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A descriptive study to assess the knowledge of staff nurses regarding management of violent behaviour of patient in the view to develop pamphlets in selected hospital at Raipur, Chhattisgarh

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Abstract

Introduction: Anger is a normal, healthy emotion that serves as a warning signal and alters us to potential threat or trauma. It triggers energy that sets us up for a good fight or quick flight, and can range from mild irrational to hot, fiery energy. Violence is a phenomenon that affects every country and every work setting. The conditions of the environment where care is being provided make health care professionals especially vulnerable to assaults. The factors that account for the increased incidence of violence in health care settings include increased stress levels in patients and relatives, long waiting hours, availability of money and drugs on a 24 hour basis, unrestricted visitor access, overcrowding. Workplace violence can have a negative impact for both the employee and the hospital. The negative consequences of violence include loss of professional self-esteem, loss of job satisfaction, trauma, disability, increased litigation costs, staff absenteeism. Violence prevention focuses on 3 aspects: hospital organization, control of the physical environment, and staff education and development. Some of the measures that can contribute to the prevention of violence include: avoiding overcrowding, enforcing visiting hours, and adequate staffing of the Accident and Emergency unit, staff training in handling violent persons.

Methods Research Approach: A quantitative approach was adopted for the study. Descriptive survey research design was used. A conceptual framework of the study was based on "paplau's interpersonal model". The setting of the study was Dr. Bhimrao Ambedker Memorial Hospital, Raipur Chhattisgarh. Convenient Sampling technique was used for obtaining data from 100 registered nurses.

The tool developed which includes-

Section I: Socio-demographic variables

Section II: Consists of structured questionnaire

Structured questionnaire and socio-demographic profile were sent to seven experts in the field of mental health nursing. Tool validity was done and found to be reliable. Split-half method was used to measure the internal consistency of the tool. Karl Pearson's correlation coefficient and Spearman Brown Prophecy formula were used to find out the reliability of the tool. The reliability was found to be 0.82 which indicated that the tool was reliable. Study found feasible after pilot study.

Result: Sample characteristic were analysed by using frequency and percentage. Descriptive and inferential statistics were used to analyze the data. Analysis of the data revealed that 35% of staff nurses had adequate knowledge, 61% had moderately adequate knowledge and 4% had inadequate knowledge. With the level of knowledge of staff nurses an information pamphlets was prepared and given to them. With regard to mean, mean percentage, median, SD and CV knowledge score was 20.72, 60.9%, 22.5, 4.58 and 22.12 respectively. The hypothesis was tested by using chi-square test. And it was found that there significant association between knowledge and the demographic variables age, professional experience worked with mentally ill patient.

Conclusion: Knowledge of staff nurses regarding management of violent behaviour of patient. Finding revealed that the knowledge mean score is 60.9% of the total score. And area wise analysis of knowledge shows that the nurses had less mean score 53.5% in the area of prevention of violence.

Keywords: Violence, aggression towards health nursing staff, management by staff nurses

Introduction

Violence is a severe form of aggressiveness. During this stage, patient will be irrational, non-cooperative, delusional and assaultive. Violence is physical aggression inflicted by one person on another. Violence may be done due to a wide range of psychiatric disorders.

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Violent behaviour constitutes any set of actions that are forceful or directed enough to cause injury to the patient or others. Violent behaviour in the psychiatric setup usually constitutes maladaptive behaviour and should be considered a pathologic state that could lead to morbidity or mortality. There is general recognition that certain occupational groups have an increased risk of exposure to workplace violence. These include workers in public contact service industries (health, education, personnel), lone workers in community settings (night workers, taxi drivers) staff who handle cash or drugs (convenience stores, pharmacies, petrol stations), security staff and those involved with the legal system (police, lawyers, probation workers) Violence against nursing personnel is a serious workplace problem and one that appears to be increasing. Nurses continue to be victims of assaultive behaviour from their clients. The assaults cause physical and sometimes lasting emotional injuries. Therefore, the researcher felt the need to conduct the study to assess the knowledge of staff nurse regarding the management of violent patients.

Objectives

1. To determine the existing knowledge of staff nurses regarding the management of violent behaviour of patient.
2. To associate the knowledge with selected demographic variables.
3. To develop information guidelines on management of violent patients for staff nurses.

Research design

Non-experimental descriptive research design

Research setting

Dr. Bhimrao Ambedkar Memorial Hospital Raipur, Chhattisgarh.

Population

Staff nurses

Sample

100 staff nurses of the Dr. Bhimrao Ambedkar Memorial Hospital Raipur, Chhattisgarh.

Sampling technique

Convenient Sampling

Inclusion criteria

The study includes staff nurses, who are,

1. Working in Dr. Bhimrao Ambedkar Memorial Hospital, Raipur Chhattisgarh
2. Willing to participate in the study
3. Available at the time of data collection

Exclusion criteria

The study excludes staff nurses, who are,

1. Not willing to participate in the study.
2. Not available at the time of data collection.
3. Ward in charges of the ward

Development the tool

The steps followed in preparing the tool were:

1. Review of literature.
2. Consultation with the guide and subject experts.
3. Preparation of blue print.
4. Content validity.

Description of the tool

Part I

It consists of 9 items for obtaining information regarding Age, general education, professional qualification, year of professional experience, did you study about mental illness in your nursing syllabus, have you worked with mentally ill patient, have you undergone any additional educational programme regarding management of violent behavior.

Part II

It consist of 34 knowledge items regarding management of violent behaviour of patient,

Validity

To ensure content validity, the tool along with blueprint, criteria checklist and answer key were submitted to seven experts. Based on the suggestion given by the valuator after considering the expert suggestions and modification the tool was finalized.

Reliability of the tool

Split-half method was used to measure the internal consistency of the tool. Karl Pearson's correlation coefficient and Spearman Brown Prophecy formula were used to find out the reliability of the tool. The reliability was found to be 0.82 which indicated that the tool was reliable. Study found feasible after pilot study

Development of information pamphlets

Information guide sheet on management of violent behaviour of patient was developed, based on review of literature. The steps adopted in the development of pamphlets were:

1. Preparation of first draft of pamphlets.
2. Content validity by experts.
3. Editing of guide sheet.
4. Preparation of final draft of pamphlets.

Plan for data collection

- Formal administrative approval will be obtained from the concerned authority to conduct final study
- The data for the study will be collected from 23rd January to 11th February 2012 according to the design of the study.
- Data collection procedure will remain same as per pilot study.
- Valid and reliable structured questionnaire will be used for data collection.
- The data will be collected in the following manner:
- Self-introduction and establishment rapport with the subject.
- Setting up conducting atmosphere for data collection.
- Subjects will assured of the confidentiality of their data.
- Data will be collected with the help of structured questionnaire

Pilot study

Pilot study was conducted in at Chandulal Chandrakar Memorial hospital, Bhilai Chhattisgarh with the sample of 10 staff nurses. The subjects for pilot study possessed the same characteristics as that of the samples for the final study. Prior to the data collection, permission was obtained from the concerned authority. The selected samples were informed of the study and the written consent was obtained.

Pilot study was done using structured questionnaire in the community setup, average time taken was 30 minutes. The purpose of the study was explained to the subjects and confidentiality was assured to all the subjects. The findings of the data revealed that study was feasible.

Data analysis and interpretation

Analysis and interpretation was done as per the objectives of the study Descriptive and inferential statistics were used for the analysis of the data.

Section A: Frequency and percentage distribution of study subject according to socio- demographic variables.

As per socio demographic variables in relation to age group maximum subjects 47(47%) belonged to age group 21-30 year, 37(37%) in age group 31-40 year, 13(13%) in age group 41-50 year and 3(3%) in age group more than 50 year, in terms of general education maximum of subjects 50(50%) belonged to none general education, 40(40%) were graduated, 7(7%) were post graduated and 3(3%) in a other general education, in terms of professional qualification maximum subjects 96(96%) belonged to GNM nursing, 3(3%) were B.Sc nursing and 1(1%) belonging to post basic B.Sc nursing. With regard of professional experience maximum subjects 40(40%) belonged to 4-7year of experience, 27(27%) were more than 10 year experience, 23(23%) in an 8-10 year of experience and 10(10%) in a 0-3year experience. In terms of studied about the mental illness in their training programme 100 (100%) of subjects were studied about mental illness in their training programme. In relation to worked with mental ill patient maximum of subjects 66(66%) were worked with mentally ill patient and 34(34%) were not worked with mentally ill patient. In relation to undergone any additional programme related to management of violent patient all the subjects 100(100%) were not undergone any additional programme related to management of violent patient.

Section B: Analysis of knowledge score regarding management of violent behaviour on the basis of scoring criteria

Overall analysis of knowledge score on the basis of scoring criteria maximum of subjects 61(61%) had moderately adequate knowledge, 35(35%) had adequate knowledge and 4(4%) had inadequate knowledge regarding management of violent behaviour.

Section C

Part I -Area wise analysis of knowledge score regarding management of violent behaviour

Maximum knowledge mean% was in the area of management of violent behaviour of patient (67.40%), the second highest mean% was in the area of sign and symptom of violence (66.20%), third highest mean% was in the area of concept and causes of violent (61.40%), than in the area of safety measure (56%) and minimum mean% was in the area of prevention of violence (53.50%).

Part II

Analysis of knowledge score regarding management of violent behaviour

Knowledge score regarding management of violent behaviour of patient mean was 20.72, mean % found to be

60.9, median was 22.5, SD was 4.58 and CV was found to be 22.12%.

Section D

Chi-square analysis to find out the association between knowledge score with selected socio demographic variables

There was significant association between the knowledge score with age group (Chi square 9.75), professional experience (Chi square 7.99), worked with mentally ill patient (Chi square 4.7).

There was no significant association between the knowledge score with professional qualification (Chi square 0.41) and general education (Chi square 5.99).

Conclusion

Staff nurses working in the hospital wards did not have adequate knowledge regarding management violent behaviour of patient and its prevention. They require further education and information because all of them need to enhance their knowledge regarding management violent behaviour and its prevention.

Limitations

1. The study was confined to only hundred nurses which limits the generalization of the findings.
2. The study is confined only to assess the knowledge of staff nurse without seeing effectiveness of teaching.
3. The study did not have a control group to allow testing for an increase in knowledge without the use of self-instructional module.
4. The study was limited to only knowledge gain and did not measure the attitude and practice of staff nurses.
5. The tool used for eliciting knowledge was structured, thus free responses were restricted.

Recommendations

1. A similar study can be undertaken with a specific sample to specify the findings.
2. A comparative study may be undertaken among different state hospitals to determine nurses' exposure to violence.
3. Replication of the study may be undertaken among healthcare professionals other than nurses.
4. A qualitative study may be conducted to find the personal experience of nurses regarding violence.
5. A similar study can be undertaken with a view to provide teaching.

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psalms 63:7

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