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A study to assess the knowledge of nursing students regarding psychiatric emergencies

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Abstract

The primary goal in office- based primary care is rapid recognition of potential or actual aggression, reduction, of potential for danger, timely triage, and effective disposition of the potentially dangerous patient. Effective management depends on accurate risk assessment, all forms and appearance of threat must be taken seriously and not ignored, not all, however, require emergent action, under reaction to threat can have devastating consequences, and overreaction can lead to frustration and dissatisfaction on the parts of the patient, family, physician and those whose emergent assistance is being demanded.

Keywords: Psychiatric Emergencies, Potential, Rapid Recognition

Introduction

Emergency psychiatry is the clinical application of psychiatry in emergency setting. Conditions requiring psychiatric interventions may include suicide, substance abuse, depression, psychosis, violence or other rapid changes in behavior. Psychiatric emergency services are rendered by professionals in the fields of medicine, nursing, psychology and social work ^[1]. The demand for emergency psychiatric services has rapidly increased throughout the world since the 1960s, especially in urban areas. Care for patients in situations involving emergency psychiatry is complex ^[2].

Individuals may arrive in psychiatric emergency service settings through their own voluntary request, a referral from another health professional, or through involuntary commitment. Care of patients requiring psychiatric intervention usually encompasses crisis stabilization of many serious and potentially life-threatening conditions which could include acute or chronic mental disorders or symptoms similar to those conditions ^[3, 4].

The place where emergency psychiatric services are delivered are most commonly referred to as Psychiatric Emergency Services, Psychiatric Emergency Care Centers, or comprehensive Psychiatric Emergency Programs.⁵ Mental health professionals from wide area of disciplines, including medicine, nursing, psychology, and social work in these settings alongside psychiatrists and emergency physicians. The facilities, sometimes housed in a psychiatric hospital, psychiatric ward, or emergency room, provide immediate treatment to both voluntary and involuntary patients 24 hours a day and 7 days a week ^[6].

Among the difficulties a primary care nurse faces in dealing with behavioral emergencies in their infrequency and unpredictability. Suicide, homicide and other forms of violence are considered together and unless otherwise specified are referred to collectively as aggression. In-fact, each is a form of potentially destructive aggression with only the targeted object differing. Each shares with the others their cause, risk, clinical presentation and management. The primary goal in office- based primary care is rapid recognition of potential or actual aggression, reduction, of potential for danger, timely triage, and effective disposition of the potentially dangerous patient ^[7, 8].

Managing psychiatric emergencies can be a challenge for any emergency nurse. The patient who exhibits signs and symptoms of psychosis (example paranoia or Auditory hallucinations that are encouraging destructive actions) requires immediate medical evaluation and if medically cleared might require involuntary psychiatric hospitalization. Effective management depends on accurate risk assessment, all forms and appearance of threat must be taken seriously and not ignored, not all, however, require emergent action, underreaction to threat can have devastating consequences, and overreaction can lead to frustration and

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dissatisfaction on the parts of the patient, family, physician and those whose emergent assistance is being demanded. All forms of aggression exist along a continuum from thought to action [9, 10].

This approach will help nurses and care givers in acting beneficently when patients' impaired mental faculties prevent them from making sound autonomous decisions. In addition empathetic approach will facilitate gathering information from the patient and their loved ones. This patient population is interesting because in assessing the patient, the focus is on the brain, which is the affected organ, as well as the patient's source of history for their present illness. This article will discuss how to, asses and manage acute psychosis, agitation, impulsivity, aggression and suicidality [11, 12].

This study will help the student nurses to improve knowledge and to manage cases in emergency conditions for providing necessary interventions.

Aim of the Study

The aim of study was to assess the knowledge regarding management of psychiatric emergencies among nursing students.

Materials and methods

Research Design

Descriptive research design was adopted.

Target Population

Nursing students, studying in B. Sc Nursing, Post Basic B. Sc Nursing and GNM, in selected colleges at Moga (Punjab) were included in this study.

Sampling Technique

The convenient sampling technique (Simple random) was

used for the selection of 60 nursing students in nursing college in district Moga.

Development and Description of Tool

Section A

Demographic variables developed according to the need of the study and it include 4 demographic variables which included present studying class, religion, type of family, and family class.

Section B

Self-structured questionnaire related to psychiatric emergencies.

The section contained 40 questions related to management of psychiatric emergencies.

All correct questions were given one marks each. The scores were divided in 4 following categories:

- 40-31 : Excellent
- 30-21 : Good
- 20-11 : Average
- 10-1 : Poor

Result

The data collected was organized and presented under the following headings:

Section I- Frequency and percentage distribution of nursing students to their Socio demographic characteristics.

Section II Assessment of knowledge regarding management of psychiatric emergencies among nursing students.

Section I: Frequency and percentage distribution of nursing students to their socio demographic characteristics.

Table 1: Frequency and Percentage distribution of Socio-demographic variables of nursing student’s Presently studying at, Religion, Type of family and Educational Background of father, N=60.

Sl. No.	Socio-demographic Variables	Frequency (f)	Percentage (%)
1	Presently studying at		
	B. Sc Nursing	15	25
	Post Basic B. Sc Nursing	25	41.67
	GNM	20	33.33
2	Religion		
	Hindu	16	26.67
	Muslim	2	3.33
	Christian	3	5
	Sikh	35	58.33
3	Type of family		
	Nuclear family	27	45
	Joint family	33	55
	Extended family	0	0
	Famil class		
4	Upper class	16	26.67
	Middle class	24	40
	Lower class	20	33.33

Section II: Assessment of knowledge regarding of psychiatric emergencies among nursing students.

Table 2: Level of knowledge score of nursing students regarding management of psychiatric emergencies, N=60.

Socio-demographic Variables	Levels of Knowledge				Chi Square Value
	Poor (1)	Average(2)	Good (3)	Excellent (4)	
Presently studying at					$\chi^2= 13.356$ df= 4 S*
B. Sc Nursing	11	4	0	0	
Post Basic B. Sc Nursing	10	8	7	0	
GNM	10	10	0	0	

Discussion

The study was aimed to assess the knowledge regarding management of psychiatric emergencies among nursing students in order to improve the psychiatric emergencies. In this study highest 41.67% students were studying in Post basic B. Sc nursing. Highest 58.33% students belong to Sikh community and 40% students belong to middle class family. This study reveals that GNM students had more knowledge regarding management of psychiatric emergencies.

As per our knowledge, no such study was conducted before to compare the result with the current study.

Conclusions

The level of knowledge regarding management of psychiatric emergencies, 31(51.67%) were had poor knowledge, 22(36.67%) had Average knowledge, 07(11.67%) had good knowledge and None of them had excellent knowledge.

Recommendations for further study

Based on the findings of the study the following recommendations were made:

1. A similar study may be conducted on a larger sample for wide generalization.
2. A comparative study can be undertaken to assess the impact of self-instruction module on management of psychiatric emergencies among urban and rural area in a different setting.
3. A comparative study can be carried out to assess the effectiveness of structured teaching program-me using different groups.
4. Similar kind of study can be conducted to assess the effectiveness of various multimedia technologies.

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