Occurrence of Patient-Inflicted Violence and Knowledge of Staff Nurses regarding Management of Violent Behavior in Psychiatric Wards of Selected Hospitals in Manipur

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Abstract

Violence toward mental health staff has been receiving national attention in the face of diminishing resources to treat what appears to be an increasingly violent patient population. Assaults by psychiatric patients against mental healthcare providers are both a reality and a concern as the effects of violence can be devastating to the victim. These victims suffer from many of the same physical and psychological sequels as victims of a natural disaster or street crime. The aim of the study was to assess the occurrence of patient-inflicted violence and knowledge of staff nurses regarding management of violent behavior in psychiatric wards. A quantitative approach with a descriptive survey and cross-sectional design was used in the study. 60 staff nurses working in psychiatric wards of Regional Institute of Medical Sciences and Jawaharlal Nehru Institute of Medical Sciences, Manipur, was the sample selected. A structured tool and a structured knowledge questionnaire were used to assess the occurrence of patient-inflicted violence and the knowledge of the staff nurses regarding management of violent behavior in psychiatric wards. The data gathered was analyzed and interpreted using descriptive and inferential statistics. Result of the study was that majority of the staff nurses had experienced more of verbal abuse than physical abuse from the psychiatric patients and also had an average knowledge about the management of violent behaviors in psychiatric wards. An information booklet on prevention and management of violent behavior was prepared and disseminated to the staff nurses working in psychiatric wards. Workplace violence (WPV) against healthcare workers (HCWs) employed in psychiatric inpatient wards is a serious occupational issue that involves both staff and patients; the consequences of WPV may include increased service costs and lower standards of care.

Keywords: Violence, Knowledge, Psychiatric ward, Violent behavior, Occurrence

Introduction

Violence according to World Health Organization is defined as "The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has

a high likelihood of resulting in injury, death, psychological harm, mal development, or deprivation".¹

Violence and aggressive behaviour are serious problems in the health sector. Multinational data reports that approximately 75% of all psychiatric nurses have been

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assaulted at least once in their careers and nurses experience high rates of verbal assault from 82% to 97% of patients.²

According to the American Psychiatric Nurses Association, psychiatric nurses are experts in crisis intervention, mental health, medications and therapies to assist patients in mastering mental illnesses. They work closely with patients to help them live productive and fulfilling lives. The question arises as to what extent is the right and safety of the staff personnels made available who works entirely for the mentally challenged group and the need for having proper knowledge about the management of violent patients, who can be a threat to themselves and others.³

A survey study was conducted by Caldwell on staff nurses which showed that between 75% and 100% of nursing staff on acute psychiatric units had been assaulted by a patient at some stage in their careers. The study also revealed that physical violence against staff was thought to contribute to low morale, high rates of sick leave and high staff turnover, which can trigger a vicious cycle, as low staffing levels and the presence of temporary staff, can lead to more adverse incidents. The study concluded that perceived threat of violence may result in greater use of coercive measures such as seclusion, restraint and enforced medication, which patients often describe as traumatic and can, in turn, trigger violent behavior.⁴

A systematic meta-analysis was conducted by Ivana et al. to assess the nurses' experience and attitudes towards inpatient aggression in psychiatric wards which reported rates of violence in acute psychiatric wards of general or psychiatric hospitals in high-income countries. Of the 23,972 inpatients described in 35 studies, the pooled proportion of patients who committed at least one act of violence was 17% (95% confidence interval (CI) 14–20%). Studies with higher proportions of male patients, involuntary patients, patients with schizophrenia and patients with alcohol-use disorder reported higher rates of inpatient violence. The findings of this study suggest that almost 1 in 5 patients admitted to acute psychiatric units may commit an act of violence.⁵

A study was conducted by Lin Y and Liu H on the impact of violence on psychiatric ward nurses in South Taiwan. The purpose of the study was to explore the prevalence of violence committed by psychiatric patients against nurses. Two hundred and thirty (230) nurses from a 400-bedded hospital in Southern Taiwan were chosen. The results from the study showed that 44.7% nurses had received training regarding violence; 61% of the nurses reported experiencing verbal and physical threat. The study reported that verbal expressions of violence were mainly due to drunkenness and physical expression of threat commonly seen in psychotic patients.⁶

A study was conducted by Carmel on compliance with

training in management of assaultive behaviour and injuries from inpatient violence at a forensic hospital in California. Twenty-seven wards were included in the study. They were divided into two groups: 18 wards with low compliance with requirement for training in management of assaultive behaviour (less than 60% of the staff in compliance) and nine wards with high compliance (more than 60% of the staffing compliance). The results showed that the rate of staff injury from patient violence in the wards with low compliance, with training in managing assaultive behaviour (20.00 per 100 staff) was almost three times the rate in the ward with high compliance (7.4 per 100 staff). These findings suggest that ward staff may benefit from overall compliance with training requirements in management of assaultive behaviour.⁷

Objectives of the Study

- To assess the occurrence of patient-inflicted violence, nature of violence experienced by the staff nurses working in psychiatric unit
- To determine the level of knowledge of staff nurses regarding management of violent behavior of psychiatric patients
- To develop and disseminate information booklet on prevention and management of violent behavior for staff nurses working in psychiatric wards

Materials and Methods

A descriptive survey and cross-sectional design was selected for the study. The setting for the study was Jawaharlal Nehru Institute of Medical Sciences and Regional Institute of Medical Sciences, Manipur. In the present study, the sample comprised of 60 staff nurses working in psychiatric wards of Jawaharlal Nehru Institute of Medical Sciences and Regional Institute of Medical Sciences, Manipur. Total enumeration sampling technique was adopted to select the samples.

After obtaining ethical permission from the Institutional Ethical Committee of Jamia Hamdard, New Delhi, to conduct the research study, a formal permission for conducting research was obtained from the selected hospitals of Manipur. A written informed consent was taken from each study subject. They were assured of anonymity and confidentiality of the information provided during the research study. The final study was conducted in Jawaharlal Nehru Institute of Medical Sciences and Regional Institute of Medical Sciences, Manipur. The subjects comprised staff nurses working in the psychiatric wards of the selected hospitals. The information was gathered using structured interview schedule to assess the occurrence of patient-inflicted violence and structured knowledge questionnaire to assess knowledge of staff nurses regarding management of violent behavior in the psychiatric wards of selected hospitals in Manipur. To ensure the validity of

the structured interview schedule, structured knowledge questionnaire, and information booklet, it was given to seven experts selected from the fields of Psychiatry and Mental Health Nursing. The reliability of the structured knowledge questionnaire was worked out by using Kuder-Richardson Formula 20 (KR-20) and was found to be 0.78. The result confirmed that the tool was reliable for the study. Descriptive and inferential statistics were used for data analysis.

Results

Section I: Sample Characteristics

With regard to the age-wise distribution of the 60 staff

nurses, 21 (35%) were in the age group of 23–28 years, 18 (30%) were in the age group of 29–34 years, 12 (20%) were in the age group of 35–40 years and 9 (15%) were above 40 years.

Six (10%) staff nurses had total professional experience of less than 1 year, 30 (50%) had experience of 1–3 years, 15 (25%) had total professional experience of 3–6 years and 9 (15%) had total professional experience of above 6 years.

The educational qualifications of the staff nurses showed that 24 (40%) had completed DGNM, 21 (35%) had completed their B.Sc. Nursing, 12 (20%) had completed their Post Basic B.Sc. Nursing and 3 (5%) had completed their M.Sc. Nursing.

Section II: Occurrence of Patient-Inflicted Violence on Staff Nurses

Table 1. Frequency and Percentage Distribution of Staff Nurses based on the Patient-Inflicted Violence Experienced by them

Variable	Frequency of Occurrence of Violence	Occurrence Rate of Violence
Patient-inflicted violence	36	60%

N=60

Section III: Nature of Violence Experienced by Staff Nurses Working in Psychiatric Units

Table 2. Frequency and Percentage Distribution of Staff Nurses based on the Nature of Violence experienced by them

S. No.	Statement	Frequency	Percentage
1.	Nature of abuse		
A	Physical abuse	9	25
B	Verbal abuse	27	75
2.	Situations that provoked violent behavior in patient		
A	Argument with the patient and staff	0	0
B	High-risk behavior of the patient	18	50
C	Situation in the ward environment such as noise, disturbance with hospital procedure in sleep and routine of the patient	9	25
D	Argument with relatives	9	25
E	Argument with neighboring patients	0	0
3.	Frequency of violent behavior		
A	Once a month	9	25
B	1–3 years	18	50
C	Once in a year	9	25
D	Never	0	0
4.	Situations of assault on staff nurses by a violent patient		
A	When alone in the ward	18	50
B	In front of family members	9	25
C	While on doctors' round	9	25
5.	Type of injury		
A	Facial scratches	18	50
B	Punches	9	25
C	Bites	9	25
D	Stab wounds	0	0

*n₁=36

*Number of staff nurses who had experienced patient inflicted violence

Section IV: Knowledge of Staff Nurses regarding Management of Violent Behavior

Table 3. Frequency and Percentage Distribution, Mean, Standard Deviation of Knowledge Score of the Staff Nurses regarding Management of Violent Behavior

Criteria Knowledge Score	Frequency	Percentage	Mean	SD
Good(>23)	7	12	24.71	0.1
Average (18–23)	48	80		
Poor(<18)	5	8		

Maximum score=30, Minimum score=0

Data in Table 3 indicates that most of the staff nurses had an average level of knowledge, i.e., 48 (80%); 7 (12%) of the staff nurses had good level of knowledge, while 5 (8.33%) of the staff nurses had poor level of knowledge. The mean score obtained related to the knowledge of the staff nurses regarding prevention and management of violent behavior was 24.71 and standard deviation was 0.1.

Section V: Validation of Information Booklet on Prevention and Management of Violent Behavior for Staff Nurses Working in Psychiatric Wards

The information booklet on prevention and management of violent behavior for staff nurses working in psychiatric wards was developed and validated by five experts in the field of Mental Health Nursing. The validated booklet was disseminated to the sample subjects.

Discussion

The present study aimed at finding the occurrence of patient-inflicted violence and knowledge of staff nurses regarding management of violent behavior in the psychiatric wards of selected hospitals of Manipur and to disseminate an information booklet on prevention and management of violent behavior for staff nurses working in psychiatric wards.

The final result of the study revealed that most of the staff nurses working in psychiatric wards had encountered more verbal abuse from the violent patients as compared to the physical abuse. In regard to the knowledge of the staff nurses, 48% of the staff nurses had an average knowledge regarding the management of violent behavior in psychiatric wards. The findings are in agreement with a study by Kaur and Kaur, who conducted a descriptive study on assessment of patient-inflicted violence on 100 staff nurses in a hospital in Amritsar (Punjab). The study reported that all subjects (100%) had experienced assault. About 99% of the staff nurses had experienced verbal assault and only one had experienced physical assault. The study also revealed that

maximum of the staff nurses (68%) were having average (13.15) knowledge and 28% good knowledge about safety resources.⁸

Conclusion

Mental health nursing is the practice of promoting mental health as well as caring for people who have mental illness, potentiating their independence and restoring their dignity. During the course of practice, a mental health nurse has to face violence from acute psychiatric patients. In order to overcome the above problems, a mental health nurse must possess sound knowledge base and requisite skills in management of violent psychiatric patients. The findings from the present study revealed the need for providence of educational programs for the staff nurses to have good knowledge on the subject matter related to prevention and management of violent behaviour of patients and also for the providence of safety measures for the staff working in psychiatric units.

Conflict of Interest: None

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