

Assessment of Knowledge on Psychiatric Emergencies among Staff Nurses

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ABSTRACT

Introduction: Psychiatric emergency is stress induced pathogenic response that physically endangers the affected individual or others that significantly disrupts the functional equilibrium of the individual or his/her environment and it requires immediate intervention whereas medical emergency is one which endanger the life of individual patient.

Aim: The study aims to assess the knowledge on psychiatric emergencies among staff nurses at SRM general hospital, Kattankulathur, Kanchipuram district.

Methodology: Non experimental-descriptive research design was used to assess the knowledge on psychiatric emergencies among staff nurses. The study was conducted at SRM general hospital, Kattankulathur, Kanchipuram district. 100 Staff nurses who were working at SRM general hospital were selected by Non -probability convenient sampling technique. The tool consisted of 2 sections. Section A dealt with demographic details of staff nurses and section B consisted of structured questionnaire to assess the knowledge on psychiatric emergencies among staff nurses.

Results: The present study results reveals that, 47(47%) of them had inadequate knowledge on psychiatric emergencies, 30(30%) of them had moderately adequate knowledge on psychiatric emergencies and 23(23%) of them had adequate knowledge on psychiatric emergencies.

Conclusion: With respect to the overall knowledge status of staff nurses, among 100 nurses majority 47% of the them had inadequate knowledge on psychiatric emergencies. So In service Education and Continuing Nursing Education programmes can be planned to improve staff nurse's knowledge level on psychiatric emergencies.

Keywords: *knowledge, psychiatric emergencies, staff nurses*

Introduction

Psychiatric emergency is stress induced pathogenic response that physically endangers the affected individual or others that significantly disrupts the functional

equilibrium of the individual or his/her environment and it requires immediate intervention whereas medical emergency is one which endanger the life of individual patient. The most urgent type of psychiatric crises are psychiatric emergencies. They involve sudden sever changes in emotions or behavior which, if unchecked, pose serious threats of physical, emotional or social harm. Examples include suicide attempts, homicide attempts or psychotic decomposition. The common criteria for civil commitment –danger to self, danger to others and grave disability – reflect the very definition of a psychiatric emergency. With prompt appropriate intervention, however a psychiatric emergency does not have to result in involuntary hospitalization. An emergency is an unforeseen combination of circumstances which calls for immediate action. A psychiatric emergency is a disturbance in thought, mood/or action which causes

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sudden distress to the individuals or others and or sudden disability thus requiring management¹

The demand for emergency psychiatric services has rapidly increased throughout the world. Since the 1960's especially in urban area. Case of patients in situations involving emergency psychiatry is complex². Emergency psychiatric is the clinical application of psychiatric settings. Condition requiring psychiatric interventions may include attempted suicide, substance abuse, psychosis, depression, violence or other rapid changes in behavior. Psychiatric emergency services are rendered by professionals in the field of medicine, nursing, psychology and social work.³

As an emergency medicine doctor, violence, drug abuse, alcoholism, psychosis, suicide attempts, confessional states and plain human distress and fear will confront you frequently. You may feel inadequate, frightened, impatient or irritated by such patients. Nurses, receptionists and porters will also be involved and will look to you for advice and support. Anxious, fearful or aggressive relatives and friends will need tactful handling and gradual and social workers will be seeking someone to take the patient off their hands. In a busy department there will be pressures to cope with many other emergencies and time to deal with the psychiatric problems will be at a premium. A reassuring, orderly, calm approach will save time in the long run.

The NIMH estimates that in the United States, 16 million adults had at least one major depressive episode in 2012. That's 6.9 percent of the population. According to the World Health Organization (WHO), 350 million people worldwide suffer from depression. It is a leading cause of disability. Data from the National Survey on Drug Use and Health highlights the problem among young adults. From 2008 to 2010, more than 8 percent of young adults between the ages of 18 and 22 reported a major depressive episode in the previous year. When it come to gender, women are more likely to be diagnosed with depression than men.⁴

In the last 45 years suicide rates have increased by 60% worldwide. Suicide is now among the three leading causes of death among those aged 15-44 (male and female). Suicide attempts are up to 20 times more frequent than completed suicides. Although suicide rates have traditionally been highest amongst elderly males, rates among young people have been increasing to such

an extent that they are now the group at highest risk in a third of all countries. Mental health disorders (particularly depression and substance abuse) are associated with more than 90% of all cases of suicide. However, suicide results from many complex socio cultural factors and is more likely to occur during periods of socioeconomic, family and individual crisis (e.g. loss of a loved one, unemployment, sexual orientation, difficulties with developing one's identity, disassociation from one's community or other social/belief group, and honour). The WHO estimates that each year approximately one million people die from suicide, which represents a global mortality rate of 16 people per 100,000 or one death every 40 seconds. It is predicted that by 2020 the rate of death will increase to one every 20 seconds.⁵

The harmful use of substance use (alcohol) results in 3.3 million deaths each year. On average every person in the world aged 15 years or older drinks 6.2 litres of pure alcohol per year. Less than half the population (38.3%) actually drinks alcohol, this means that those who do drink consume on average 17 litres of pure alcohol annually. At least 15.3 million persons have drug use disorders. Injecting drug use reported in 148 countries, of which 120 report HIV infection among this population.⁶

Violence causes more than 1.6 million deaths worldwide every year. More than 90% of these occur in low- and middle-income countries. Violence is one of the leading causes of death in all parts of the world for persons ages 15 to 4. But the Centers for Disease Control and Prevention (CDC) is working to change that. CDC is committed to building a world free of violence⁷.

The study aims to assess the knowledge on psychiatric emergencies among staff nurses at SRM general hospital, Kattankulathur, Kanchipuram district.

Methodology

A Non experimental-descriptive research design was used to assess the knowledge on psychiatric emergencies among staff nurses. The study was conducted at SRM general hospital, Kattankulathur, Kanchipuram district. 100 Staff nurses who were working at SRM general hospital were selected by Non -probability convenient sampling technique. The inclusion criteria were a. Staff nurses of both gender, b. Staff nurses who were available during data collection period, c. Staff nurses with B.SC(N), DGNM program and post basic B.Sc., (N). and the exclusion criteria was Staff nurses who were not willing to participate in this study.

Tool for Data Collection

The tool consisted of 2 sections. Section A dealt with demographic details of staff nurses such as age, gender, education, monthly income, resident, experience, previous experience related to psychiatric emergencies, designation and section B consisted of structured questionnaire to assess the knowledge on psychiatric emergencies among staff nurses. Each question was given 4 options. Each correct answer was awarded score 1. Each incorrect answer was awarded score 0.

Scoring Interpretation

Percentage (%)	Level of Knowledge
71 TO 100	Adequate Knowledge
51 TO 70	Moderate Knowledge
Below 50	Inadequate Knowledge

Ethical Considerations: The research proposal was approved by research committee of SRM College of nursing, SRM University, Kattankulathur, Kancheepuram district. Permission was obtained from the Dean, SRM College of Nursing and Medical Superintendent, SRM General Hospital. Informed consent was obtained from the study participants, after explaining the nature and duration of the study. Assurance was given to the individual that report will be kept confidential.

Results

Descriptive and Inferential Statistics were used to assess the knowledge on psychiatric emergencies among staff nurses.

Table 1: Frequency and percentage distribution of demographic variables of staff nurses

N = 100

S. No.	Demographic Variable	Class	No. of respondents (n)	Percentage Distribution (%)
1.	Age in years	21 - 30 Years	83	83
		31 - 40 Years	16	16
		41 - 50 Years	1	1
2.	Gender	Male	12	12
		Female	88	88
3.	Education	DGNM	51	51
		B.Sc. Nursing	37	37
		Post Basic	12	12
4.	Income	Below Rs. 12, 000	67	67
		Rs 12,100 - 15,000	31	31
		Rs 15,100 - 20,000	2	2
5.	Resident	Urban	73	73
		Semi urban	15	15
		Rural	12	12
6.	Experience	1 -2 Years	56	56
		2 - 4 Years	33	33
		4 - 6 Years	11	11
7.	Did you attend any workshop or training related to psychiatric emergencies?	Yes	7	7
		No	93	93
8.	Designation	Junior Staff Nurse	59	59
		Senior Staff Nurse	29	29
		Ward In charge	10	10
		Supervisors	2	2

Regarding the age, out of 100 samples 83% of samples were in the age group of 31-40years, 1% samples, were in the age group of 21-30 years, 16 % was in age group of 41-50years. Regarding the Gender,

12% of them were males and 88% were female. With respect to qualification, 55% of them had completed diploma nursing, 37% of them had completed B.SC nursing, 12% of them had completed in P.B.B.Sc(N). Considering the monthly income, 67% were getting <12,000, 31% were getting 12,100 -15,000, and 2% were getting 15,100-20,000. Considering staff nurses resident, 73% were from urban area, 15% were from semi urban area, 12% were from rural area. Considering the experience of the staff nurses, 56% had 1-2 years of experience, 33% had 2-4 years of experience, 11% of them had 4-6years of experience. Considering their previous experience related to psychiatric emergencies, 7% of nurses had attended in service education and training programme, 93% of nurses have not attended any programme regarding psychiatric emergencies. About the designations of the staff nurses, 59% are junior staff nurses, 29% are senior staff nurses, 10% are ward in charges, and 2% are supervisors.

Table 2: Frequency and percentage distribution of level of knowledge on psychiatric emergencies among staff nurses

N = 100

S. No.	Level of knowledge	No. of respondents (n)	Percentage Distribution (%)
1.	In adequate knowledge	47	47
2.	Moderately adequate knowledge	30	30
3.	Adequate knowledge	23	23

The above table reveals that, 47(47%) of them had inadequate knowledge on psychiatric emergencies, 30(30%) of them had moderately adequate knowledge on psychiatric emergencies and 23(23%) of them had adequate knowledge on psychiatric emergencies.

Discussion

Psychiatric emergencies is a condition where in the patient has disturbances of thought, affect and psychomotor activity leading to threat to his existence or threat to the people in the environment. This condition needs immediate intervention to safeguard the life

of the patient, bring down the anxiety of the family members and enhance emotional security to others in the environment.¹

The present study results reveals that, 47(47%) of them had inadequate knowledge on psychiatric emergencies, 30(30%) of them had moderately adequate knowledge on psychiatric emergencies and 23(23%) of them had adequate knowledge on psychiatric emergencies.

The results revealed that, there was high significance association found between the level of knowledge regarding psychiatric emergencies among staff nurses with their demographic variables such as age, income, experience, designation and there was no significant association found between level of knowledge on psychiatric emergencies among staff nurses with other demographic variables such as gender, education, resident, and any training program.

Sally Wai-chi Chan , Wai-tong Chien , Steve Tso(2008) conducted a study to evaluate the effect of an education programme on nurses’ knowledge, attitude and competence on suicide prevention and management for patients with suicide attempt. An 18-hour education programme on suicide prevention and management was developed based on needs analysis and literature and was provided to the study group. Fifty-four registered general nurses from the medical and surgical units of two general hospitals completed the education programme. Focus groups were used for process (n= 24) and outcome evaluation (n= 18). The findings suggested that the education intervention had benefited the participants by improving their attitude, confidence and professional skills in responding to patients with suicidal intent.⁸

Conclusion

With respect to the overall knowledge status of staff nurses, among 100 nurses majority, 47% of the them had inadequate knowledge on psychiatric emergencies. So In service Education and Continuing Nursing Education programmes can be planned to improve staff nurse’s knowledge level on psychiatric emergencies.

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Conflict of Interest: Nil

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