

# Effectiveness of Planned Teaching on Knowledge Regarding Psychiatric Emergencies and its Management among Staff Nurses in Selected Hospital

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## Abstract

Effectiveness of planned teaching on knowledge regarding psychiatric emergencies and its management among staff nurses in selected hospital” **Objectives of the study:** To assess the existing knowledge regarding psychiatric emergencies and its management among staff nurses before planned teaching. To assess the effectiveness of planned teaching regarding psychiatric emergencies and its management after teaching planned teaching. To determine the association between knowledge regarding psychiatric emergencies and its management among staff nurses with their selected demographic variables. This study was based on quantitative approach. **Sample:** The population was staff nurses in selected hospitals. The sample consisted of 30 staff nurses. The inclusion criteria were: (a) Staff nurses working in the hospitals, (b) Staff nurses willing to participate in the study, (c) Staff nurses who could understand and speak Marathi, Hindi, and English. The tool was self-structured knowledge questionnaire. Based on the objectives and the hypothesis the data were analyzed and by using various statistical tests i.e. percentage, mean, chi square and standard deviations’ test. The level of significance set for testing the hypothesis was at 0.05. **Results:** The findings show that the calculated ‘t’ value was 10.19 for knowledge regarding study psychiatric emergencies. The calculated ‘t’ value was much higher than the tabulated value. Hence, it was strongly interpreted that the planned teaching regarding psychiatric emergencies was effective. So, the H1 was accepted.

**Keywords:** Effectiveness; Planned teaching; Psychiatric emergencies and its managements.

## Introduction

A psychiatric emergency is an acute disturbance of behavior, thought or mood of a patient which if untreated may led to harm, either to the individual or to others in the environment. Thus, the definition of a psychiatric emergency differ from other medical emergencies in that the danger of harm to the society is also considered. Conditions requiring

psychiatric interventions may include attempted suicide, substance abuse, depression, psychosis, violence or other rapid changes in behavior.

The demand for emergency psychiatric services has rapidly increased throughout the world since the 1960s, especially in urban areas. Psychiatric emergencies are conditions in which there is alteration in behaviors, emotions or thought,

presenting in an acute form, in need of immediate attention and care. Psychiatric emergencies do not mean that patient is suffering from only psychic disorders. They may present due to medical conditions unrelated to medical fields, like disaster, rape, violence.

Psychiatric emergency is a stress induced pathologic response that physically endanger the affected individual or others or that significantly disrupts the functional equilibrium of the individual or his/her environment and calls for immediate attention.

An emergency is defined as an unforeseen combination of circumstances which calls for an immediate action.

A medical emergency is defined as a medical condition which endangers life and or causes great suffering to the individuals. A psychiatric emergency is a disturbance in thought, mood and action which causes sudden distress to the individuals (or to significant others) and sudden disability, thus requiring immediate management.

Psychiatric emergency is a condition wherein the patient has disturbances of thought, affect and psychomotor activity leading to a threat to his existence (suicide), or threat to the people in the environment (homicide). this condition needs immediate intervention of safeguard the life of the patient, bring down the anxiety of the family members and enhance emotional security to other in the environment.

### Background of the Study

The psychiatric emergency services (PES) is a major hub in the mental health care delivery system. The aim of this study was to more precisely define what psychiatrist consider to be a psychiatric emergency and to examine the underline basis of the assessment method over twenty two thousand PES visits were assessed prospectively for pertinence and urgency by psychiatrist in the four functionally and structurally different service in the province of Canada. This study took place between July 15, 1996 and Aug 31, 2004.

Acute psychiatric emergency such as excitement violence steps and suicidal attempts out of total 60 patients 70% male and 30% female most of the patients 41.7% belong to the age group of 31 to 40 years, 53% were married majority 60% were referred by family members while 25% were referred by non-psychiatric medical professional-symptoms along the physical illness 38% while 25% were referred as they has predominant psychiatric symptom. The

centers for disease control recently announced a 24% increase in the rate of suicide in united states from 2000 to 2014 statistics will not surprise many on the front line on American medicine. sociability often arise in known psychiatric setting such as general hospital emergency services or doctors, offices and give rise to stress for all person involve they may be life threatening and must therefore be treated at once in this article we discuss the main presenting features differential diagnosis and treatment options for the main type of psychiatric emergency as and aid to their rapid and effective management.

If we understand utilization and outcome of PES patient then we can Improve clinical productivity, Improved quality of care, Improved patient outcome, before our study there were limited internal data and little publish data and patients who use psychiatric emergency services. A PES visit however can also include a more subjective qualitative type of information that might also prove in defining a psychiatric emergency.

The promptness in the management of cases crucial for the proper functioning of an emergency services may imply some limitation, related both to treatment of patient and to the training of health care staff to act in this type of service in general PES have few beds available for better observation which often leads to early decision for full time hospitalization.

This article describes a review of relationship PES and other services that constitute the mental health network assessing possible changes brought about by guidelines of reform in mental health assistance.<sup>7</sup>

### Need For Study

*"This will bring to light that you have the right to see a doctor when you go to the emergency room and you should expect the highest possible care when you go to a hospital."*

(Larry Simmons)

Psychiatric emergencies such as acute psychomotor agitation or suicidality 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.

According the latest report of National Crime Records Bureau (NCRB) in every four minutes, 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, according to the Accidental Deaths

and Suicides 2009 released recently, 68.7% of total of 1,27,151 people who committed suicide across the country in 2009 were in the age group of 15-44 years. Karnataka the percentage of suicidal death was 14.9%.<sup>8</sup>

Violence, another psychiatric emergency is a significant problem in many hospitals. A study identified the incidence of violence by patients towards nurses in two ED's (Emergency departments), of the 71 ED nurses who participated, 50 (70%) reported 110 episodes of violence in a five-month period. That is approximately five violent incidents per week. Identification of trends and patterns of violence is necessary so that better health care planning and service provision as well as effective preventative and safe strategies for nurses in the workplace can be implemented.<sup>9</sup>

A study conducted on behavioral emergencies aimed to evaluate the occurrence of acute behavioral problems as an emergency attended by our emergency management service 108 services. During the period of August 1st 2007 July 31st 2008, all behavioral emergencies presenting to our emergency services in the states of Gujarat and Andhra Pradesh, which together account for more than 15% of India's population, were reviewed for data completeness and validity. Key word analysis of recorded case details was carried out to determine cause of emergency. Survival to hospital and 48h outcome was also evaluated to study risk factors for mortality.

The World Health Organization (WHO) estimates suggest that there are 60 to 70 million alcoholics in India, of which 50% are "hazardous drinkers" and require treatment. The age of initiation to alcohol has come down from 19 years in 1986 to 13.5 years in 2006. Studies have revealed that the revenue generated from the industry (216 billion) is less than the revenue lost due to alcohol related health problems (244 billion). In a report for WHO, a multicenter collaborative study 'Injury and Alcohol' at NIMHANS Bangalore, found that the proportion of injuries 'linked' to alcohol use was 58.9% of all injuries. Alcohol related injuries include road accidents (46%), violence (24%), falls, (24%) and others (6%) and the related outcome is the after effect is they end up in the emergency wards of the hospital.

According to a retrospective study performed at the Hannover Medical School the rate of presentation of psychiatric patients to the emergency room in the year 2002 was 12.9%. 12% to 25% of emergency cases seen by the emergency medical services were psychiatric emergencies. General practitioners

and family physicians, who are the most broadly accepted providers of primary care, saw psychiatric emergencies in 10% of cases. Be this as it may, there are hardly any reliable data on this matter from the German speaking countries, and differences in health care systems from one country to another may limit the generalizability of findings from any particular country.<sup>10</sup>

It follows from the above that all physicians need basic knowledge of the diagnostic and therapeutic steps to be taken in psychiatric emergencies. The same conclusion can be drawn from a number of studies in which it was found that as many as 60% of mental disturbances presenting to medical attention in primarily non-psychiatric facilities and hospitals are neither correctly diagnosed nor properly treated.

Factors that increase risk of aggression also result in higher group-related rates of aggression. For example, the annual incidence of suicide in the United States is 10.7 suicides for every 100,000 persons, and the estimated lifetime rate is 0.72%. In persons with a mood disorder, the lifetime rate is 14.6% to 15.5%, and in those with previous suicide attempts it is 27.5%. The estimated lifetime rate of suicide in schizophrenia is 6%.

Women make many more unsuccessful suicide attempts than men, and men complete suicide more often and do so by more violent means (e.g., shooting, jumping, hanging). The suicide death rate among men peaks in the 40 to 44 year old age group. The rate of completed suicide in men begins to increase starting at age 65 years and peaks at age 85 years or older when the rate has been documented to be as high as 60 per 100,000. Among those in the 14 to 25 year old age group, suicide is the third leading cause of death, whereas it is the ninth leading cause of death in the general population.

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

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.

### ***Problem Statement***

“Assessment of The Effectiveness of Planned Teaching on Knowledge Regarding Psychiatric Emergencies and its Management among Staff Nurses in Selected Hospital.”

### **Objectives**

- To assess the existing knowledge regarding psychiatric emergencies and its management among staff nurses before planned teaching.
- To assess the effectiveness of planned teaching regarding psychiatric emergencies and its management after teaching planned teaching.
- To determine the association between knowledge regarding psychiatric emergencies and its management among staff nurses with their selected demographic variables such as age, education, etc.

### **Hypothesis**

- $H_0$ : There is no significant difference in pretest and posttest knowledge regarding psychiatric emergencies and its management among staff nurses measured at  $p < 0.05$  level of significance.
- $H_1$ : There is a significant difference in pretest and posttest knowledge regarding psychiatric emergencies and its management among staff nurses measured at  $p < 0.05$  level of significance.

### ***Scope of the Study***

- The study will help to improve the knowledge among staff nurse by providing planned teaching.
- A study will help to create awareness among staff nurses regarding psychiatric emergencies and its management which will in turn help to manage psychiatric emergencies.

### ***Conceptual Framework***

A conceptual framework is a theoretical approach to study problem that are scientifically based and emphasizes the section, arrangement and clarification of its concepts. Conceptual framework as a building block for research study. The overall purpose of frame work is to make scientific finding

meaningful and generalized. It provides a certain framework of reference for clinical practice, education and research. Framework selected for this study is King Goal Attainment Theory, developed in 1981. Imogene King proposes an open systems framework as basis for her theory of goal attainment. Open system framework is based on assumption that humans are open system are in constant interaction with their environment. It consists of three interaction system; personal, interpersonal and social system. Personal system consists of perception, self growths and development, body image, space and time. Interpersonal system occurs when human socializes and include interaction, communication, transaction role stress and coping. Social system is the group of interpersonal system including family, schools and society etc.

The present study aims at evaluating the effectiveness of planned teaching on “knowledge regarding psychiatric emergencies and its management among staff nurses in selected hospitals. The conceptual framework of the present study was modified by the investigate based on Imogene king’s goal attainment model. The study is on modified Imogene king goal attainment theory.

### ***Perception***

Perception is process in which data obtained through the senses and from memory are organized, interpreted and transformed, which are related to concept of self and educational background.

In the present study investigator and staff nurses perceive the need to gain knowledge regarding psychiatric emergencies and its management. Both the investigator and staff nurses set the mutual goal to improve the knowledge regarding psychiatric emergencies and its practice.

### ***Action***

During the action phase, the investigator prepared the planned knowledge questionnaire and to assess the knowledge and management of staff nurses. The investigator prepared planned teaching on psychiatric emergencies and its management.

### ***Interaction***

It is the process of perception and interaction between person and person or person or environment, represented by verbal and non-verbal behaviors that are goal directed.

During the interaction the investigator administered the planned knowledge questionnaire to assess the knowledge of staff nurses regarding



psychiatric emergencies and its management. As a result of this planned teaching the staff nurses and the researcher enter into the transaction phase.

### *Transaction*

It is the observable behavior of human being interaction with their environment. When transaction occur between the researcher and staff nurse goals are attained in the present study, staff nurses attained regarding psychiatric emergencies and its management.

### *Conceptual Framework*

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### *Review of Literature*

Researcher almost never conduct a study in an intellectual vacuum; their studies are usually undertaken within the context of an existing knowledge base.

A literature review is a synthesis of literature that describes what is known or has been studied regarding the particular research question. A research literature review is a written summary o the state of evidence of the research problem.

A major step in preparing the written research review include formulating a question, devisers a research strategy, concluding a search, retrieves relevant sources and abstracting encoding information, to studies, analyzing the aggregated information and preparing a written synthesis.

"A literature review is a body of text that aims to review the critical points of knowledge on a

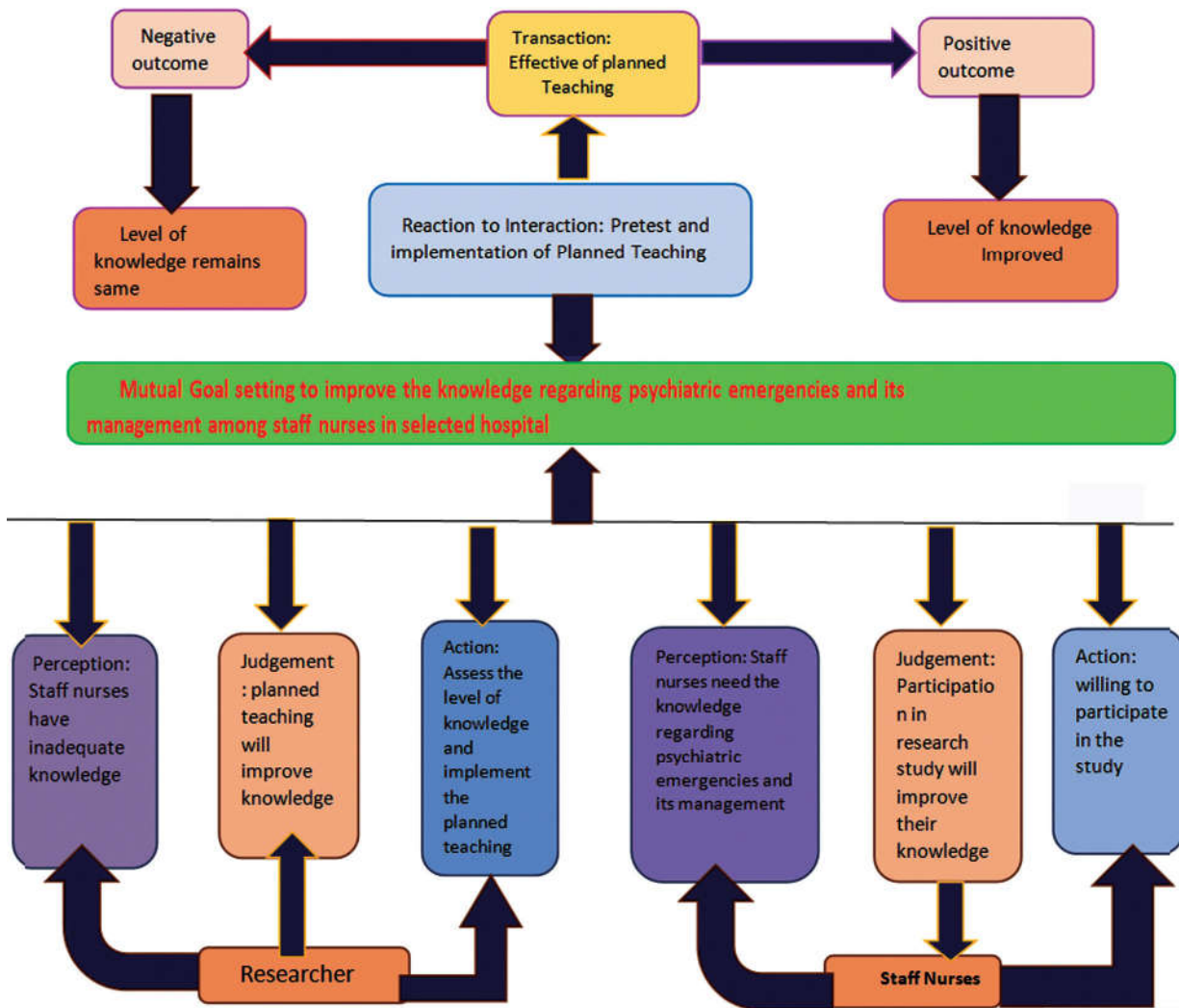


Fig. Conceptual framework based on modified imogene king's goal attainment theory.

particular topic research". "Literature review defined as a broad, comprehensive in depth, systematic and critical review of scholarly publication, unpublished printed or audiovisual materials and personal communication". The purpose of review of literature is to generate research question to identify what is known and not known about a topic to identify a conceptual of theoretical tradition with in the bodies of literature and to describe of inquiry used in earlier work include their success and short coming.

Source of literature review are primary and secondary. A primary source in a research review is original description of the study prepare by the researcher who conducted it. A secondary source is description of the study by a person unconnected with it. Literature review should be based on primary source material. Reviewing the literature is important to gain a better understanding and

insight necessary to develop a broad conceptual frame work within which the problem can be examined.

An extensive review of literature was done through books, government publications/reports/schemes/internet and journals. The research and non-research literature were reviewed and organized under the following headings:

*Review of literature of the present study has been consisted of four parts:*

- Review related to psychiatric emergencies.
- Review related type of psychiatric emergencies.
- Review related to management of psychiatric emergencies.
- Review related to psychiatric emergencies.

National crime records bureau (NCRB) reported

that over 100,000 people die by suicide in India every year. India alone contributes to more than 10% of suicides in the world. The suicide rate in India has been increasing steadily and has reached 10.5 per 100,000 of population in 2006. Registering a 67% increase over the value of 1980. Majority of suicides occur among men and in younger age groups. Despite the gravity of the problem, information about the causes and risk factors is insufficient.

A study conducted by Arulmani, (2006) on adverse drug reaction monitoring in a secondary care hospital in south India the result shows that out of the total of 187 adverse drug events (ADEs) reported 164 reports from 121 patients were confirmed as ADRs, giving an overall incidence of 9.8%. This included 58 (3.4%) ADR related admissions and 63 (3.7%) ADRs occurring during the hospital stay. About two thirds of the reactions (102,62.2%) were classified as probable. The majority of the reactions (53.7%) were mild. Most patients (72.6%) recovered from the incidence. The majority of the reactions were not predictable and not potentially preventable. An average cost of 481 rupees (pound 6) was spent on each patient to manage ADRs.

This study was conducted on predictors and correlates of suicide attempts over 5 years among 1,237 alcohol dependent men and women, the result shows that, a past history of suicide attempts was an excellent predictor of such behavior during follow up. More than half of the alcoholics who attempted suicide during the follow-up had prior attempts, compared with only 14% of the subjects with no prior suicidal behavior. An individual with a prior attempt had a 15.2% risk for a new attempt during the follow-up, compared with a 2.6% risk for the subject without a prior attempt. The importance of prior attempts as a predictor of future suicidal behavior.

A study conducted on prevention and management of aggression and violent incident in acute psychiatric wards. Where training programme was conducted for 31 months for staffs. The result showed that use of manual restraint involves taking the patient down to the floor in a controlled manner, this control and restraint method been felt by the staff nurses more-safer and confident in dealing with aggressive situations.

A study was conducted on efficacy of a short cognitive behavioral therapy intervention with 90 adolescents and who had recently engaged in self harm. Patient who received cognitive behavioral

therapy in addition to treatment fund to have a significantly greater reduction in self harm, suicidal thoughts and symptoms of depression and anxiety. This eventually improved their self-esteem and problem-solving ability compared with the control group.

A study conducted to evaluate an education programme on suicide prevention for nurses working in general hospitals. There were statistically significant positive changes in the pre and post- test measures of participant's attitudes and competence levels. Qualitative data showed that participants had applied the new knowledge they acquired in clinical practice. They perceived themselves as being more aware of the problem of suicide and more competent in managing suicide risk. Ongoing education may be necessary to expedite changes. The education programme provided can be delivered to other health care professional groups and the results further evaluated.

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## Research Methodology

### Sample Criteria

#### Inclusion criteria

- Staff nurses working in the hospitals.
- Staff nurses willing to participate in the study.
- Staff nurses who could understand and speak Marathi, hindi, and English.

#### Exclusive criteria

- Staff nurses who have undergone similar training program.

**Table 3.1:** Scoring procedure on knowledge regarding psychiatric emergencies and its management.

Level of Knowledge Score	Score Range	Percentage Range (%)
Poor	0-10	33.33
Average	11-20	33.33
Good	21-30	33.33

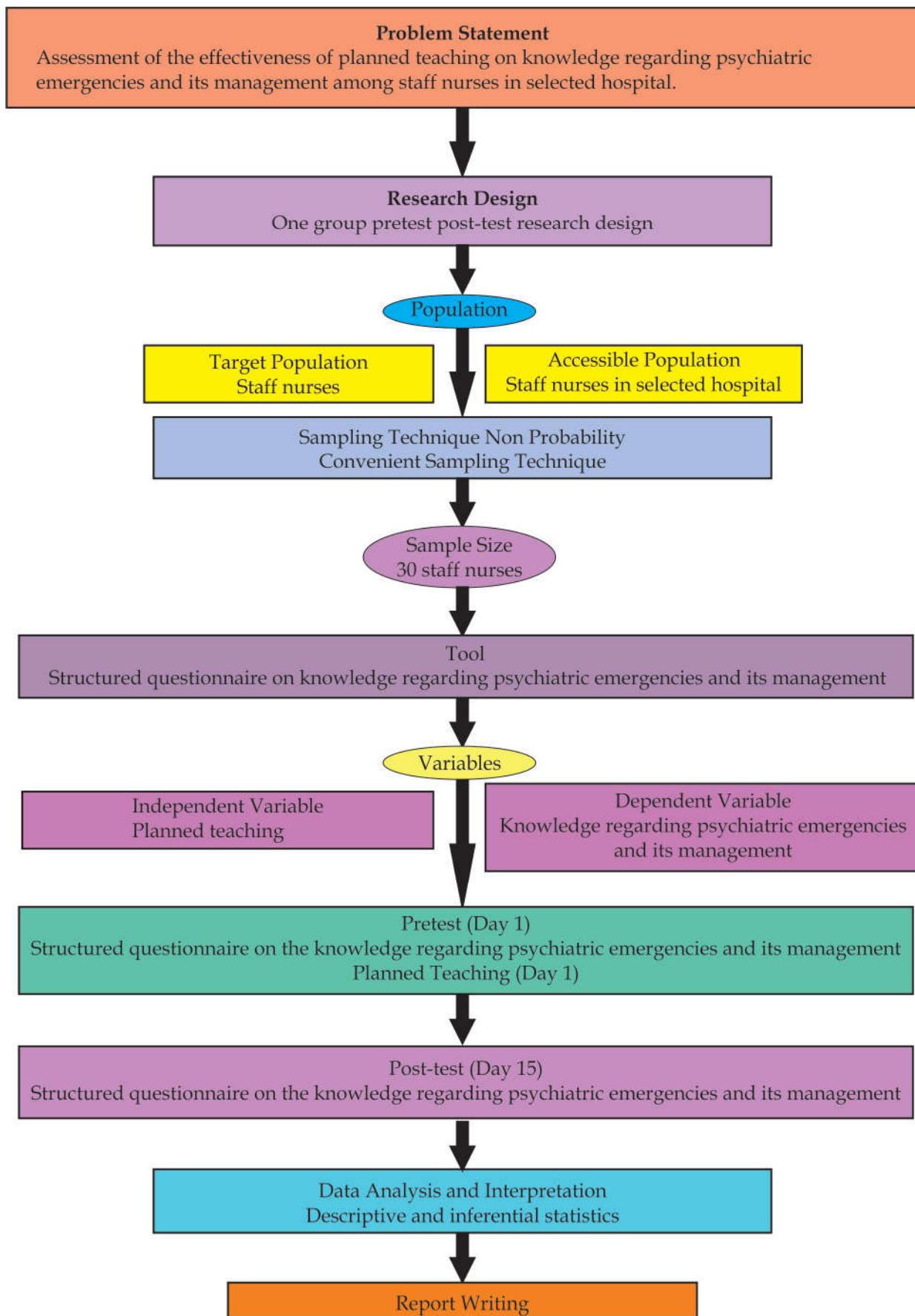


Fig: Schematic Representation of Research Design



**Analysis and Interpretation**

*Organization of Findings*

The analysis and interpretation of the observations are given in the following section:

**Section A:** Description of demographic character of staff nurses.

**Section B:** Assessment of existing knowledge regarding psychiatric emergencies and its management.

**Section C:** Analysis of effectiveness of planned teaching on knowledge regarding psychiatric emergencies and its management.

**Section D:** Association of knowledge of staff nurses regarding psychiatric emergencies and its management with selected demographic variables.

**Table 4.1:** Frequency and percentage distribution of demographic variables among staff nurses.

Demographic Variable	Category	Frequency	Percentage
Age	21-30	12	40
	31-40	8	26.67
	41-50	8	26.67
	51-60	2	6.67
Gender	Male	2	6.67
	Female	28	93.24
Area of residence	Urban	20	66.6
	Rural	10	33.3
Education/ Professional Qualification	Auxiliary Nurse Midwife	12	40
	General Nurse Midwife	8	26.67
	B.Sc. Nursing	6	19.8
	P.BSc Nursing	4	13.33
Attend any workshop on psychiatric emergencies and its management	M.Sc Nursing	0	0
	Yes	0	0
	No	30	100

**Table 4.4:** Comparison of knowledge regarding psychiatric emergencies and its management before and after planned teaching (n =30).

Level of knowledge	Knowledge Score Pre-test		Knowledge Score Post-test	
	Freq- uency	Percen- tage	Freq- uency	Percen- tage
Inadequate	29	96.67	2	6.67
Moderate	1	3.33	26	86.67
Adequate	0	0	2	6.67

**Table 4.5:** Comparison of knowledge level.

Knowledge Level	Mean	SD	MD	't' value	Signifi- cance
Pre-test	10.7	3.22	12	10.19	P<0.05
Post-test	22.7	3.29			
P<0.05 level					*Significance

The above table shows that there is statistically difference between knowledge regarding psychiatric emergencies and its management before and after planned teaching. The statistically paired t test implies that the difference in the pre-test and post-test knowledge score found to be 10.19 statistically significant at p<0.05 level. Thus, H1 is accepted and H0 is rejected. Association of knowledge score with their demographic variables.

**Table 4.6:** Frequency, percentage and Chi square (χ<sup>2</sup>) analysis on level of knowledge among staff nurses with their selected demographic variables.

Demo- graphic Variables	Level of Knowledge						Chi- square (X <sup>2</sup> )
	Poor		Average		Good		
Age	F	%	F	%	F	%	X <sup>2</sup> = 0.83NS df=9
21-30	0	0	2	6.67	10	33.3	
31-40	0	0	1	3.33	5	16.6	
41-50	0	0	2	6.67	6	19.9	
51-60	0	0	1	3.33	3	9.99	
<b>Gender</b>							X <sup>2</sup> = 4.52NS df=3
Male	0	0	1	3.33	1	3.33	
Female	0	0	5	16.6	23	76.5	
<b>Area</b>							X <sup>2</sup> = 0.29NS df=3
Rural	0	0	2	6.67	11	36.6	
Urban	0	0	4	13.3	13	43.2	
<b>Professional qualification</b>							X <sup>2</sup> = 2.39NS df=12
ANM	0	0	3	9.99	5	16.6	
GNM	0	0	2	6.66	10	33.3	
B.B.Sc(N)	0	0	1	3.33	7	23.3	
P.B.Sc(N)	0	0	0	0	2	6.66	
M.Sc(N)	0	0	0	0	0	0	
<b>Attend any workshop</b>							X <sup>2</sup> =0 df=0
Yes	0	0	0	0	0	0	
No	0	0	6	19.9	24	79.9	

\*significant

NS- non-significant  
df= degree of freedom

## Summary

The researcher has selected this study keeping in mind the necessity to improve the knowledge regarding psychiatric emergencies among staff nurses in selected hospitals.

### Major Findings of the Study

The following were the major findings of the study.

*Section A:* Description of staff nurses with regards to demographic variables.

- According to age, 12 (40%) staff nurses are in age group of 21-30, 8(26.6%) nurses are in group of 31-40, 8(26.6%) are in the age group of 41-50, and 2(6.67%) are in the age group of 51-60.
- According to professional qualification, 8(26.6%) staff nurses are auxiliary nurse, 12 (40%) staff nurses are general nurse, 8 (26.6%) staff nurses are P.B. Sc(N) and 2 (6.66%) staff nurses are P.B. Sc(N).
- According to attend any kind of workshop, 30 (100%) staff nurses have response in favor of they not attend any kind of workshop related to psychiatric emergencies.

*Section B:* assessment of existing knowledge regarding psychiatric emergency and its management.

This section deals with the assessment of knowledge regarding psychiatric emergencies and its management among staff nurses. The level of knowledge is divided under following heading: Inadequate, Moderate, Adequate. 29 (96.67%) staff nurses have inadequate knowledge, 1 (3.33%) have moderate level of knowledge and no one has adequate knowledge regarding psychiatric emergencies.

*Section C:* Analysis of effectiveness of planned teaching on knowledge regarding psychiatric emergencies and its management.

This chapter deals with the assessment of knowledge regarding psychiatric emergencies and its management among staff nurses after planned teaching. The level of knowledge is divided under following heading: Inadequate, Moderate, Adequate. Assessment of knowledge regarding psychiatric emergencies and its management after planned teaching in which 2 (6.67%) staff nurses

have inadequate knowledge regarding psychiatric emergencies, 26 (86.67%) have moderate knowledge and 2 (6.67%) have adequate knowledge of psychiatric emergencies after planned teaching.

*Section D:* comparison of knowledge before and after planned teaching regarding psychiatric emergencies and its management.

This section deals with the assessment of knowledge regarding psychiatric emergencies and its management among staff nurses. The level of knowledge is divided under following heading: Inadequate, Moderate, Adequate.

Knowledge level regarding psychiatric emergencies and its management among staff nurses from which 29 (96.67%) nurses have inadequate knowledge before planned teaching but after planned teaching it reduce and become 2 (6.67%) in case of moderate level of knowledge, 1 (3.33%) have moderate knowledge before planned teaching but after it increase up to 26 (86.67%) and in case of adequate level of knowledge no one have adequate knowledge before planned teaching it increased and become 2(6.6%) this shows that planned teaching was effective.

*Section E:* Association of knowledge score in relation to demographic variables.

- a. The association of level of knowledge of staff nurses regarding psychiatric emergencies and its management with age group. The calculated 'p' =0.766 which was much higher than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that the knowledge of staff nurses was not associated with the age group.
- b. The association of knowledge level of staff nurses regarding psychiatric emergencies and its management with gender.

## Discussion

In pre-test 29 (96.67%) staff nurses have inadequate knowledge, 1 (3.33%) have moderate level knowledge and no one has adequate knowledge regarding psychiatric emergencies and its management. In post-test assessment of knowledge regarding psychiatric emergencies and its management after planned teaching in which 2 (6.67%) staff nurses have inadequate knowledge regarding psychiatric emergencies, 26 (86.67%) have moderate knowledge and 2 (6.67%) have inadequate knowledge of psychiatric emergencies after planned teaching.

## Conclusion

After the detailed analysis this study leads to following conclusion that the staff nurses were not having 100% knowledge regarding psychiatric emergencies and its management. There was a significant increase in knowledge of sample after introduction of planned teaching. Thus, it was concluded that planned teaching on knowledge regarding psychiatric emergencies and its management was found effective as a teaching strategy.

Hence, based on the above cited findings, it was concluded undoubtedly the written prepared material by the researcher in the form of planned teaching helped participants to improve their knowledge regarding psychiatric emergencies and its management. The above study reveals that in post-test knowledge increase significantly.

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