

Research Article

Effectiveness of Structured Teaching Programme on Knowledge and Attitude regarding Selected Psychiatric Emergencies

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A B S T R A C T

Background: Emergency psychiatry refers to the clinical intervention applying the principles of psychiatry in emergency situations such as suicidal attempt, aggression and violence, panic attack, and sexual assault, or other rapid changes in behavior. Psychiatric emergency services are provided by professionals in the fields of medicine, nursing, psychology, and social work.

Methods: The methodology used in the present study is a pre-experimental approach; a sub-type of quantitative approach was adopted for the present study a one group pre-test and post-test research design. The study was carried among 60 staff nurses in selected hospital of Indore. The researcher used self-structured questionnaire to collect information for the assessment of knowledge regarding the selected psychiatric emergencies.

Result: The finding of the pre-test knowledge and mean score was 8 and level of knowledge was inadequate. In post-test, knowledge score was 18.57; this revealed that there was significant difference between pre-test and post-test knowledge regarding psychiatric emergency among staff nurses of Indore. The 't' test value 20.13 shows there was no significant association between the pre-test knowledge score and the selected demographic variables.

Keywords: Assess, Staff Nurse, Psychiatric Emergency

Introduction

Emergency psychiatry is the clinical application of psychiatric principles 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. 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.¹

Psychiatric emergencies constitute a general and severe problem for patients, their families, communities, and the medical facilities. Patients usually present to the emergency department with an altered mental status and/or change in behavior and their evaluation can be tough and time consuming. Sometimes, the urgent need to reach at a

conclusion brings premature closure to the diagnostic evaluation.²

Emergency nurses face the challenge of assessing and managing patients presenting with acute psychosis, agitation, impulsivity and suicidal intent. Evaluations are frequently complicated by the necessity to investigate numerous domains, such as underlying medical conditions, prior psychiatric disorders and substance abuse, as well as psychosocial factors. It is important to rule out organic causes for what may appear to be a psychiatric disease. Owing to either cognitive impairment or acute distress, the ability of the patient to remember and recall diminishes; this makes the assessment more difficult.³

Treatment of psychiatric patients by general hospital emergency department nurses at times is affected by the stigma attached to the field of psychiatry, which has occasionally led to less diligent efforts by healthcare providers on behalf of the psychiatric patients.⁴

Need for the Study

Psychiatric emergencies such as acute psychomotor agitation or suicidal tendency often arise in non-psychiatric settings such as general hospitals, emergency services, or doctors' offices and give rise to stress for all persons involved. They may be life-threatening and must therefore be treated at once.

Various psychiatric emergencies are seen at unearthly hours in the hospital like suicide, agitated and violent patients, panic attacks, catatonic stupor, hysterical attacks, transient situational disturbance, grief reaction, rape, disaster, delirium tremens, acute drug induced extra pyramidal syndrome and drug toxicity.

According the latest report of National Crime Records Bureau (NCRB) in every four minute, one person takes his or her life in India and one in each three of victims is a youth below the age of 30 years.⁵ The prevalence rate of psychiatric emergencies in no-psychiatric institutions such as general hospitals and general medical practices has been estimated at anywhere from 10% to 60%.⁶

During the researcher's clinical experience, it has been observed that the psychiatric emergencies were not properly managed and handled as the nurses were not much equipped with knowledge. Hence, the researcher felt the need to undertake a study on Effectiveness of planned teaching programme on knowledge of staff nurses regarding psychiatric emergencies in order to meet the challenges of crises later.

Objectives of the Study

1. To assess the pre-test level of knowledge regarding selected psychiatric emergencies among staff nurses in selected hospital Indore M.P.

2. To assess the post-test level of knowledge regarding selected psychiatric emergencies among staff nurses in selected hospital Indore M.P.
3. To assess the pre-test level of attitude regarding selected psychiatric emergencies among staff nurses in selected hospital Indore M.P.
4. To assess the post-test level of attitude regarding selected psychiatric emergencies among staff nurses in selected hospital Indore M.P.
5. To find out the significant relation between knowledge and attitude regarding selected psychiatric emergencies among staff nurses in selected hospital, Indore, M.P..
6. To find out the significant association between pre-test knowledge regarding selected psychiatric emergencies and selected demographic variables among staff nurses in selected hospital, Indore, M.P.
7. To find out the significant association between pre-test attitude regarding selected psychiatric emergencies and selected demographic variables among staff nurses in selected hospital, Indore, M.P.

Application of the Conceptual Framework to the Study

The framework used in this study was based on Ludwig von Bertalanffy model 1968. This model is an outcome model concerned with maintaining balance and stability and enhancing harmony between individual and environment. In this model, person is the recipient of nursing care who may be a person, group, community, or a society. Environment refers to the conditions, circumstances, and influences that surround and affect the development of persons and groups which may be internal or external and provide input in the form of stimuli. In this model, health is continuum from death to high-level wellness, and nursing is the promotion of adaptive responses.

Input

Input refers to the structured teaching programme for staff nurses on knowledge and attitude regarding selected psychiatric emergencies which was provided to the study subjects after assessing the existing level of knowledge and attitude by pre-test. The adaption level of the study subjects depends on the variables such as age, sex, religion, basic educational information, medium of instruction in basic education, place of living.

Throughput

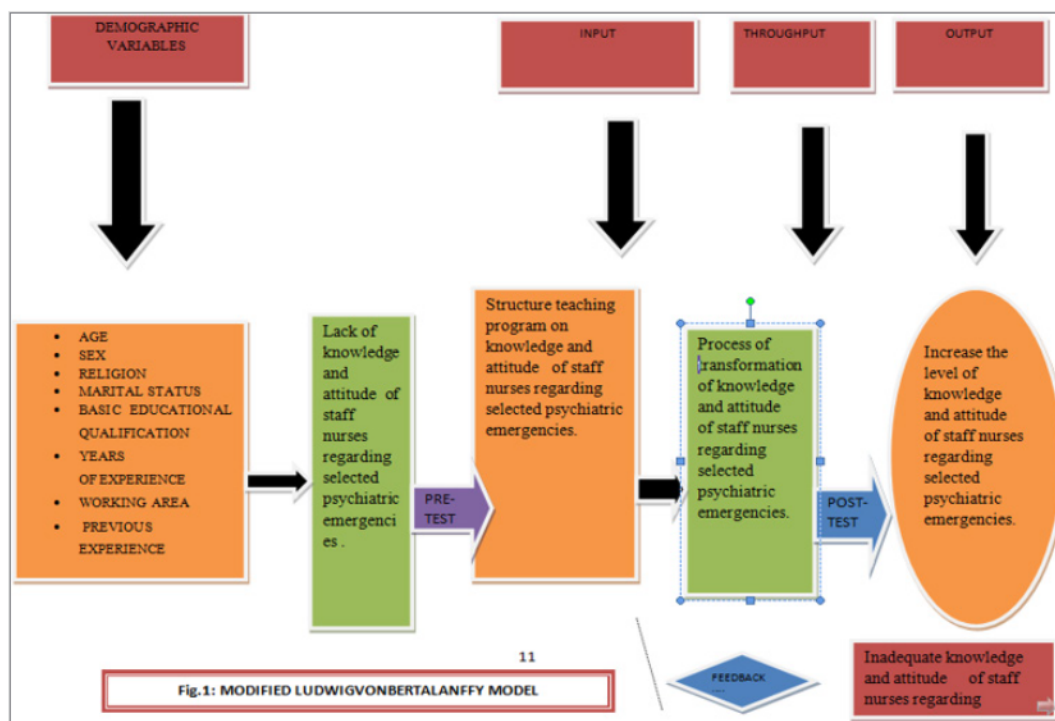
Throughput is transformation of knowledge and attitude regarding selected psychiatric emergencies. Here, the perceived information on knowledge and attitude regarding selected psychiatric emergencies is assessed by structured teaching programme.

Output

Output is the extent of knowledge gained after

implementation of the structured teaching programme. If inadequate knowledge and attitude is found, the feedback is sought and the structured teaching programme is implemented again.

- **Psychiatric emergencies:** In this study, the psychiatric emergencies refer to emergencies such as suicide, aggression and violence, panic attack and sexual assault.



Operational Definitions

- **Assess:** In this study, assess is the measurement of knowledge regarding selected psychiatric emergencies before and after structured teaching programme in improving knowledge about psychiatric emergencies.
- **Effectiveness:** Refers to the extent to which the structured teaching programme on psychiatric emergencies has achieved the desired effect in improving the knowledge of staff nurse as assessed by structured questionnaire.
- **Structured Teaching Programme:** Refers to systematically planned group instructions by lecture cum discussion method designed to provide information regarding selected psychiatric emergencies such as meaning, causes, management, and prevention
- **Knowledge:** It is the understanding of information about a subject that has been obtained by experience or study. In the present study, knowledge refers to understanding of information about the nursing management of psychiatric emergencies among the staff nurses which has been measured by structured interview schedule.
- **Attitude:** In this study, attitude refers to the expressed belief and feeling of staff nurses selected psychiatric emergencies.

- **Staff Nurse:** Nurses who are registered and have an educational qualification of Diploma in General Nursing and midwifery/ P.B.B.Sc (N)/ B.B.Sc (N) and Msc Nursing working in the hospital.

Method and Materials

The methodology used in the present study is a pre-experimental approach, a sub type of Quantitative approach was adopted for the present study a one group pre-test and post-test research design.

The study was carried among 60 staff nurses in selected hospital of Indore. The researcher used self-structured questionnaire to collect demographic, self-structured questionnaire for the assessment of knowledge regarding the selected psychiatric emergencies. Content validity of tool was ensured by verifying it with the expert. The reliability of tool was calculated and 'r' found to be 0.960 for knowledge assessment by the test of Karl Pearson correlation coefficient formula, which is statistically reliable for the present study.

Ethical Consideration

Before conducting this study permission letters were taken by authorized body of college from where study have to be done. From the Index Hospital where the study have been conducted, Index Hospital Indore (M.P.). A consent

was also signed by participation in study. Confidentiality was maintained by assigning code to each subject; this study is beneficial for the staff nurses.

Statistical Analysis

A master data sheet was prepared to complete the data by the investigator Demographic data containing selected sample characteristics was analyzed using frequency and percentage distribution. Mean and standard deviation of pre-test and post-test knowledge score. Chi square test for association would be to find out the significant association between the pre-test scores knowledge of staff nurses and selected demographic variables. Paired t test to determine the significant difference between mean pre-test score and mean post-test score of knowledge and attitude regarding staff nurses regarding selected psychiatric emergencies.

Result

The finding of the pre-test knowledge and mean score was 8 and level of knowledge was inadequate. In post-test knowledge score was 18.57 this revealed that there was significant difference between pre-test and post-test knowledge regarding polycystic ovarian disease among adolescent girls of Indore. The 't' test value 20.13 shows there was no significant association between the pre-test knowledge score and the selected demographic variables (Table 1).

The finding of the study showed that there was significant difference between the pre-test and post-test knowledge score, which revealed that there is increased knowledge regarding disease among adolescent girls of Indore.

Table 1, shows aspect wise distribution of knowledge questionnaire.

In the area of knowledge regarding introduction of psychiatric emergencies, pre-test mean score was 40, mean% 66 and SD of 10.3 while in post-test mean score was 51, mean % 85 and SD of 2.15.

In the Area of knowledge regarding suicide Pre-test mean score was 29.4, mean % 49.04 and SD of 9.53 and while in Post-test mean score was 49.14, mean % 81.9 and SD of 2.30.

In the Area of knowledge regarding violence and aggression Pre Test mean score was 22.62, mean % 37.7 and SD of 5.18 and while in Post-test mean score was 48.37 mean % 80.625 and SD of 2.99. Table 1.

In the Area of knowledge regarding panic attack Pre-test mean score was 24.66 mean % 41.1 and SD of 3.49 and while in Post-test mean score was 48.33 mean % 80.55 and SD of 2.62.

Table 2, shows the comparison of mean pre-test and post-test knowledge score.

Table 1. Aspect wise distribution of knowledge questionnaire

S. No.	Area	Pre-test			Post-test		
		Mean	Mean %	SD	Mean	Mean %	SD
1.	Introduction (1-3)	40	66	10.03	51	85	2.15
2.	Suicide (04-10)	29.42	49.04	9.53	49.14	81.9	2.30
3.	Violence and Aggression (11-18)	22.62	37.7	5.18	48.37	80.625	2.99
4.	Panic Attack (19-24)	24.66	41.1	3.49	48.33	80.55	2.62
5.	Sexual Assault (25-30)	26.33	43.88	2.28	46.66	77.76	3.9

Table 2. Comparison of Pre-test and Post-test Mean Knowledge Score

Knowledge Score	Mean	SD	't' Value	P-value
Pre-test	13.50	3.36	-19.735, df=59	0.000*
Post-test	24.20	2.51		

Paired 't' test applied. P-value = 0.000, Significant.

Table 3. Aspects Wise Distribution of Attitude Questionnaire

S. No.	Area	Pre-test			Post-test		
		Mean	Mean %	SD	Mean	Mean %	SD
1.	Suicide (1-5)	188.8	31.48	16.93	232.6	38.76	11.92
2.	Violence and Aggression (6-10)	187.8	31.3	18.26	234.2	38.53	12.15
3.	Panic Attack (11-15)	182.4	30.4	8.26	231.2	38.53	12.15
4.	Sexual Assault (15-20)	200.2	33.36	11.70	233.6	38.93	4.22

Table 4. Relationship between pre-test knowledge and pre-test attitude pre-test scores

Knowledge score		Attitude score		'r' value	P-value
Mean	S.D	Mean	S.D	0.239	0.066, NS
13.50	3.36	62.78	8.35		

Table 5. Association between demographic variables with pre-test attitude score grading

S. No.	Age	Pre-test Attitude Grade				χ2 value	P-value	
		Poor (20-40)	Fair (41-60)	Good (61-80)	Excellent (81-100)			
1.	Age in years						0.878, df=4	0.928, NS
	20-25 years	0	17	27	2			
	26-30 years	0	4	8	0			
	31 and above	0	1	1	0			
2.	Gender						1.548, df=2	0.461,NS
	Male	0	9	16	0			
	Female	0	13	20	2			
3.	Religion						0.292, df=2	0.864, NS
	Hindu	0	20	32	2			
	Muslim	0	2	4	0			
	Christian	0	0	0	0			
	Others	0	0	0	0			
4.	Educational Qualification						3.346, df=6	3.346, df=6
	GNM	0	8	10	0			
	B.Sc. Nursing	0	14	23	2			
	PB. B.Sc. Nursing	0	0	1	0			
	M.Sc. Nursing	0	0	2	0			
5.	Marital Status						2.1981, df=2	0.336, NS
	Married	0	3	10	0			
	Unmarried	0	19	26	2			
	Widow	0	0	0	0			
	Divorce	0	0	0	0			
6.	Years of Experience						4.242, df=6	0.644, NS
	< 1 year	0	7	12	2			
	2-3 years	0	11	17	0			
	4-6 years	0	3	4	0			
	7 years and above	0	1	3	0			
7.	Working Area						8.637, df=6	0.195, NS
	CCU	0	6	4	0			
	ICU	0	4	16	2			
	General ward	0	8	10	0			
	Psychiatric ward	0	4	6	0			

8.	Previous knowledge about psychiatric emergencies						
	Yes	0	14	31	2	4.636 df=2	0.098,NS
	No	0	8	5	0		
9.	If yes, specify						
	Library	0	9	18	1	2.522, df=6	0.866, NS
	Journals	0	1	1	0		
	Internet	0	4	8	1		
	In-service education	0	8	9	0		

The mean pre-test knowledge score was 13.50 ± 3.36 , while in the post-test it was 24.20 ± 2.51 . The difference was found to be statistically significant ($p < 0.05$), showing a higher mean knowledge score in the post-test.

Table 3, shows aspect wise distribution of attitude questionnaire.

In the area of attitude towards suicide as a psychiatric emergency pre-test mean score was 188.8, mean % 31.48, and SD of 16.93 and while in post-test mean score was 232.6, mean % 38.76 and SD of 11.92.

Table 4, shows relationship between pre-test knowledge and pre-test attitude scores.

The Pearson coefficient of correlation test was applied and there was a very weak, positive, statistically not significant correlation seen between pre-test knowledge score and pre-test attitude score showing that as the knowledge score increases, the attitude score also increases, but this relationship is not significant ($r = 0.239$, p -value = 0.066, not Significant). Hence, the hypothesis that there will be significant relation between knowledge and attitude regarding selected psychiatric emergencies of staff nurses at the level of p value 0.05 statistically is rejected.

Table 5, shows the association between pre-test attitude grade and age. There was ($\chi^2 = 0.878$, $df = 4$, p -value = 0.928, not significant) association between pre-test attitude grade and gender, association seen between pre-test attitude, grade and gender ($\chi^2 = 1.548$, $df = 2$, p -value = 0.461, not significant), association between pre-test attitude grade and religion, association seen between pre-test attitude grade and religion ($\chi^2 = 0.292$, $df = 2$, p -value = 0.864, not significant). association between pre-test attitude, grade, and educational qualification, association seen between pre-test attitude grade and educational qualification ($\chi^2 = 3.346$, $df = 6$, p -value = 0.764, not significant), association between pre-test attitude grade and marital status, ($\chi^2 = 2.181$, $df = 2$, p -value = 0.336, not significant), association between pre-test attitude grade and years of experience ($\chi^2 = 4.242$, $df = 6$, p -value = 0.644, not significant), association between pre-test attitude grade and working area. There was no statistically significant association seen between pre-test attitude

grade and working area ($\chi^2 = 8.637$, $df = 6$, p -value = 0.195, not significant) association between pre-test attitude grade and previous knowledge about psychiatric emergencies. ($\chi^2 = 4.636$, $df = 2$, p -value = 0.098, not significant) showing that the pre-test attitude grade is independent of the previous knowledge about psychiatric emergencies of the staff nurses. Association between pre-test attitude grade and source of information was ($\chi^2 = 2.522$, $df = 6$, p -value = 0.866, not significant) showing that the pre-test attitude grade is independent of the source of information of the staff nurses (Table 5).

Discussion

The finding of the present study were analyzed and discussed with the findings of the similar studies which confirmed that STP was effective in increasing the knowledge and attitude of staff nurses regarding psychiatric emergencies.

From the observations, we can conclude that there was a statistically significant improvement seen in both the knowledge score and attitude score after intervention. Thus, intervention was very helpful in improving the knowledge score and attitude score of the staff nurses. We found partial association between majority of the demographic variables and the knowledge. But no association was seen between demographic variables and the attitude score.

A study on 265 students of Tehran University concluded that, suicidal ideations had a significant and negative relationship with resiliency. Anxiety, depression, mental health, and daily stresses had a positive relationship with suicidal ideations.⁷

A study was conducted on effectiveness of structured teaching programme regarding identification and management of psychiatric emergencies among staff nurses.⁸ A group with maximum subjects belonging to age of 20 to 25 years and Christians had a pre-test followed by an increase in score of 0.06 and followed by an increase in score of 13.03 in post- test. The STP was found effective and paired t value was found to be statistically significant at 0.05 level of significance; hence, the STP showed no significant association between pre-test knowledge score and selected demographic variables were found. Hence, STP helped in enhancing the knowledge of study group.^{9,10}

Conculsion

To conclude, intervention was very helpful in improving both the knowledge and attitude score of the staff nurses regarding psychiatric emergencies. Psychiatric emergencies is the huge problem. Handling psychiatric emergencies is very difficult for staff nurses. The study showed the knowledge of staff nurses was not up to mark related to the knowledge about psychiatric emergencies. After the STP induction, the post-test finding showed significant increase in knowledge of staff nurses about psychiatric emergencies. The study proved STP to be one of the effective teaching strategies. We recommened STP to be kept for future reference when comparing with SIM. STP will be beneficial for staff nurses who can utilize the STP in day to day handling of patient.

Conflicts of Interest: None

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