



EFFECTIVENESS OF TEACHING STRATEGY ON MANAGEMENT OF PSYCHIATRIC AND PSYCHOLOGICAL EMERGENCIES IN VICTIMS OF DOMESTIC VIOLENCE SEEN IN EMERGENCY SETTINGS AMONG HEALTH PROFESSIONALS

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ABSTRACT Psychiatric and psychological emergencies are common in clinical practice and present a unique challenge. This study investigated the effectiveness of teaching strategy on management of psychiatric and psychological emergencies among health professionals working at selected hospitals in Barwani District. The objectives of the study were to assess the effectiveness of teaching strategy on knowledge regarding management of psychiatric and psychological emergencies in victims of domestic violence seen in emergency settings among health professionals and to find out the association between the knowledge regarding management of psychiatric and psychological emergencies in victims of domestic violence seen in emergency settings and selected demographic variables. The research design of this study is quasi experimental design. The sample consisted of 120 Health professionals working different hospitals in Barwani. Purposive sampling was used. The instruments used in this study were the demographic proforma, questionnaire on management of psychiatric and psychological emergencies in victims of domestic violence seen in emergency settings and teaching strategy on management of psychiatric and psychological emergencies in victims of domestic violence seen in emergency settings. Participants in the experimental group were administered teaching strategy with the help of hand out for 45 minutes, and those in the control group were monitored. Post-test was performed two weeks after the intervention. The findings revealed that in the experimental group 71.7% had good knowledge and 28.3% had average knowledge, and in the control group 61.7% had average knowledge and 38.3% had poor knowledge regarding management of psychiatric and psychological emergencies in victims of domestic violence seen in emergency settings. Teaching strategy given to staff nurses in experimental X group had significantly increase their knowledge ($P < 0.01$) and also there was significant association between knowledge of staff health professionals and area of working. Education programs are necessary to improve the holistic care of patients and for improving the safety and confidence of health professionals when working with patients with behavioural emergencies.

KEYWORDS : Teaching strategy; Knowledge; Domestic violence; Psychiatric and psychological emergencies; Health professionals

Introduction

Domestic violence can be broadly defined as any behaviour that is violent, abusive, or threatening in nature among adults who are relatives or partners/ex-partners. Domestic violence is a major human right and public health problem which can have physical as well as mental health-related adverse effects.

The National Crime Records Bureau has reported that cases of domestic violence are the most prevalent form of the crime against women in India. The prevalence rates of the domestic violence in India have been estimated to be in the range of 18%–70% by various studies. As far as the rates of the physical violence are concerned, 21%–48% of married women have reportedly suffered from physical abuse at the hands of the husband and in-laws. The data on the sexual violence against married women are very sparse. It is partially because of the cultural factors which make it difficult to assess, but some studies report a prevalence rate between 15% and 20%.

Mind and the body are not separate entities; they are inseparable parts of a whole human being. When a person becomes ill with any disease that illness will inevitably affect the individual's behaviour. The association between the mental health and domestic violence is usually bidirectional, and it is associated with some mental health outcomes such as depression, posttraumatic stress disorder (PTSD), suicidality, substance abuse, and exacerbation of the psychotic symptoms.

This study was intended to assess the effectiveness of teaching strategy on management of psychiatric and psychological emergencies in victims of domestic violence seen in emergency settings among health professionals.

Materials and methods

Study used a quantitative approach with quasi experimental research design. Population comprised of all health professional working at hospitals of Barwani District. Sample was 120 health professionals (experimental- 60, control- 60) recruited using Purposive Sampling Technique. Tools used were Demographic proforma, Questionnaire and Teaching strategy on management of psychiatric and psychological emergencies in victims of domestic violence seen in emergency settings. Participants in the experimental group were administered teaching strategy with the help of hand out for 45 minutes, and those in the control group were monitored.

Results

Table 1 Section 1: Description of sample characteristics.

Frequency distribution, percentage and χ^2 value of health professionals based on age and professional qualification.					χ^2	P
(N=120)						
Age	Experimental		control			
	f	%	f	%		
21-30	56	93.3	60	100	4.14*	0.042
31-40	4	6.7	0	0.0		
Professional Education	Experimental	Control	χ^2	P		
	f	%	f	%		
Nurses	36	60.0	58	96.7	25.3**	0.000
Paramedical	24	40.0	2	3.3		

*Significant at 0.05 level, ** Significant at 0.01 level

1. Majority of the samples were belongs to age group 21-30, 93.3% in experimental group and all the samples in control group. There was significant difference in experimental and control group in relation to age.

2. More than half (58.3%) of samples in the experimental group had professional qualification of Nursing and 40% had Paramedicals. In the control group 96.7% of samples had qualification of Nursing. None of the health professional had professional qualification of MBBS or Similar. There was significant difference in experimental and control group in relation to professional qualification.

3. In the study majority of samples (85%) in the experimental group had clinical experience less than five years. In control group 71.7% had experience less than 5 years. There was no significant difference among samples in the experimental and control group.

4. In the experimental group 35% were working in medical ward, 18.3% in surgical ward, 16.7% were working in ICU, 23.3% in casualty and 6.7% in outpatient department. In the control group 33.3% were working in medical ward, 28.3% in surgical ward, 13.3%

in ICU and 13.3% in outpatient department. There was no significant difference among samples in experimental and control group.

5. In the experimental group 58.3% of health professional were residing in urban area and 41.7% in the rural area. Among the control group 50% were residing in urban and 50% in rural area. There was no significant difference among samples in both groups in relation to place of residence. The samples in the experimental and control group had not attended training or seminar regarding management of psychiatric and psychological emergencies in victims of domestic violence seen in emergency settings.

Section 2: Knowledge of Health professionals regarding psychiatric and psychological emergencies in victims of domestic violence.

The result shows that 61.7% of samples in experimental and 58.3% of samples in control group had average knowledge regarding management of psychiatric emergencies. Thirty-eight percentage of samples in the experimental and 41.7% of samples in the control group had poor knowledge regarding management of psychiatric and psychological emergencies in victims of domestic violence seen in emergency settings.

Section 3: Effectiveness of teaching strategy on management of psychiatric and psychological emergencies in victims of domestic violence seen in emergency settings.

Table 2

Frequency distribution and percentage of pre- test and post test knowledge of Health professionals.				
(N=120)				
Pre -test Knowledge	Experimental		Control	
	f	%	f	%
Poor	23	38.3	25	41.7
Average	37	67.1	35	58.3
Post- test knowledge of Health Professionals				
Post -test Knowledge	Experiment al	Control		
	f	%	f	%
Poor	0	0.0	23	38.3
Average	17	28.3	37	61.7
good	43	71.7	0	0.0

The average knowledge score before the teaching strategy was 12.0 ± 3.5 and 11.4 ± 3 in the experimental and control group respectively. After teaching strategy, among the experimental group knowledge score increased to 21.6 ± 3.3 . Increase in knowledge score after teaching strategy in the experimental group was statistically significant ($p < .01$). Average knowledge score among the control group 11.9 ± 2.8 . Change in knowledge score among the control group at post-test was not statistically significant.

There was significant increase in the post test mean knowledge score of health professionals ($21.6 + 3.3$) in experimental group after teaching strategy. Therefore, it is interpreted that the mean knowledge score of health professionals in experimental as compared to control group was significant at 0.01 level. Hence research hypothesis (H1ii) was accepted. Teaching strategy has significant influence in improving the knowledge of health professionals regarding management of psychiatric and psychological emergencies in victims of domestic violence seen in emergency settings.

Section 4: Association between knowledge and selected demographic variables.

Chi- square test was done to find out the association between knowledge of health professionals and selected demographic variables. There was significant association between knowledge of health professionals and area of working and no association between knowledge and other selected demographic variables.

Discussion

The findings revealed that in the experimental group 71.7% had good

knowledge and 28.3% had average knowledge, and in the control group 61.7% had average knowledge and 38.3% had poor knowledge regarding management of psychiatric and psychological emergencies in victims of domestic violence seen in emergency settings. Teaching strategy given to staff nurses in experimental X group had significantly increase their knowledge ($P < 0.01$) and also there was significant association between knowledge of staff health professionals and area of working.

Quantifying psychological abuse is extremely difficult, and very few studies have been conducted to establish prevalence rates of this type of violence. Qualitative studies that have been undertaken conclude that it is just as damaging to one's health to be continuously psychologically abused as it is to be physically abused. Undermining an individual's sense of self esteem can have serious mental and physical health consequences and has been identified as a major reason for suicide. For some women, the incessant insults and tyrannies which constitute emotional abuse may be more painful than the physical attacks because they effectively undermine women's security and self-confidence.

Programs are required which intend to address battered women's needs, including those that focus on building self-efficacy and livelihood skills. The significance of informal and local community networks should be acknowledged in this regard. The survivors of domestic violence can be involved in program planning and implementation in order to ensure accessibility and effectiveness.

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