"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON THE LEVEL OF KNOWLEDGE AND ATTITUDE OF B.SC. NURSING (III)RD YEAR STUDENTS REGARDING VIOLENT BEHAVIOUR OF PSYCHIATRIC PATIENTS IN SELECTED COLLEGE OF NURSING IN GWALIOR MADHYA PRADESH."

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ABSTRACT
This study investigates the effectiveness of a structured teaching program in enhancing the knowledge and attitudes of B.Sc. (Nsg) third-year students regarding violent behavior in psychiatric patients. Drawing on General System Theory, the study employs a pre-test post-test design with data collected from 60 students at the School of Nursing Science, ITM University, Gwalior. Results indicate a significant improvement in post-test knowledge scores, demonstrating the program's efficacy in enhancing students' understanding of violent behavior in psychiatric patients. Additionally, attitude scores show improvement post-program implementation. Despite limitations, such as a small sample size, the study's findings have implications for nursing education, practice, administration, and research. Recommendations for future research include replication on a larger scale and exploration of alternative teaching strategies. Ultimately, the study underscores the importance of preparing nurses to handle situations involving violent behavior in patients through structured educational interventions, thereby improving patient care quality in psychiatric settings.

Keywords: *Violent, behaviour, nursing, psychiatry, patent*

Introduction

Mental illness is one of the leading problem all over the world. Families are an integral part of the care system for persons with a chronic mental illness. Educating and training nursing students can increase compliance with discharge plans and prevent re admissions. Structured teaching programme is an effective teaching strategy for giving information to B.Sc(NSG)3rd year students. This study was conducted to find out the effectiveness of structured teaching programme for students regarding the knowledge and attitude of the students regarding the psychiatric patients.

The intentional use of physical force or power, threatened or actual against one self, another person, or against a group or community, that either results in or has a likelihood of resulting in injury, death, mall development and deprivation.

Violence, is defined by W.H.O as ,the intentional use of physical force against one self or group or community which may resulting in injury ,death psychological harm or deprivation.

The perceived association between violent behavior and serious mental illness was explore by many researchers. In a review of psychiatric ward incident reports, exploring behavior pattern of client reported that-

1.Most of the incidents occurred during first week of hospitalization and declined steadily thereafter.

2.Rate of incidents were significantly higher for male clients between the age of 26 and 35 years and for female client between the age of 36 to 40.

3.Types of incidents different significantly between male and female clients, physical assault and destructive behavior were higher among male client.

4.The most common diagnosis were schizophrenia, substance abuse, schizophrenia clients are more prone to this violent behavior. It would not surprising, for instance , to find more schizophrenics among the violents in a hostials where most patients are schizophrenic (Hailer and Deluty1988).Despite those difficulties some tentative conclusions may be drawn .Violence is more likely to be associated with younger patients .No consistent associations have been found with sex or race . It has been suggested that increased violence may be associated with increased rate of admission and overcrowding .This has not been demonstrated quantitatively and one violence as the world population decline

Exposure to aggressive and violent behavior by client is common for nurses and other mental health workers. To prevent and minimize exposure to violent behavior, student nurses must have knowledge baseline for assessing people at risk for aggressive and violent behavior and applying therapeutic intervention skills.

B.Sc. (NSG) IIIrd year students are on a position to gain more knowledge and learn to have accurate attitude towards the patients with violent behavior and also teach other people and help the patients by changing the mall behavior into an adaptive behavior. Providing health education and some self esteem building exercise which is the most effective interventions. Large number of diseases could be preventive with a little medical intervention if people will have adequate knowledge about it and encouraged to take necessary precautions in time.

PURPOSE OF STUDY-

As we all know that violence is a serious and sometime harmful situation for self and others, and it is serious if talk about hospital condition. But if we have good knowledge about the cause and various techniques to calm down a violent patient we can handle the situation easily along with it we also have to keep a good positive attitude about the patients so that we can provide a therapeutic environment for patients. The purpose behind conducting the study are :

•To evaluate how much knowledge the students will have about the patients admitted in ward with violent behavior.
•To impart knowledge to the students regarding the patients with violent behavior.
•To introduce right attitude of the students towards the patients.
•To promote quality care to the patients.
•To enhance the level of well being of violent patients in wards.

NEED OF THE STUDY

The majority of all violent crime is committed by a small group of antisocial recidivistic offenders, but no genes have been shown to contribute to recidivistic violent offending or severe violent behavior, such as homicide. Our results, from two independent cohorts of Finnish prisoners, revealed that a monoamine oxidase A (MAOA) low-activity genotype (contributing to low dopamine turnover rate) as well as the CDH13 gene (coding for neuronal membrane adhesion protein) are associated with extremely violent behavior (at least 10 committed homicides, attempted homicides or batteries). No substantial signal was observed for either MAOA or CDH13 among non-violent offenders, indicating that findings were specific for violent offending, and not largely attributable to substance abuse or antisocial personality disorder. These results indicate both low monoamine metabolism and neuronal membrane dysfunction as plausible factors in the etiology of extreme criminal violent behavior, and imply that at least about 5–10% of all severe violent crime in Finland is attributable to the aforementioned MAOA and CDH13 genotypes.

By the previous fact about the patients I have conducted the study to-
•Prevent patient from self harm
•Prevent the society from the patient with violent behavior
•Prevent any harm produced by patient to caregiver
•Prevent environment from the patient.

OBJECTIVES OF THE STUDY-

•Assess the pretest knowledge and attitude of B.Sc. (NSG)3rd year students regarding violent behavior of psychiatric patient.
•Assess the posttest knowledge and attitude of B.Sc(NSG)3rd year student regarding violent behavior of psychiatric patient.
•Evaluate the effectiveness of Self Instructional Module by comparing pretest and posttest knowledge score.
•Find out the association between the pretest knowledge and attitude of B.Sc. (NSG)3rd year student with their selected demographic.

HYPOTHESIS-

H1:There will be significance of structured teaching programme in knowledge and attitude of b.sc nursing IIIrd year students regarding violent behavior of psychiatric
Patients in selected college of Nursing at Gwalior Madhya Pradesh.
H2:There will be significance of association between selected demographic variables and post test.
H0:There will not be significance of association between selected demographic variables and post test.

ASSUMPTIONS-

•Knowledge and attitude of B.Sc IIIrd year (NSG) students regarding the violent behavior of the psychiatric patients is measurable.
•Accurate scientific knowledge regarding the violent behavior of the patients will help the students of B.Sc(NSG)IIIrd to know more about the patients and provide proper care to them.
•Structured teaching programme is an accepted and effective teaching strategy.

DELIMITATION-

•The study is limited to B.Sc. (NURSING) IIIrd year students of School of Nursing Science, ITM University, Gwalior.
•The study is limited to 60 students only.

CONCEPTUAL FRAMEWORK OF THE STUDY

A conceptual framework is a theoretical approach to the study of problems that are scientifically based and emphasized the selection, arrangement and classification of its concepts.
This study is intended to evaluate the effectiveness of structured teaching programme to improve the knowledge and attitude of B.Sc. (Nsg)IIIrd year students regarding violent behavior of psychiatric patients.
The conceptual framework is based on General System Theory with input, process, output and feedback.
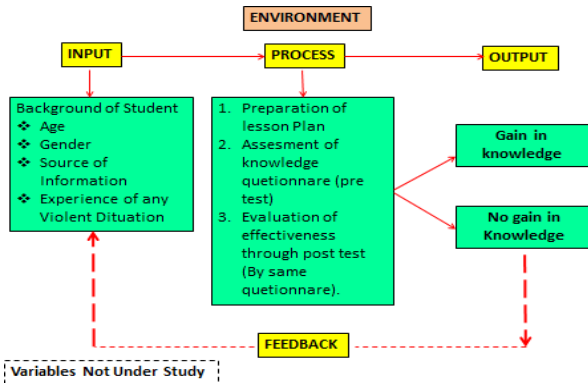
Fig:1 Conceptual Framework based on systems theory (Von Bertal anfly, 1968).

The literature review conducted by Kennedy et al. (1998) aimed to analyze different types of violent behavior, particularly focusing on physical violence. While direct comparative analysis across types of violence wasn't feasible, their study revealed that incidents involving physical violence ranged widely from 6% to 93% across various studies, with an average of 45.0%. Interestingly, studies that included more categories of violence tended to have lower proportions of physical violence. Furthermore, patient-based rates for physical violence ranged from 4% to 55%, indicating considerable variability. The review also highlighted differences in violence rates across different settings, such as acute wards, forensic wards, and psychiatric hospitals.

Another systematic review by James T. Lassell (2024) focused on interventions to prevent workplace violence, particularly in the healthcare and retail industries. Environmental designs, such as increased lighting and limited cash-handling policies, were identified as potentially effective in reducing violence in the retail sector, although implementation barriers remain. In healthcare, training programs aimed at helping workers cope with violent patients and avoid injury were emphasized as standard practice, but further research is needed to identify the most effective aspects of such programs.

Lastly, Davidson et al. (2009) conducted a literature review on restraint and seclusion, finding that these methods are generally effective in preventing injury and reducing agitation. However, they also noted the deleterious physical and psychological effects of restraint and seclusion on both patients and staff. Despite these effects, it was argued that operating programs for severely symptomatic individuals without some form of seclusion or restraint is challenging. The review underscored the need for careful consideration and ongoing research into the use of restraint and seclusion in psychiatric settings.

VARIABLES
A variable is any quality of an organism or group of situation that takes different values at different place , time or person.(Polit and Hungler 1999)

A variables is a characteristics or quality that varies from one person to another. Three types of variables are identified in the study.
1.Independent variables
2.Dependent variables
3.Extraneous variables

Independent Variables: Independent variables are the variables that stand alone and are not dependent on any other .In this study structured teaching programme is the independent variables.

Dependent Variables:This study include dependent variable as knowledge and attitude of B.Sc (NSG)3rd year students of School of Nursing Science, ITM University, Gwalior.

Extraneous Variables:Any controlled variable that greatly influences the result of the study is called as extraneous variable. The extraneous variable under study is age of B.Sc. nursing IIIrd year students.

SETTING OF THE STUDY:
The study was conducted in School of Nursing Science, ITM University, Gwalior.

POPULATION:
Population includes, all possible elements that could be included in research. In the present study the population is B.Sc. Nursing IIIrd year students of School of Nursing Science, ITM University, Gwalior.

SAMPLE:
A sample is a small portion of the population selected for observation and analysis. The sample for this study comprised of 60 B.Sc. nursing IIIrd year students of the level of knowledge and attitude of students regarding violent behavior of psychiatric patients in selected college of Gwalior Madhya Pradesh.

SAMPLE TECHNIQUE:
A sample is a subject of population selected to participate in the study. The sample selected in the present study include 60 samples from ,B.Sc.(NSG)IIIrd year students of School of Nursing Science, ITM University, Gwalior.

The sampling technique of selecting sample from the entire population.

 The sample was selected through a convenience sampling technique because of the limited amount of time and availability of the subjects according to the sampling criteria.

SAMPLING CRITERIA:
Inclusive Criteria:
•B.Sc (NSG) IIIrd year students studying in School of Nursing Science, ITM University, Gwalior
•Those who are able to read English.
•Those who willing to participate in study.

Exclusive Criteria:
•B.Sc (NSG) IIIrd year students who are not a member of School of Nursing Science ITM University, Gwalior
•Students of other courses.
•Those who are not willing to participate

METHOD OF DATA COLLECTION:

Data collection tools are the procedure or instruments used by the researcher to observe or measure the key variables in the research problems. Structured knowledge questionnaire and standardized attitude scale was prepared

DEVELOPMENT OF TOOLS:

The tools was developed after review of literature on relevant topics and discussion with the experts and based on the experience of the investigator.

The tools included:

1.A questionnaire on demographic data

2.Knowledge questionnaire to assess knowledge of B.Sc (NSG)IIIrd year students.

3.An attitude scale to assess the attitude of students.

PREPARATION OF BLUEPRINT:

A blueprint was prepared prior to the construction of structured knowledge questionnaire based on which the items were developed. It depicted the distribution of items according to the content areas.

Structured knowledge questionnaire included three domains with relevant questions. Structured Knowledge questionnaire include three domains with relevant questions

•Knowledge items (46%)

•Comprehension items (23%)

•Application items (30%)

DESCRIPTION OF THE TOOLS:

The final tools consist of three parts.

PART 1.Baseline Performa (Demographic Variables):

It contain 7 items for obtaining information regarding age, Gender, Religion, Marital status, Any past experience, I Previous level of education and Family income.

PART 2. QUESTIONNAIRE:

This part of the tool consists of 30 items in three areas:

- Knowledge items (46%)
- Comprehension items (25%)
- Application items (5%)

Each item will consist of multiple choice answers.

The respondents were requested to take place a tick mark against one single answer for each question. Each question carry one score.

The score was graded as follows:

GRADE VERY GOOD   SCORE 21-30

GOOD   11-20

AVERAGE   6-10

POOR   0-5

PART 3. KNOWLEDGE ATTITUDE SCALE.

CONTENT VALIDITY:

Content validity is the extent to which a measuring instrument providing adequate coverage of the topic under study.

The structured knowledge questionnaire was submitted to experts, along with the blue print and criteria checklist and answer key to establish the content validity. The expert was psychiatrist, clinical psychologist and psychiatric nursing experts.

There was 100% agreement on all items but suggestions were given to modify the distracters of some questions related to knowledge. The modifications were made in the tool. The tool consists of 30 items.

PRE-TESTING AND ESTABLISHING RELIABILITY OF THE TOOL:

Pre-testing and establishing reliability is the process of measuring the effeteness of an instrument. The purpose is to revels problems relating to answer, competing and returning the instruments and to point out weakness in the administration, organization and distribution of the instrument.

Reliability is the degree of consistency that the instruments demonstrate.

Pre-testing and reliabity of the tool were carried out among 6 subjects. The tool should be clear and understandable. Reliability was established by split-half method.

The reliability obtained was 0.84, which proved that the tool was reliable. No change is needed.

PLAN FOR DATA ANAYSIS-

The data was collected from 60 students and were planned to analysis using the following:

SECTION –A:

Frequency and percentage distribution to describe sample characteristics.

SECTION-B:

To assess the post test knowledge and attitude.

SECTION-C:

To evaluate the effectiveness of structured teaching programme by comparing pretest and posttest knowledge score.

SECTION-D:

To find out the association between pretest knowledge and attitude.

DEVELOPMENT OF THE STRUCTURED TEACHING PROGRAMME

The structured teaching programme was developed for B.Sc. (Nsg)IIIrd year students to assess the knowledge and attitude of students regarding violent behavior of psychiatric patients.

PILOT STUDY:

Pilot study is a small scale version or trial run of the major study. Its function is to obtain information of improving the project or for assessing its feasibility. The principal focus in the assessment of the adequacy of measurement.

Pilot study was conducted in Sophia College of nursing. The investigator obtained written permission from the concerned authority prior to the study. The purpose of the study was explained to the respondents and confidentiality was assured to 6 B.Sc (NSG)IIIrd year students. The time taken to complete the questionnaire was 30 minutes.

A teaching programme was conducted after the pre-test taken. On the seventh day post-test was conducted with the same tools to assess the knowledge gained by students. The tools were found feasible and practicable. No further changes were made in the tools.

METHODS-

An evolutionary approach with one group pre-test post-test design was used for the study. The sample consisted of 60 B.Sc (NSG) IIIrd year students selected by convenience sampling method. Data were collected by administrating a structured knowledge questionnaire prepared by the investigator. After collection of the baseline data structured teaching programme was given to the subject and on the seventh day post test was conducted using the same questionnaire used for the collection of data were analyzed by descriptive and inferential statistics.

ANALYSIS AND INTERPRTATION OF DATA

This chapter deals with analysis and interpretation of data obtained from 60, B.Sc. (NSG) IIIrd year students of School of Nursing Science, ITM University, Gwalior.

The term analysis refers to the computation of certain measure along with searching for patterns of relationship that exist among data group.

According to (Polit and Hungler 1990) analysis presents a method of organizing data in such a way that research question can be answered .It is a statistical procedure which enables the researcher to introduce, summarize, organize , evaluate, interpret and communicate numerical information.

Researcher express what he found not only in words but also in graphic representation of the data in the form of diagrams or tables.

Analysis of data can be defined as the systemic organization and synthesis of research and testing of research hypothesis using the data.

The data has been analyzed and interpreted in the light of the objectives and hypothesis of the study.

OBJECTIVE:

•	To assess the knowledge and attitude of b.sc nursing IIIrd year students regarding violent behavior of psychiatric patients in selected college of Nursing at Gwalior Madhya Pradesh.

•	Evaluate the effectiveness of structured teaching programme comparing pre test knowledge and post test knowledge.

•	Asses the post test knowledge and attitude of b.sc nursing IIIrd year students regarding violent behavior of psychiatric patients in selected college of Nursing at Gwalior Madhya Pradesh.

•	Find out the association between post test knowledge of B.Sc Nursing IIIrd year students with their selected demographic variable.

ORGANISATION AND INTERPRETATION OF THE DATA-

The data was coded, organized and interpreted by using descriptive and inferential statistics and was analyzed as per the objectives of the study under the following headings:

SECTION-A:

•	Assessment of sample characteristics. This part deals with the description of demographic characteristics of sample.

S.No	Variables	Frequency	Percentage
1	Age (Yrs)		
	18-20	30	50
	21-24	30	50
2	Gender		
	Male	29	48
	Female	31	52
3	Religion		
	Hindu	50	83
	Muslim	1	2
	Christian	9	15
	Other	0	0
4	Marital status		
	Married	7	12
	Unmarried	53	88
5	Experience		
	School	8	12
	Home	36	60
	Community area	16	28
	Other	0	0
6	Previous level of education		
	12th	0	0
	B.Sc	40	67
	P.BSc.	20	33
	Other	0	0
7	Family Income		
	16000-20000	6	10
	21000-25000	8	13
	25001-30000	19	32
	>30000	27	45

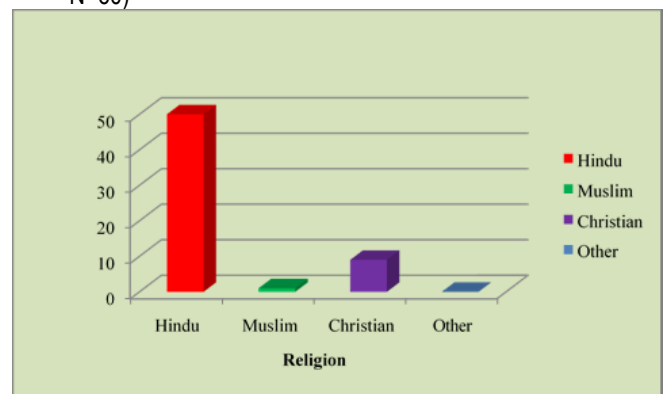**Table No- 01** Demographic description of the samples (N=60)

Figure No -02 Religion of the student

Data represents in graph III shows that 60% of the students are hindu, 20% are Christian , 10%are muslims and 10% are other by religion.

SECTION-B:

•	Assess the level of score of pretest knowledge of student.

Table No -02 Allotment of score for Assessment of Knowledge of Students   (N = 60)

S.No	Description	Max. score	V.Good	Good	Average	Poor
01	Knowledge	30	21-30	11-20	6-10	0 - 5

Description: - The Table No 02 indicates the assessment of knowledge by asking total 30 questions to the students regarding violent behavior of psychiatric patients. Score can be categorized in to four categories (Very good, good, average, and poor).

SECTION-C:

•Assessment of posttest knowledge of students regarding violent behavior of patients.

Table No 03 SAMPLE NUMBER- (N =60)

N o.	Category	Frequency	Percentage	Mean	SD
01	V. Good	9			
02	Good	50		17.53	3.07
03	Average	1			
04	Poor	0			

The data presented in the table no 03 fulfill the objective (1) clearly indicates that 50 students will have good knowledge regarding violent behavior of psychiatric patients. The mean & Standard deviation also justify the knowledge of students.
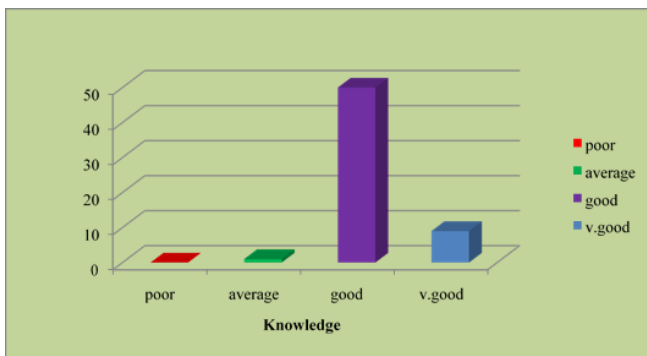

Figure No- 03 Pretest knowledge of the student

SECTION-D:

• Comparison between pretest and posttest by Karl pearson method.

SECTION-D: ASSESSMENT OF POST-TEST KNOWLEDGE OF STUDENTSREGARDING VIOLENT BEHAVIOR OF PATIENTS

Table No 04 **Assessment of post-test Knowledge of students regarding violent behavior of patients(N = 60)**

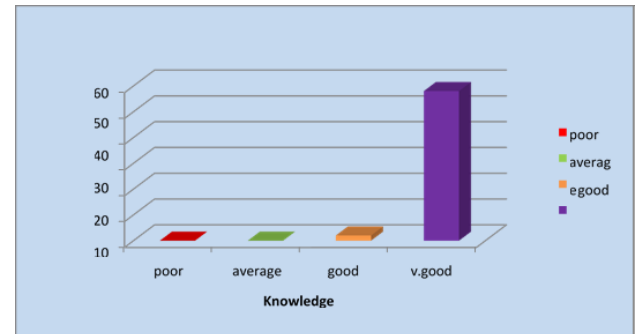| S.No	Category	Frequency	Percentage	Mean	SD
01	V.Good	58	97		
02	Good	2	3	25.06	2.02
03	Average	0	0		
04	Poor	0	0		

Figure No-04 Post-test knowledge of the students

The data presented in the table no 03 fulfill the objective (1) clearly indicates that 58 students have good knowledge regarding violent behavior of psychiatric patients. The mean & Standard deviation also justify the knowledge of students.

SECTION-E:

• Comparison between pretest and posttest by(t)method.

The comparison between pre and post knowledge made by correlation. Correlation is the appropriate statistical method to compare the pre & post test knowledge score. The result showed positive correlation.

SECTION-F:

Comparison between pretest and posttest by (t) test method

Table 5 Comparison between pretest and posttest by t test method (N =60)

S. No	Description	Mean	SD	t-Test
01	Pretest Knowledge	17.53	3.07	1.33
02	Post test Knowledge	25.06	2.02	

The comparison between pre and post knowledge made by t-test. The pre test and post test knowledge was statistically tested by applying t-test method at the level of 0.01%. In this case the calculated value of t is less than the table value (2.326), the hypothesis is accepted.

SECTION-G:
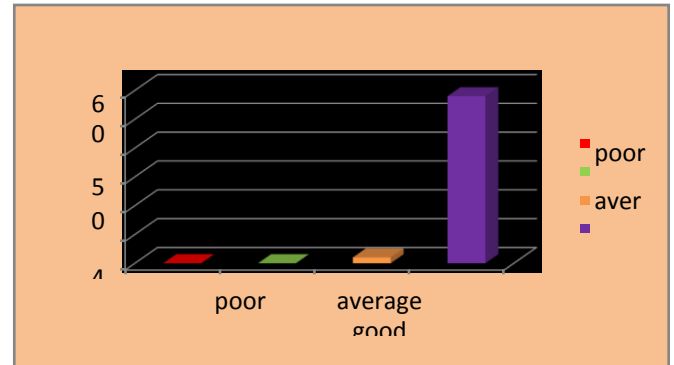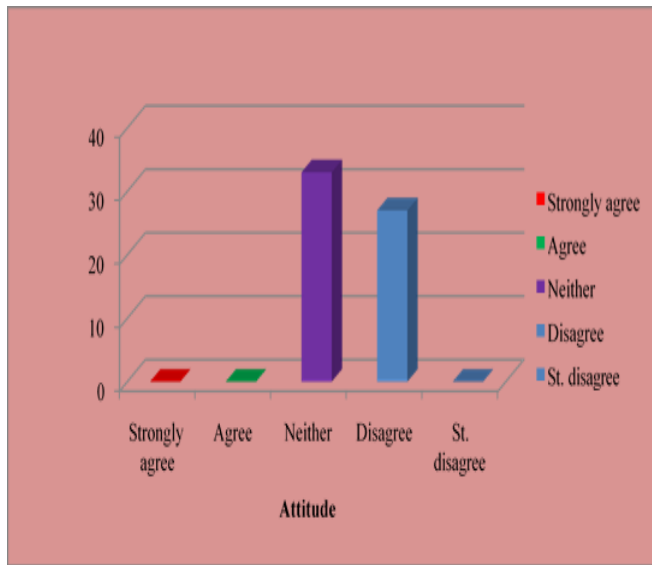•   Assessment of pretest attitude of the students.

Figure No -5
60% of the student are strongly agree, 20% student are agree, 5% student are neither 5% are disagree and 10% student are strongly disagree.
SECTION-H:
•   Assessment of post-test attitude of the students

Figure No -6 Post-test attitude of the students

Figure No-07 Post-test attitude of the students

Table No -06

Comparison between pretest & posttest attitude (N= 60)

S.No	Attitude	Mean	SD	Mean Diff	Correlation
1	Pretest	18.28	2.032	2.58	0.346
2	Posttest	15.7	1.57		

Table No -07

Comparison between pretest & posttest attitude by t- test (N 60)

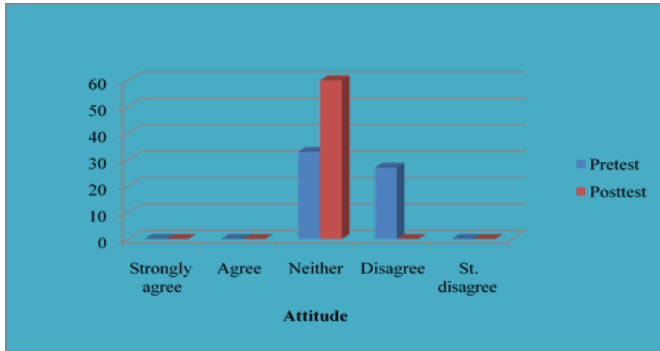| S.No	Attitude	Mean	SD	t-value
1	Pretest	18.28	2.032	4.04
2	Posttest	15.7	1.57	

Figure No -8 Comparison between pretest & posttest attitude

Table No -8 Association of post-test knowledge of students with demographic variables(N =60)

S.No	Variables	Poor	Average	Good	Very Good	Total	DF	Chi-value	P-value
1	Age (Yrs)								
	18-20	0	1	24	6	30			
	21-24	0	0	27	3	30	2	61	0
2	Gender								
	Male	0	1	21	7	29			
	Female	0	0	29	2	31	2	1.34	0.24
3	Religion								
	Hindu	0	1	41	8	50			
	Muslim	0	0	0	1	1			
	Christian	0	0	6	0	9	6	2.66	0.26
	Other	0	0	0	0	0			
4	Marital status								
	Married	0	1	2	4	7			
	Unmarried	0	0	48	5	53	2	1.14	0.56
5	Experience								
	School	0	1	6	1	8			
	Home	0	0	34	2	36			
	Community area	0	0	10	6	16	6	1.07	0.78
	other	0	0	0	0	0			
6	Level of education								
	12th	0	0		0	0			
	B.Sc	0	1	35	4	40			
	P.BSc.	0	0	15	5	20	6	1.18	0.55
	Other	0	0	0	0	0			
7	Income								
	16000-20000	0	1	2	3	6			
	21000-25000	0	0	2	6	8			
	25001-30000	0	0	19	0	19	6	5.28	0.2595
	>30000	0	0	27	0	27			
S.No	Variables	Poor	Average	Good	Very Good	Total	DF	Chi-value	P-value
1	Age (Yrs)								
	18-20	0	1	24	6	30			
	21-24	0	0	27	3	30	2	61	0

(Result significant at 0.05% level of significance)Abbreviation
S = significant

Description:- Table No-08 reveals that the association between knowledge of students regarding violent behavior of psychiatric patients with selected demographic variables is statistically tested by applying chi-square test age, religion, family, type of education and source of income variables was found most significant. Other variables were not found significant. Hyposthesis H2, is accepted, hypothesis H$_0$ is not accepted.

RESULT-

The data was analyzed by using Karl pearson method like mean, standard deviation and students (t) test method.

The mean posttest knowledge score is 25.06 and is greater than mean calculated in pretest

,the result showed that the structured programme was effective for the students of B.Sc. (Nsg)IIIrd year as there is an significant increase in the mean of post test .

INTERPRETATION-

The finding showed that the knowledge was not very clear and satisfied before the introduction of structured teaching programme .The teaching programme was beneficial for students to gain knowledge.

CONCLUSIONS-

The study conclude that the students are able to gain knowledge about the violence ,cause of violence types and its management along with it students will change their attitude towards violent patients and this will help them to work well in their future.

The study presented findings regarding the effectiveness of a structured teaching program aimed at enhancing knowledge and attitudes among B.Sc. (Nsg) IIIrd year students regarding violent behavior in psychiatric patients. Analysis revealed that a significant improvement in knowledge scores occurred post-program implementation. Pretest and posttest comparisons indicated a notable increase in mean knowledge scores, with a statistically significant difference observed. Similarly, attitude scores also demonstrated improvement, as reflected by a decrease in mean posttest scores compared to pretest scores. However, the association between post-test scores and demographic variables only showed significance with age. Despite the study's limitations, including a small sample size and limited generalizability, its implications for nursing education, practice, administration, and research were highlighted.

Educationally, the study underscored the importance of adequately preparing future nurses to handle situations involving violent behavior in patients. By equipping students with knowledge and skills through structured teaching programs, they can better manage patient care and create therapeutic environments conducive to recovery. Administratively, the findings emphasized the necessity for administrators to understand the dynamics of psychiatric patient care and support educational initiatives that enhance nursing competency. Furthermore, the study highlighted the significance of research in improving nursing practice and ultimately elevating the nursing profession's standards.

While the study provided valuable insights, its limitations, such as a small sample size and convenience sampling method, warrant consideration. Recommendations for future research include replicating the study on a larger scale, incorporating control groups, exploring alternative teaching strategies, and examining other aspects of patient care for students. By addressing these recommendations, future studies can contribute to a more comprehensive understanding of effective educational interventions in nursing and further enhance patient care quality.

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