



ISSN NO. 2320-5407

Journal homepage: <http://www.journalijar.com>

INTERNATIONAL JOURNAL
OF ADVANCED RESEARCH

RESEARCH ARTICLE

Effectiveness of planned training program on knowledge regarding management of patient with violent behavior among staff nurses of selected Hospitals of Sonitpur District, Assam.

Sandeep Kollipara ^{*1}, Dr. (Mrs) Arunjyoti Baruah ² Mrs Biyola Baruah ³

1. BSN, MSN. Lokopriya Gopinanth Bordoloi Regional Institute of Mental Health, Tezpur, Assam.
2. BSN, MSN, MA(Psychology), MPhil, PhD Professor & HOD, Department of Psychiatric Nursing, LGBRIMH, Tezpur, Assam.
3. Mrs Biyola Baruah BSN, DPN, MSN, Nursing Faculty, Department of Psychiatric Nursing, LGBRIMH, Tezpur, Assam.

Manuscript Info

Manuscript History:

Received: 15 May 2015
Final Accepted: 22 June 2015
Published Online: July 2015

Key words:

planned training program, staff nurses, knowledge on management of patient with violent behavior

*Corresponding Author

Sandeep Kollipara

Abstract

Acute care settings such as emergency departments, psychiatric emergency rooms, and inpatient or outpatient psychiatric settings should be considered high-risk work sites, given the degree of acuity and potential for seeming chaos. These settings are prime examples of workplaces that can create or exacerbate volatile situations, potentially ending in violent acts. This paper evaluates the effectiveness of the planned training program on knowledge regarding management of patient with violent behavior among staff nurses. The main objectives of the study are (1) To assess the pre-interventional knowledge of staff nurses regarding management of patients with violent behavior with self-structured questionnaire (2) To assess the effectiveness of planned training program on knowledge regarding management of violent patients with the self structured questionnaire. (3) To associate pre interventional knowledge of staff nurses regarding management of violent patients with selected demographic variables. (3) To compare pre-interventional staff knowledge score of psychiatric and non-psychiatric hospital. The result shows that demographic data of the study subjects showed that most of the staff nurses were between 21-25 years of age (51.7%) and (16.7%) were between 26-30 years of age. Majority of the staff nurses were female (93.3%), and (6.7%) were male. Most of the staff nurses (38.3%) were having 2-5yrs of experience and (33.3%) were having 1 month -1 year of work experience. Most of the staff nurses (50.0%) were working in psychiatric ward and (26.7%) were working in other wards. Majority of the staff nurses (53.3%) had no experience working with violent patient and (46.7%) had experience working with violent patients. Majority of the staff nurses (100%) have not attended any in-service education on management of patient with violent behavior. The mean value of the pre-test scores was 34.8 with a standard deviation of 4.28 and the mean value of the post-test was 40.2 with a standard deviation of 4.58. The calculated value of paired 't' test of knowledge scores of post-test and pre-test was 7.08 with a 'df' of 59 which was greater than tabulated value of 2.00 which is significant at the 0.05 level of significance. So a significant effect of training program was found on knowledge scores of the staff nurses regarding management of patient with violent behavior. There was no significant association between the pre-test knowledge scores and selected demographic variables (χ^2 for age, work experience, current work setting, previous experience with patient violent behavior were 1.62, 0.59, 0.59, 1.36, 5.99 at 'df' of 2. There was no

significant difference between the pre-test knowledge scores of staff nurses of non- psychiatric and psychiatric hospitals at 't' value 0.99 at 'df' of 58.

Copy Right, IJAR, 2015,. All rights reserved

INTRODUCTION

Violence, constantly highlighted and sensationalized in the news media, television, music, video games, and movies, has, lamentably, not spared the workplace. Recently published studies showed that thousands of assaults occur in American hospitals each year; the mental health sector and emergency departments are becoming serious occupational hazard sites. Surveys conducted on psychiatry residents have found that assaults are twice as high among psychiatry residents as among medical residents. Studies have shown that 40% to 50% of psychiatry residents will be attacked physically during their 4-year training program. As the front-line staff in patient care, nurses also are at an increased risk of experiencing emotional, verbal and even physical abuse by not only the patients but family members and visitors as well.

Violence in the healthcare setting is not uncommon, and the emergency department (ED) has the highest rate of violence in the hospital. In 2004 the Bureau of Labour Statistics released data collected from 1996–2000, reporting that nearly half of all acts of workplace violence occur in healthcare settings. A study on Workplace Violence influences job performance, retention, and stress found that in the ED 25% of nurses seldom or never felt safe at work, and that there was a significant inverse relationship between feeling safe and job satisfaction. This was supported by other study in a survey of 65 EDs that showed 25% of staff across all occupational groups felt safe sometimes, rarely, or never. Victims also experience more permanent scars as one study found that over one-third suffered psychological problems following assault

Violence prevention management, in-service training on the use of restraints, careful screening of violence-prone individuals, and security personnel training and response are methods that have been recognized to be effective in improving safety and increasing awareness among staff.

During the course of M.Sc nursing, researcher encountered many incidents where the treating team and patients were victims of violence behavior of the patient in indoor and outpatient department. There are many incidents where the patient spitted on Post graduate students and became aggressive during the screening of the other patient especially in the outpatient department. In other incident in ECT recovery room patient got disoriented and tried to attack other patients and staff in the room. There are many of such incidents where the staff, other patients was the victims of violence both physically and verbally and as such there were no such studies done in Assam of India focusing on the management of violence and aggressive behavior.

OBJECTIVES OF THE STUDY

- To assess the socio-demographic data.
- To assess the pre- interventional knowledge of staff nurses regarding management of patients with violent behavior with self -structured questionnaire.
- Implementation of planned training program.
- To assess the effectiveness of planned training program on knowledge regarding management of violent patients with the same questionnaire.
- To associate pre interventional knowledge of staff nurses regarding management of violent patients with selected demographic variables.
- To compare pre-interventional staff knowledge score of psychiatric and non-psychiatric hospital.

STATEMENT OF THE PROBLEM

A pre- experimental study to assess the effectiveness of planned training program on knowledge regarding management of patients with violent behavior among staff nurses in selected hospitals of Sonitpur district, Assam.

MATERIALS AND METHODS

RESEARCH DESIGN

In this study the researcher aims to assess effectiveness of planned training program on knowledge regarding management of patient with violent behavior among staff nurses, so evaluative approach was adopted, with one group pre-test post- test design.

SETTING

The practice setting of one of the psychiatric hospital and one non-psychiatric hospital of Sonitpur district of Assam was selected as setting for the study.

SAMPLE

The staff nurses working in psychiatric and non-psychiatric hospitals of Sonitpur district of Assam.

SAMPLE SIZE

Sixty participants were taken for the research study.

SAMPLING TECHNIQUE

The researcher used convenient sampling technique for the study.

TOOLS FOR DATA COLLECTION

In the study the researcher used the following tools for data collection:

1. **Socio-demographic data sheet:** Relevant socio-demographics were collected using this performa.
2. **Self structured questionnaire:** A self structured questionnaire was used to assess the knowledge of staff nurses on management of patient with violent behavior. The questionnaire consists of 50 questions with two sections, the first section covers on concept, causes of violent behavior and the second section focuses on management of patient with violent behavior. After preparing the tool, it was given for validation to five experts in the field of psychiatry, psychiatric nursing and psychiatric social work respectively. The reliability of the tool was computed after incorporating the experts' suggestion by using the Spearman-Brown prophecy formula for internal consistency and found to be 0.87 for the knowledge questionnaire.
3. **Preparation of the training module**

The first draft of the training module along with criteria checklist and a prepared lesson plan were given to 5 experts i.e 3 experts in nursing, 1 psychiatrist and 1 expert from psychiatric social work. The experts were requested to validate the module based on the criteria checklist. The suggestions and the opinions of experts were considered and modified accordingly.

RESULTS AND DISCUSSION

- **Objective 1:** To assess the socio-demographic data

Table 1: Frequency and percentage distribution of the staff nurses according to age

SL.NO	AGE IN YEARS	N=60	
		FREQUENCY	PERCENTAGE
1	21-25 yrs	31	51.7%
2	26-30 yrs	10	16.7%
3	31-35 yrs	1	1.7%

4	36-40 yrs	9	15.0%
5	41 above	9	15.0%

Table 1 shows that majority of the staff nurses i.e 51.7% (n=31) were between 21-25 years of age and 16.7% (n= 10) were between 26-30 years of age

Table 2: Frequency and percentage distribution according to Gender

SL.NO	GENDER	N=60	
		FREQUENCY	PERCENTAGE
1	Male	4	6.7%
2	Female	56	93.3%

Table 2 shows that majority of the subjects i.e 93.3%(n=56) were female and 6.7% (n=4) were male

Table 3: Frequency and percentage distribution of staff nurses according to work experience.

SL.NO	WORK EXPERIENCE	N=60	
		FREQUENCY	PERCENTAGE
1	1mnth-1yr	20	33.3%
2	2-5yrs	23	38.3%
3	6-10yrs	5	8.3%
4	11-15yrs	8	13.3%
5	16-20yrs	1	1.7%
6	21yrs and above	3	5.0%

Table 3 shows that majority of the staff nurses i.e 38.3% (n=23) were having 2-5yrs of experience and 33.3% (n= 20) were having 1month -1 year of work experience.

Table 4: Frequency and percentage distribution of staff nurses according to current work setting.

SL.NO	CURRENT WORK SETTING	N=60	
		FREQUENCY	PERCENTAGE
1	General medical ward	7	11.7%
2	Surgical ward	2	3.3%
3	Psychiatric ward	30	50.0%

4	Gynecology ward	5	8.3%
5	others	16	26.7%

Table 4 shows that majority of staff nurses i.e 50.0% (n=30) were working in psychiatric ward and 26.7% (n=16) were working in other wards.

Table 5: Frequency and percentage distribution of staff nurses according to previous experience with violent patient.

SL.NO	PREVIOUS EXPERIENCE WITH VIOLENT PATIENT	N=60	
		FREQUENCY	PERCENTAGE
1	Yes	28	46.7%
2	No	32	53.3%

Table 5 shows that majority of the staff nurses i.e 53.3% (n=32) were having no experience dealing with violent patient and 46.7% (n=28) were having experience working with violent patients.

Table 6: Frequency and percentage distribution of staff nurses according to previous in-service education on management of patient with violent behavior

SL.NO	PREVIOUS IN-SERVICE EDUCATION ON MANAGEMENT OF PATIENT WITH VIOLENT BEHAVIOR	N=60	
		FREQUENCY	PERCENTAGE
1	yes	0	0%
2	No	60	100%

Table 6 shows that majority of staff nurses i.e 100% (n=60) have not attended any in-service education on management of patient with violent behavior.

Objective 2: To assess the pre- interventional knowledge of staff nurses regarding management of patients with violent behavior with self -structured questionnaire.

Table 7: Mean and standard deviation of knowledge scores

SL.NO	PARAMETER	RANGE	MEAN SCORE	STANDARD DEVIATION
1	Pre-test knowledge	20.00	34.8	4.2
2	Post-test knowledge	20.00	40.2	4.5

Table 7 shows that the Range, mean and standard deviation of pre-test knowledge scores is 20.00, 34.88 ± 4.28 , the range, mean and standard deviation of post-test knowledge score was found to be 20.00, 40.25 ± 4.58 .

Objective 3: To assess the effectiveness of planned training program on knowledge regarding management of violent patients with the same questionnaire.

Table 8 Standard deviation, Mean, Mean difference of Pre and Post-test Knowledge scores

PARAMETER	SD	MEAN	MEAN DIFFERENCE	PAIRED 't' VALUE	'df'	TABLE VALUE	P VALUE
Pre-test knowledge	4.2	34.8	5.37	7.08	59	2.0	.000
Post-test knowledge	4.5	40.2					

P < 0.05 significant at 0.05 level

Table 8 shows that mean and standard deviation of pre-test knowledge 34.88 ± 4.28 , and mean and standard deviation of post-test knowledge score was 40.25 ± 4.58 . Calculated value of paired 't' test of knowledge scores of post-test and pre-test was 7.080 with a 'df' of 59 which was greater than tabulated value of 2.001 which is significant at the 0.05 level of significance. There is a significant effect of training program on knowledge scores of the staff nurses regarding management of patient with violent behavior.

The present study findings were supported by a study conducted by Dean who found that the effect of the workshop was statistically significant for assisting participant's knowledge and understanding about the code of practice for managing aggressive situations in the emergency department [$\chi^2(1, n=22)=4.18, p=0.04$]; and more importantly, they knew what it was [$\chi^2(1, n=22)=6.74, p=0.01$]. The workshop also was statistically significant for assisting participants to be 'aware of the constraints that physical limitations have on their own ability to respond to an aggressive situation' [$\chi^2(1, n=22)=5.88, p=0.05$], and to make other staff aware of their own physical limitations [$\chi^2(1, n=22)=6.21, p=0.01$].

Objective 4: To associate pre interventional knowledge of staff nurses regarding management of violent patients with selected demographic variables.

Table 9 Association between pre-test scores with selected demographic variables.

SL.NO	DEMOGRAPHIC VARIABLES	χ^2 VALUE	df	TABLE VALUE	LEVEL OF SIGNIFICANCE
1.	Age in years	1.62	2	5.99	Not significant
2.	work experience	0.59	2	5.99	Not significant
3.	Current work setting	0.59	2	5.99	Not significant
4.	Previous experience with patients with violent behavior.	1.36	2	5.99	Not significant

P < 0.05 [significant at 0.05 level]

Table 9 shows that the value χ^2 for age, work experience, current work setting, previous experience with patient violent behavior were 1.62, .59, .59, 1.36 respectively which were smaller than the tabulated value 5.99 at 'df' of 2 where there was no association between the selected demographic variables with pre-test knowledge score at the 0.05 level of significance.

Objective 5: To compare pre-interventional knowledge score of staff nurses of psychiatric and non-psychiatric hospital.

Table: 10 Mean, Standard deviation and 't' value of knowledge scores of staff nurses of the psychiatric and non-psychiatric hospital.

PRE-TEST KNOWLEDGE SCORE	N	MEAN	STD DEVIATION	't' VALUE	df	TABULATED VALUE
Non psychiatry hospital	30	34.33	3.97	0.09	58	1.67
Psychiatry hospital	30	35.43	4.5			

$P < 0.05$ [significant at 0.05 level]

Table 10 shows that mean and standard deviation of pre-test knowledge score of non-psychiatric hospital staff was 34.33 ± 3.9 and mean and standard deviation of psychiatric hospital staff was 35.43 ± 4.57 . The 't' value was 0.99 at 'df' of 58 and tabulated value was 1.67. As the calculated value is less than the tabulated value, there was no significant difference of the knowledge scores of staff nurses in psychiatric and non-psychiatric hospitals.

RECOMMENDATIONS OF THE STUDY

The recommendations of the study were:

1. A similar study can be conducted on large sample size covering many hospital setting.
2. A comparative study can be carried out on incidence of violence between the psychiatric hospital and non-psychiatric hospitals.
3. An explorative study can be carried out to find out the factors for the violence incidents in health care setup.

CONCLUSION

This study evaluated the effectiveness of the planned training program on knowledge regarding the management of patient with violent behavior and it was found statistically significant in improving the staff nurses knowledge, there was no significant association between the selected demographic variables and pre-test knowledge scores, and there was no significant difference between the knowledge scores of the staff working in psychiatric and non-psychiatric hospitals. This study is just the beginning to understand the complex concept of violence in health care setting. This study has opened the understanding the varied roles of nurses in nursing practice, nursing education, nursing administration and nursing research.

REFERENCES

- Anderson A, Dr. Andersonis (2011). Violence Against Mental Health Professionals: When the Treater Becomes the Victim. *Journal of Innovations in Clinical Neuroscience* ; 8(3): 34–39.
- DeansC (2004). The effectiveness of a training program for emergency department nurses in managing violent situations. *Australian Journal of Advanced Nursing*; 21(4): 17-22.
- Farooq J et al (2009). violence in hospitals. *Journal of the Academy of Hospital Administration*; Volume 21(1 & 2):16-20.
- Gacki-Smith J et al (2009). Violence Against Nurses Working in US Emergency Departments. *Journal of nursing administration*; 39(7/8):340-349.
- Gillespie G L et al(2013). Stressful Incidents of Physical Violence Against Emergency Nurses. *The Online Journal of Issues in Nursing*; 18(1): Manuscript2.
- Jorge Petit R (2005). Management of the Acutely Violent Patient. *Psychiatric Clinics North America*. Volume 28, Issue 3:Pages 701–711.
- Krüger C, Rosema D (2010). Risk factors for violence among long-term psychiatric in-patients: a comparison between violent and non-violent patients. *African journal of psychiatry*;13:366-375.

McCann T V, Baird J, Muir-Cochrane E (2014). Attitudes of clinical staff toward the causes and management of aggression in acute old age psychiatry inpatient units. *BMC Psychiatry*; 14:80.

Terry Kowalenko et al(2012). Development of a Data Collection Instrument for Violent Patient Encounters Against Healthcare Workers. *Western Journal of Emergency Medicine*. 13(5):429-433.