ORIGINAL RESEARCH PAPER

Volume - 12 | Issue - 05 | May - 2023 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr

INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

EFFECTIVENESS OF VAT ON KNOWLEDGE AND ATTITUDE REGARDING DE-ESCALATION AND BREAKAWAY TECHNIQUE FOR AGGRESSIVE BEHAVIOR AMONG STAFF NURSES: A QUASI EXPERIMENTAL STUDY

Mental Health Nursing

Dr. Sathiyakala K* Nursing Tutor, Department Of Nursing, Aiims, Patna. *Corresponding Author

Mrs. Krishnaveni R Assistant. Professor, Department Of Nursing, Aiims, Patna.

ABSTRACT

Background: The National Institute for Health and Care Excellence (2015) defines breakaway techniques as "physical skills to help separate or break away from an aggressor in a safe manner that do not involve the use of restraint." Between 2013 and 2014, 68,683 physical assaults were recorded against NHS staff. This represents an increase of 8.7% on the total reported figures from 2012-13 (NHS Business Services Authority, 2014). This study is based on video-assisted teaching is an awareness program about de-escalation and breakaway technique for knowledge and attitude should be improved among staff nurse. **Aims and objectives:** To assess the level of knowledge and attitude regarding de-escalation and breakaway technique among staff nurses, to assess the effectiveness of video-assisted teaching on knowledge and attitude, and to associate the level of knowledge and attitude regarding de-escalation and breakaway technique among staff nurses in the experimental and control groups with their selected demographic variables. **Materials and methods:** The study employed a quasi-experimental, non-randomized control group design. A convenience sampling technique was used to select a sample of 200 staff nurses. A structured closed-ended questionnaire and the attitude scale were used to assess it. **Results:** The study found that video-assisted teaching had a statistically significant impact on staff nurses' knowledge and attitudes about de-escalation and breakaway techniques for aggressive behavior at the p value 0.001 level. **Conclusion:** According to the findings, video-assisted teaching was effective in improving staff nurses' knowledge and attitudes about de-escalation and breakaway techniques for aggressive behavior.

KEYWORDS

Aggression, De-escalation and breakaway technique, Staff nurses, Video-assisted teaching.

INTRODUCTION

Traditionally restraint and seclusion were viewed as a form of treatment; however the use of restraint and seclusion has led to increased physical and mental injuries to staff and patients. Currently de-escalation has been viewed as a safer option for aggressive and violent patients. Understanding which intervention yields decreased injuries, aggression and violence will guide legislation, practice and institutions leading to safer patients and staff.[1]

Threatening or violent behaviors exhibited by patients in psychiatric hospitals result in injuries to staff and patients, and creates increased treatment, occupational, and financial challenges for institutions.[2] Violence by psychiatric patients still happens at significant rates despite advances in behavioral and pharmacologic treatment.[3] Health care workers agree that aggression and violence on psychiatric inpatient units is increasing.

Management of aggressive patients is achieved by several measures. Ideally aggressive threatening behavior should be defused by verbal de-escalation and when that is not effective, medication, seclusion or physical restraint may be necessary [4]

De-escalation techniques focus on early recognition of signs of agitation and encourages early intervention.[5] When aggression and angry behavior progress in a predictable, orderly manner, this presents an opportunity for staff to intervene with methods such as de-escalation. De-escalation techniques are based on communication theory and make use of many different verbal techniques to de-escalate the aggressive or angry patient avoiding serious violence. Techniques used in de-escalation include observing for signs and symptoms of increasing anger and agitation, approaching the patient in calm controlled non-threating manner while providing choices and allowing the patient to maintain dignity .Every effort is centered on avoiding confrontation .[6]

The investigator wanted to raise awareness of knowledge and attitude regarding de-escalation and breakaway technique through video-assisted teaching due to a lack of knowledge regarding management of patients with aggressive behavior among staff nurses.

Statement Of The Problem

A study on effectiveness of video-assisted teaching on knowledge and attitude regarding de-escalation and breakaway technique for aggressive behavior among staff nurses, at Selected Hospitals.

OBJECTIVES

- To assess the level of knowledge and attitude regarding de-escalation and breakaway technique among staff nurses in the experimental and control groups.
- To assess the effectiveness of video-assisted teaching on knowledge and attitude regarding de-escalation and breakaway technique among staff nurses in the experimental group.
- To associate the level of knowledge and attitude regarding de-escalation and breakaway technique among staff nurses in the experimental and control groups with their selected demographic variables.

Hypotheses

H_1: There is a significant difference in the level of knowledge and attitude regarding de-escalation and breakaway techniques among staff nurses before and after administering video-assisted teaching in the experimental group.

H_2: There is a significant association between the level of knowledge and attitude regarding de-escalation and breakaway techniques among staff nurses before administering video-assisted teaching with their selected demographic variables in both the experimental and control groups.

RESEARCH METHODOLOGY

In the quantitative study, a quasi-experimental non-randomized control group design was used. A structured closed-ended questionnaire and the attitude scale were used in the study at two different hospitals. One to be considered as experimental and the next hospital were treated as control group.

On the first day of data collection, a pre-test was performed using a closed-ended structured questionnaire and the Likert scale for 100 samples of the experimental group and 100 samples of the control group who were selected using a convenient sampling technique and given 45 minutes to answer the questions. Following that, on the same day, video-assisted teaching on de-escalation and breakaway strategy to manage aggression clients was provided to the selected samples, and 1 week later, a post-test was conducted for the same group of a sample using the same collection of questionnaires as the pre-test.

Table: 1 Frequency and percentage distribution of level of knowledge among Staff Nurses in experimental and control group N = 200

S.No	Level of knowledge	Experimental Group (100)				Control Group (100)			
		Pre test		Post test		Pre test		Post test	
		No.	%	No.	%	No.	%	No.	%
1.	Inadequate	78	78	-	-	84	84	84	84

2.	Moderately adequate	22	22	57	57	16	16	16	16
3.	Adequate	-	-	43	43	-	-	-	-
Total	100	100	100	100	100	100	100	100	

Table: 2 Frequency and percentage distribution of level of attitude among staff nurses in experimental and control group N = 200

S.No.	Attitude	Experimental Group (100)				Control Group (100)			
		Pre test		Post test		Pre test		Post test	
		No.	%	No.	%	No.	%	No.	%
1.	Negative	74	74	7	7	71	71	71	71
2.	Positive	26	26	93	93	29	29	29	29
3.	Total	100	100	100	100	100	100	100	100

Table 3: Area-wise mean, SD, mean percentage, and paired *t*-test value in the control and experimental group on knowledge and attitude regarding de-escalation and breakaway technique among staff nurses N -200

S. No	Overall	Experimental Group (100)					Control Group (100)				
		Pre test		Post test		P value	Pre test		Post test		P value
		mean	SD	mean	SD		Mean	SD	mean	SD	
1.	Knowledge	4.92	2.05	12.46	0.88	0.001	4.96	2.05	4.96	1.98	0.657
2.	Attitude	43.64	4.19	59.54	8.16	0.001	43.63	4.13	43.64	4.10	0.408

RESULTS AN D DISCUSSION

The first objective was to assess the level of knowledge and attitude regarding de-escalation and breakaway techniques among staff nurses in the experimental and control groups. Before the intervention, 78% of staff nurses in the experimental group had inadequate knowledge, while 22% of staff nurses had moderate knowledge. In the control group, 84% of staff nurses had inadequate knowledge, while 16% of staff nurses had moderate knowledge, as shown in Table 1.

Before the intervention, 74% of staff nurses in the experimental group had a negative attitude and 26% had a positive attitude, while 71% of staff nurses in the control group had a negative attitude and 29% of staff nurses had a positive attitude, as shown in Table 2. The findings were backed up by a study conducted by Johannes Nau (2007) on staff nurse experiences in dealing with patient aggression.[7]

The second objective was to assess the effectiveness of video-assisted teaching on knowledge and attitude regarding de-escalation and breakaway techniques among staff nurses in the experimental group. As shown in Table 1, 57% of staff nurses gained moderate knowledge and 43% of staff nurses gained adequate knowledge after receiving intervention in the experimental group. As shown in Table 2, 93% of staff nurses had a positive attitude after receiving intervention in the experimental group, while only 7% had a negative attitude. Before the intervention, the mean for knowledge was 4.96 and 43.68 for attitude in the experimental group, whereas, after the intervention, the mean was 12.43 for knowledge and 59.49 for attitude. The overall paired "*t*" test value for knowledge is 33.89, and the overall paired "*t*" test value for attitude is 16.62, both of which are statistically highly significant at the $p = 0.001$ level, as shown in Table 3.

The study result found that hypothesis 1 (H_1) the difference in knowledge and attitude toward de-escalation and breakaway techniques among staff nurses in the experimental group before and after video- assisted teaching was accepted at the $p = 0.001$ level, which is highly significant. The study finding was supported by Huang et al. (2009) conducted a study on knowledge, attitudes, and practice: the effectiveness of an in-service education program in handling aggressive behavior of the patient. The intervention group received a 90-minute in-service education program, and the results showed a significant improvement in knowledge ($p = 0.000$), attitudes ($p = 0.007$), and self-reported practices ($p = 0.048$) in the intervention group.[8]

The study result, it was determined that after the 90-minute in-service education program, knowledge and skills had improved. In Table 3, the result was statistically tested by paired "*t*" test. The result was not found to be significant at $p < 0.001$ in the control group. The result was statistically tested by paired "*t*" test. The result was found to be significant at $p < 0.001$, because of the intervention. It indicates that the video-assisted teaching was very effective to improve the knowledge and attitude regarding de-escalation and breakaway technique in caring for aggressive clients.

The third objective was to associate the pre-test score on knowledge and attitude regarding de-escalation and breakaway techniques among staff nurses in the experimental and control groups with their selected demographic variables. Finally, it appears that there is a significant relationship between pre-test scores and selected demographic variables such as previous experience, working area, and training program completion. The study findings state that hypothesis 2 is valid (H_2) before administering video-assisted teaching with their selected demographic variables in both the experimental and control groups; there was a significant association between staff nurses' knowledge and attitudes about de-escalation and breakaway techniques.

Recommendations

- Include detailed portions regarding identification and management of a client with aggressive behavior among nursing student in the syllabus.
- Conduct a study on knowledge and attitude regarding de-escalation and breakaway techniques in caring clients with aggressive behavior among teachers in college and school of nursing.
- Conduct similar studies for healthcare team members who are taking care of the patients.
- Conduct a study on knowledge and attitude regarding different techniques used in the management of a client with aggressive behavior among staff nurses

CONCLUSION

Nurses cannot disclose sensitive information about their patients. In addition, the nursing code of ethics emphasizes the importance of keeping the details of patient cases confidential. Nursing professionals take responsibility for their actions. They are honest and exercise strong moral practices in the workplace.[9] The study's findings suggest that video-assisted teaching can help staff nurses improve their knowledge and attitudes about de-escalation and breakaway techniques, as well as develop adequate knowledge and a positive attitude toward aggressive behavior.

REFERENCES

1. Shavar chase et.al (2020) The effectiveness of de-escalation techniques as compared to physical restraint/seclusion on inpatient psychiatric units: a quantitative systematic review. Rutgers university
2. Short, R., Sherman, M. E., Raia, J., Bumgardner, C., Chambers, A., & Lofton, V. (2008). Best Practices: Safety Guidelines for Injury-Free Management of Psychiatric Inpatients in Precrisis and Crisis Situations. Psychiatric Services,59(12), 1376- 1378. doi:10.1176/appi.ps.59.12.1376
3. Hellerstein, D. J., Staub, A. B., & Lequesne, E. (2007). Decreasing the Use of Restraint and Seclusion Among Psychiatric Inpatients. Journal of Psychiatric Practice,13(5), 308-317. doi:10.1097/01.pra.0000290669.10107.ba
4. Foster, C., Bowers, L., & Nijman, H. (2007). Aggressive behaviour on acute psychiatric wards: Prevalence, severity and management. Journal of Advanced Nursing, 58(2), 140-149. doi:10.1111/j.1365-2648.2007.04169.x
5. Khadivi, A. N., Patel, R. C., Atkinson, A. R., & Levine, J. M. (2004). Association Between Seclusion and Restraint and Patient-Related Violence. Psychiatric Services, 55(11), 1311-1312. doi:10.1176/appi.ps.55.11.1311
6. Muralidharan, S., & Fenton, M. (2006). Containment strategies for people with serious mental illness. Cochrane Database of Systematic Reviews. doi:10.1002/14651858.cd002084.pub2
7. Nau J, Dassen T, Halfens R, et al. Nursing students' experiences in managing patient aggression. Nurse Educ Today 2007;27(8):933–946. DOI: 10.1016/j.nedt.2007.01.007.
8. Huang H-T, Chuang Y-H, Chiang K-F. Nurses' physical restraint knowledge, attitudes, and practices: the effectiveness of an in-service education program. J Nurs Res 2009;17(4):241–248. DOI: 10.1097/ JNR.0b013e3181c1215d
9. Sathiyakala K, Ethical sensitivity of patient care among Nursing students. Indian journal of applied research;2023;13(2):DOI:10.36106/ijar