensive care units. Response rate was 94%. During the study period, verbal abuse of nurses by patients and by relatives occurred in 87% and 74% of intensive care units, respectively. The relevant figures for doctors were 65% and 59%, respectively. Nurse's experienced physical abuse by patients and by relatives in at least 77% and 17% of intensive care units respectively and doctors had 38% and 8% for the situation. Illness was the main perceived cause of offences by patients whereas 'distress' (45%), alcohol (24%), sociopathic behavior (27%) were the main putative causes amongst relatives. Whilst 43% of intensive care units have no security system at the door, staff awareness, training and communication skills may be the principle tools in reducing the frequency and consequences of violent and abusive behavior.

2. NEED FOR THE STUDY

Violence is a significant issue for occupational health professional says National Institute of Occupational Safety and Health (NIOSH).³³ The Queensland Nurses' Union says hundreds of nurses at psychiatric hospitals across the state are assaulted every year during the course of their duties. For many the attack leaves them so traumatized that they are unable to return to work.

A national survey in Australia revealed that 58% of General Practitioners had experienced verbal abuse and 18% experienced property damage. General Practitioners with fewer years of practice were more likely to experience verbal abuse as compared to those more experienced who becomes better equipped to deal with verbal abuse in such situations European Working Conditions Survey (EWCS) conducted study which includes 44,000 workers from 34 countries. The survey enquired about verbal abuse; threats and humiliating behavior; physical violence; unwanted sexual attention; bullying and harassment; and sexual harassment encountered at work. Consistent with previous EWCS reports, the health sector was one of the occupational groups at highest risk with rates of 16% for threats of violence and 15% for actual violence during the previous year. The nurses need to have appropriate skills to manage disturbed or violent behavior in psychiatric inpatient setting. Training that highlights awareness of racial, cultural, social and religious or spiritual needs and gender difference along with other special concerns also militates against disturbed/violent behavior. Such training should be properly audited to ensure the effectiveness.

OBJECTIVES

- To assess the pre-test knowledge of nursing personnel regarding the management of violent patients.
- To develop and implement self instructional module on management of violent patients among nursing personnel.

- To assess the post-test knowledge of nursing personnel regarding the management of violent patients.
- To compare the pre-test and post-test knowledge of nursing personnel regarding the management of violent patients.
- To determine the effectiveness of self instructional module on management of violent patients among nursing personals.
- To find the association between pre-test level of nursing personnel with selected socio demographic variables.

4. HYPOTHESES

H1: The mean post-test knowledge score of nursing personnel on management of violent patients will be significantly higher than their mean pre-test knowledge score of nursing personals.

5. ASSUMPTION

- The nurses are having less knowledge regarding Management of violent patients.
- The practice of nurses regarding Management of violent patients.
- Orientation programme will be helpful in enhancing the knowledge and practice of nurses on Management of violent patients.

6. REVIEW OF LITERATURE

1. Michael D. (2006) conducted a study on nurses to assess short-term prediction of violence in acute psychiatric ward in Australia. The study was conducted for a 18-month period on a total of 1215 psychiatric inpatients and out of these 181 were recorded as being aggressive. Patients with bipolar affective disorder and schizophrenia had a 2.81 and 1.96 significantly increased risk of aggression.

2. Needhan IP, Abderhalden C, Halfens RJP (2005) conducted a study to test the effect of a training course in aggression management on mental health nurses perception of aggression in UK. The aim of the study was to provide knowledge, capabilities of the mental health nurses. One hundred and forty-four staff nurses from six psychiatric wards were included. The study revealed that there was significant increase in knowledge after the training programme.

3. Lin Y, Liu H. (2005) study had done from on the impact of violence on psychiatric ward nurses in South Taiwan. The purpose of the study was to explore the prevalence of violence committed by the psychiatric patients against nurses. Two hundred and thirty nurses from a 400-bedded hospital in southern Taiwan were chosen. The results showed that 44.7% nurses had received training regarding violence; 61% of the nurses reported experiencing verbal and physical threat. The verbal expressions of violence were mainly due to drunkenness and physical expression of threat commonly seen in psychotic patients

4. Mathew L K. (2004) study collected regarding the effectiveness of self instructional module on body mechanics for the staff nurses in selected hospitals at Mangalore mean percentage of the knowledge score of the pre-test was 36.52% with mean score 76.38 ± 2.2 whereas post-test score was 76.38 percent with mean score 15.74 ± 2.98 . The results showed an increase of 16.74 in the total mean and 39.85% increase in the mean percentage after the administration of the self instructional module.

5. Park De C. (2004) conducted a study on management of psychiatric in-patient violence in a large psychiatric hospital in South London. The aim of the study was the management of violent incidents in all general wards in a large psychiatric hospital. Most of the 4464 untoward incidents recorded were on the 14 general adult wards, 1380 (31%) were in learning disability, 256 (6%) were on the forensic wards, and 29 (<1%) were on the addiction ward. As far as the patients' status under the Mental Health Act (1983) was concerned, 1137 incidents (75%) involved patients on a civil section, 43(3%) involved patients on a criminal section and for 333 incidents (22%) the patient was informal.

6. Grenyer BFS, Ilkiw-Laville O, Bino P, Coleman M. (2004) study was conducted in Ilawara, Australia on the prevalence and precipitants of aggression in psychiatric inpatient units on 1269 admitted psychiatric patients. The study showed that 174 patients (13.7%) were found aggressive. High risk patients were identified as under 32 years of age and were actively psychotic.

7. Jonikas JA, Cook JA (2004) the programme described to reduce use of physical restraint in psychiatric inpatient facilities. The programme to reduce the use of restraints was implemented on three psychiatric units of a university. Three components constituted the restraint reduction programme: one component of the programme involved interviewing patients to determine their stress triggers and personal crises management strategies. The second consisted of training staff members in crisis de-escalation and non-violent intervention. During this period a total of 1602 patients were treated in the general psychiatry unit, 308 patients were treated in the clinical research unit and 227 patients were treated in the adolescents' psychiatry unit. During the first two quarters after implementation of the programme; physical restraint rates declined significantly (89% decrease in the adolescent unit, 99% in the general psychiatry unit and 98% in the clinical trial unit) and remained low on all three units for the remainder of the year after implementation. A two-way analysis of variance showed that there was effect of training ($F= 8.34$, $df= 1$, $p < 0.01$).

7. METHODOLOGY

Methodology of research indicates the general pattern for organizing the procedure for empirical study together with the method of obtaining valid and reliable data for the problem under investigation.

This chapter deals with the methodology selected for the study. It includes research approach, research design, setting, sample and sampling technique, development and description of the instruments for data collection, development of the educational package on "management of aggressive patients," procedure of data collection, and plan for data analysis.

8. ANALYSIS AND INTERPRETATION

Table no. 1 Frequency and Percentage distribution of staff nurses as per their socio demographic variables.

N=60

S.NO	Socio demographic variables.	Frequency (f)	Percentage (%)
1	<i>Age(years)</i>		
	a. 21-30	33	55
	b. 31-40	12	20
	c. 41-50	9	15
	d. Above 50	6	0
2	<i>Gender</i>		
	a. Male	32	53.33
	b. Female	28	46.66
3	<i>Qualification</i>		
	a. G.N.M	19	31.66
	b. B.Sc. (N)	17	28.33
	c. P.B.B.Sc (N)	13	21.66
	d. M.Sc. (N)	11	18.33
4	<i>Work with violent patients</i>		
	a. Yes	33	55
	b. No	27	45
5	<i>How many years working experience</i>		
	a. 1-5	30	50
	b. 6-10	13	21.66
	c. 11-15	7	11.66
	d. Above 16	10	16.66
6	<i>Attending any educational programme</i>		
	a. Yes	17	28.33
	b. No	43	71.66
7	<i>Used any other source</i>		
	a. Yes	33	55
	b. No	27	45

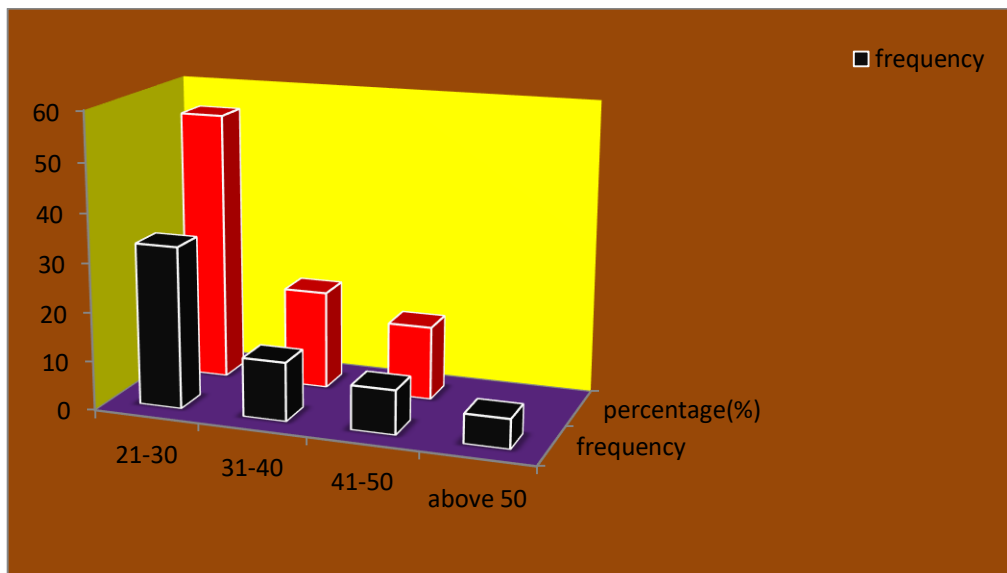


Figure 3: Distribution of nursing personnel according to their age

Table no. 1 fig. no 3. The age-wise distribution of nursing personnel’s showed that majority (55%) of the respondents were aged between 21-30 years, followed by 31-40 years (20%) whereas (15%) of subjects were fell in the age group of 41-50 years and least number of subjects i.e. (10%) were above 50 years.

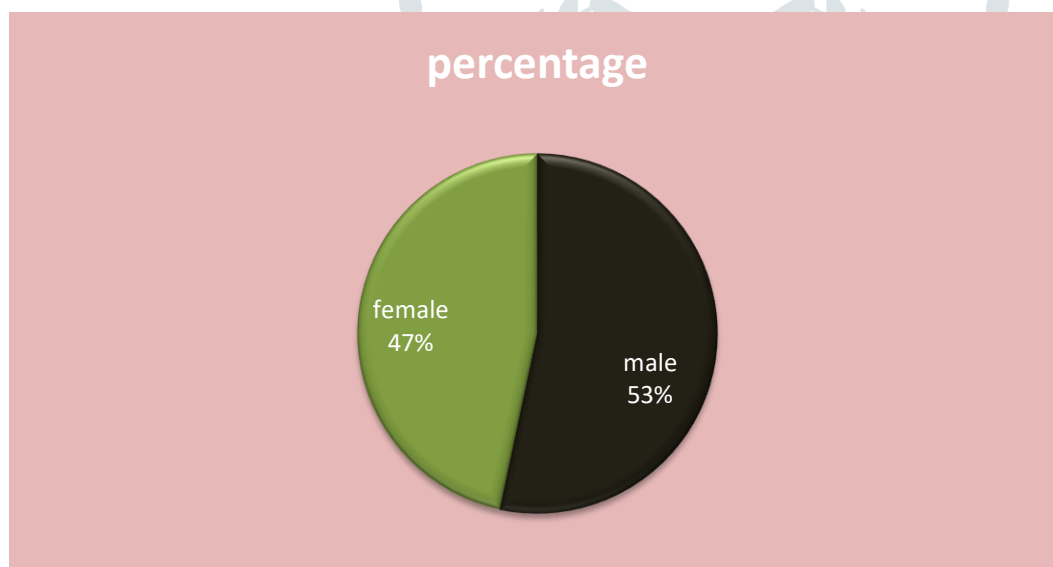


Figure4: Distribution of the nursing personnel according to gender

The data on the gender wise distribution of nursing staff depicted that majority 32 (53.33%) were male and 28(46.66%.) of the subjects were females.

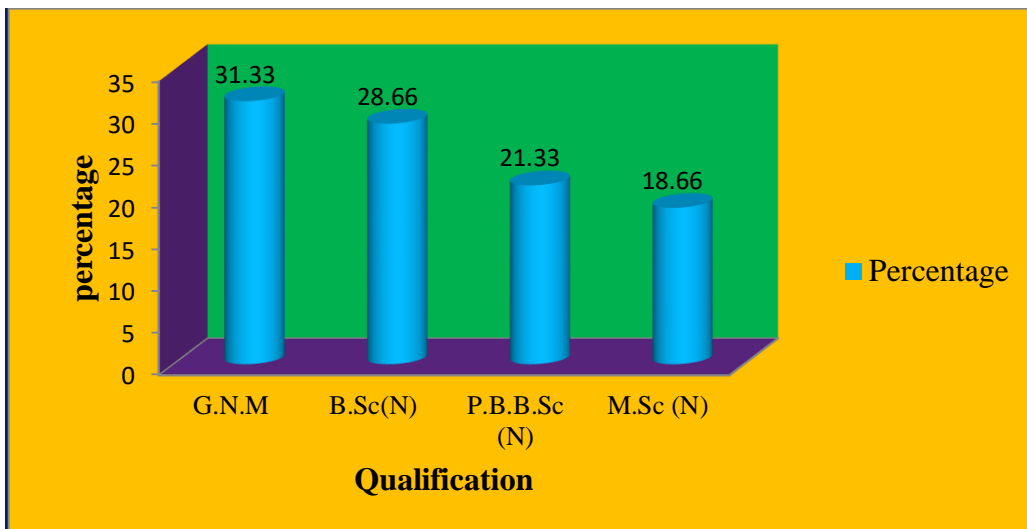


Figure 5: Distribution of nursing personnel according to professional qualification

Table 1 and Figure 5 represented that maximum number of the subjects 19(31.66%) had General Nursing and Midwifery qualification, followed by 17(28.33%) pursued B.Sc nursing while 13(21.66%) of subjects had completed their P.B.Sc nursing and the minimum number of subjects 11(18.33%) had M.Sc. (Nursing) qualification.

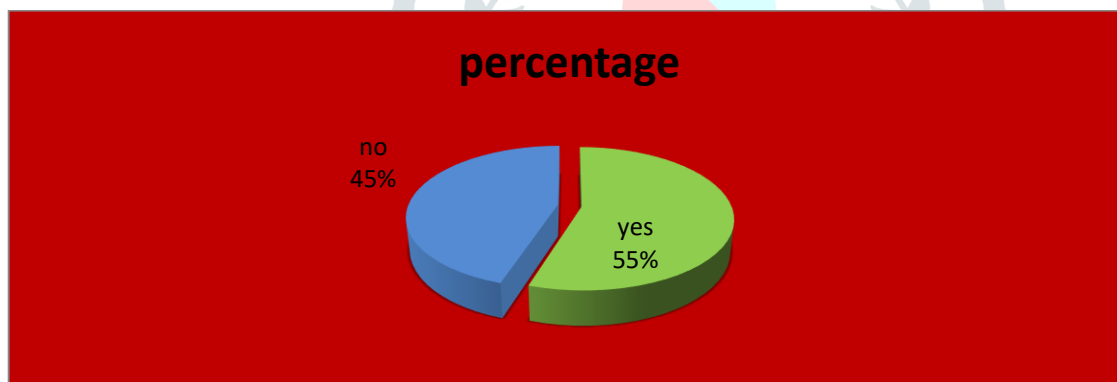


Figure 6: Distribution of nursing personnel according to the status of working with violent patients

Data presented in Table 1 and Figure 6 showed that majority 33(55%) of the subjects had worked with violent patients; however, 27(45%) of subjects had no work experience with violent patients.

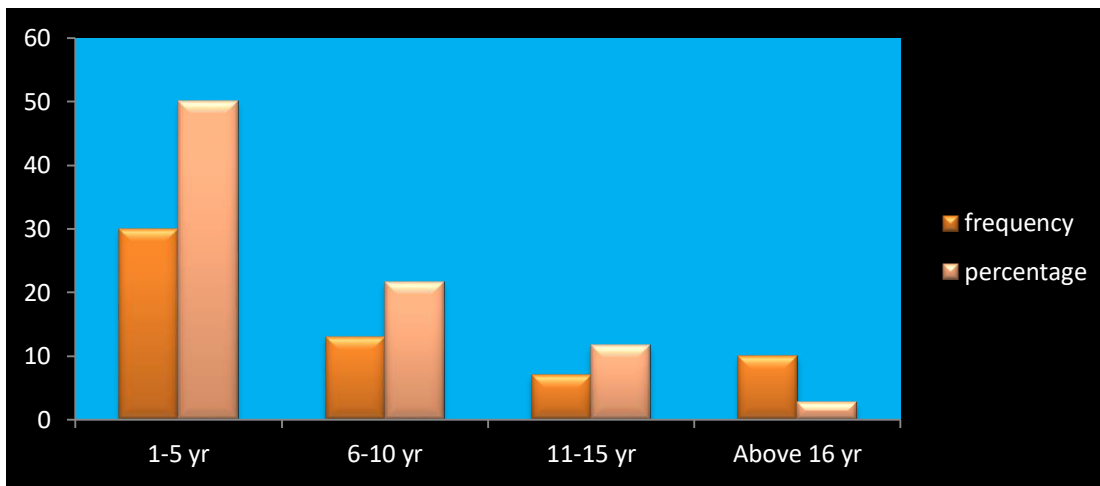


Figure 7: Distribution of nursing personnel according to the How many years working experience in psychiatric hospitals

The data presented in Table 1 and Figure 7 shows that 1-5 years had working experience only 30(50%) of nursing personnel, 6-10 years had 13(21.66), 11-15 years 7(11.66) or only above 60 years had 10(16.66) nursing personnel according to the How many years working experience in psychiatric hospitals.

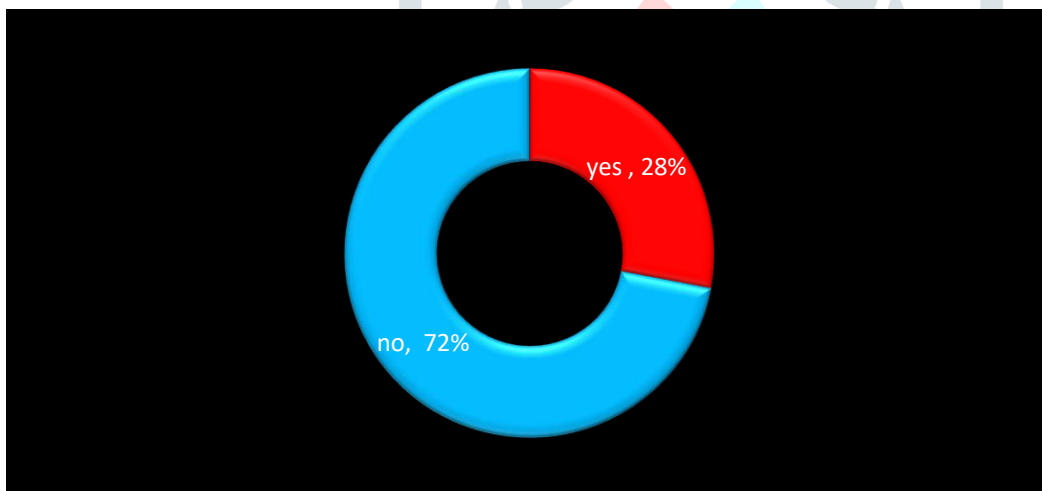


Figure 8: Distribution of nursing personnel according to the additional training programmes

The data presented in Table 1 and Figure 8 shows that only 17(28%) of nursing personnel had attended additional training programmes whereas 43(72%) of subjects did not get any additional education.

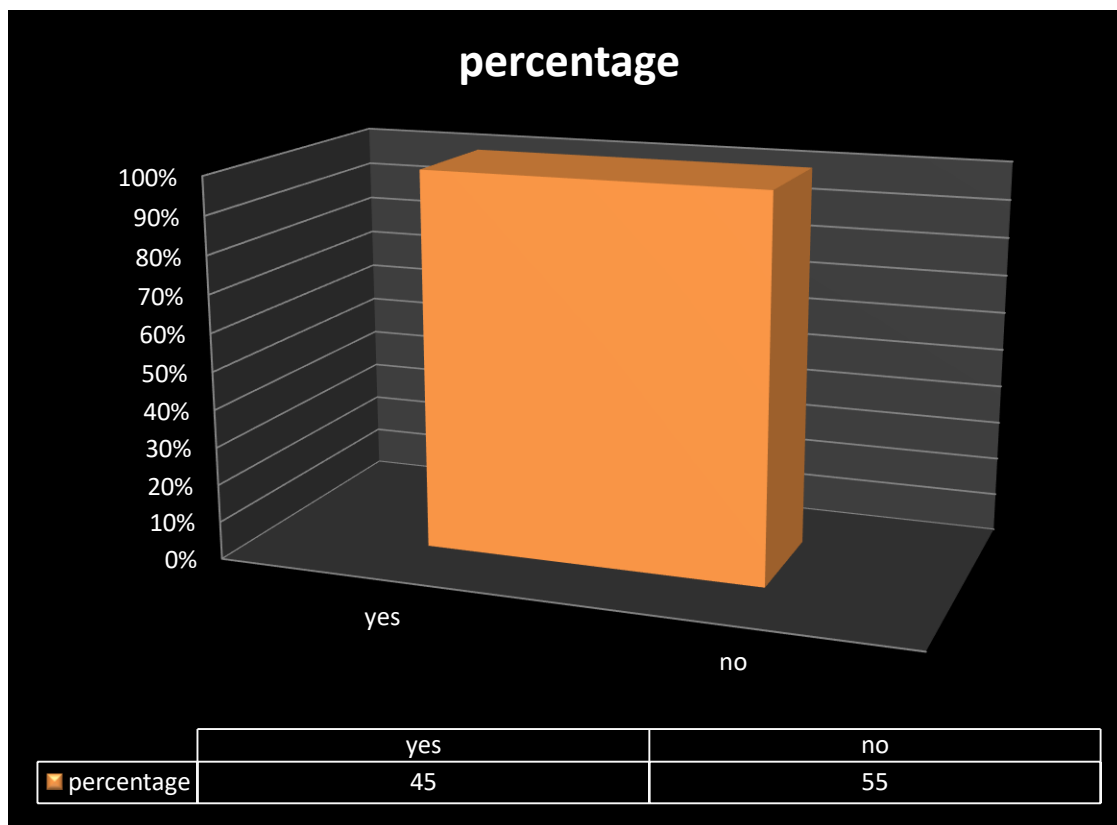


Figure 9: Distribution of nursing personnel according to use any other source

The data presented in Table 1 and Figure 9 that only attending in-service education illustrated that majority (55%) of the subjects had not attended any other source regarding management of violent patients in psychiatric hospitals.

9. MAJOR FINDINGS OF THE STUDY

- ❖ Major number of nursing personnel's 33 (55%) was in age group of 21-30
- ❖ Major number of 32 nursing personnel's (53.33 %) were male
- ❖ Maximum 19 nursing personals (31.66%) was G.N.M
- ❖ Maximum 33 nursing personnel's (55%) had work with violent patients
- ❖ Maximum 30 nursing personnel's (50%) has working experience group of (1-5) years
- ❖ Maximum nursing personnel's 17(28.33%) were attending any other educational programme.
- ❖ Maximum nursing personnel's 33(55%) were used any other source
- ❖ Mean post-test knowledge score of nursing personnel's were (24.36) higher than the Mean pre-test knowledge score (11.66) standard deviation of pre test was 3.16 or standard deviation of post test 4.00.
- ❖ Calculated' value for knowledge score of nursing personnel's was 31.38, found to be statistically significant at 0.05 level of significance.
- ❖ There was a significant association between, age, gender, qualification, work with violent patients, how many years of working experience and attending any educational programme used any other source of management of violent patients among nursing personnel's with the knowledge score at 0.05 level of significance

10. CONCLUSION

The Mean post-test knowledge score of 24.36 on the management of violent patients was significantly higher than the Mean pre-test knowledge score of 11.66 among nursing personnel's attending selected psychiatric hospitals at Jaipur, Rajasthan. Calculated 't' value for knowledge score was 31.38 and found to be statistically significant at 0.05 level of significance. This indicates that self instructional module had improved the knowledge of management of violent patients among nursing personnel's. There was a significant association of knowledge score with age, qualification, and gender of nursing personnel's. It was concluded strategies should be provided to nursing personnel's for improving their knowledge regarding management of violent patients.

11. RECOMMENDATIONS

On the basis of finding of the study, the following recommendations are offered for further research.

- The study can be replicated on large sample to validate the finding and make generalization.
- A similar study may be conducted with pre-test and post-test control group design.
- A descriptive study can be conducted to assess the knowledge regarding management of the violent patients.

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