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A Descriptive Study to Assess the Level of Knowledge Regarding Handling of Aggressive Person among the Family Members at Selected Community Area in Noida

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Abstract: ***Aggression refers to a range of behaviours that can result in both physical and psychological harm to yourself, others, or objects in the environment. This type of behaviour centres on harming another person either physically or mentally. It can be a sign of an underlying mental health disorder, a substance use disorder, or a medical disorder. Family members are the one who confront with the aggressive situation at home in the primary phase, so it is important for them to know how to manage the situation. So present study is conducted to find out the level of knowledge. The research design adopted for the present study is Quantitative research approach and non-experimental descriptive survey design. Convenient sampling technique was used for selecting 120 samples. Structured questionnaire was used to assess the level of knowledge. The present study finding indicates that majority 60% of family members had very good and 40% had good knowledge of handling of aggressive person.***

Keywords: Aggression, Family members

1. Introduction

Mental illness has become more common than many other diseases such as heart disease, cancer or diabetes. Aggressive behaviour of a person in homes is an ongoing and important issue for family members who stay in direct contact with aggressive person. The risk of family members experiencing aggression from aggressive person is high, with prevalence rates averaging 60-80% (Gerberich et al. 2006, Franz et al. 2010). Moreover, the European Nurses Early Exit Study (NEXTStudy) demonstrated that nursing staff in geriatric wards experience the third highest frequency of aggression of all clinical settings; only nurses in psychiatric and emergency wards were more often confronted with aggression (Camerino et al. 2008). Sometimes aggressive behaviour results in physical injuries. A study in US nursing homes revealed that 34% of nursing assistants had received physical injuries from assaults by residents (Tak et al. 2010).

-Family members are the one who has to face aggressive behaviour of person at initial stage. Family members are thus required to have the necessary knowledge and skills to manage mentally ill, aggressive person without being hurt in the process.In order to do this, Family members need to be educated and trained in understanding mental illnesses and how they impact on person behaviour.

Aggression is overt or covert, often harmful, social interaction with the intention of inflicting damage or other unpleasantness upon another individual. It may occur either reactively or without provocation. In humans, aggression can be caused by various triggers, from frustration due to blocked goals to feeling disrespected. Human aggression can be classified into direct and indirect aggression; whilst the former is characterized by physical or verbal behaviour intended to cause harm to someone, the latter is characterized by behaviour intended to harm the social relations of an individual or group.

Aggression or violence can occur when people have inappropriate skills for dealing with feelings of frustration, fear and anxiety, or as an expression of these feelings by people who are unwell. These behaviours may be present in a person experiencing acute or chronic pain, or in a person who primarily has a physical disorder (such as drug or alcohol withdrawal, stroke, head injury or Alzheimer's disease).

Aggression or violence may also be a result of the effect of some therapeutic medications (for example, corticosteroids). Some neurological disorders have been associated with changes in personality that may also result in violence. In some cases, an increased risk of violence and impulsive behaviour resulting in violence may be associated with people with active psychotic symptoms (who may be responding to command hallucinations or delusions), people with substance-abuse disorders and those with comorbid substance-abuse and mental disorders. Both men and women can display aggressive or violent behaviour.

2. Literature Survey

Studies in the United Kingdom show that aggressive incidences are prevalent in all areas of the National Health Service (NHS) (Foster, Bowers &Nijman, 2007; Duxbury, Hahn, Needham &Pulsford, 2008). According to the National Audit Office (2003), which is an independent parliamentary body in the United Kingdom responsible for auditing central government departments, as cited in Foster et al. (2007), nurses experience the highest number of aggressive incidences by patients. It further estimated that the average number of aggressive incidents in mental health

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services is more than two-and-a-half times the average for all other areas of the health service.

According to Swarts, Niehaus, Koen & Macris (2010), staff working in psychiatric hospitals are assaulted by patients approximately seven to 14 times per month. Foster et al. (2007) assert that all staff are vulnerable to violence and aggression, especially those who have direct contact with the public. These staff would include ambulance and emergency services personnel.

According to the Bangalore Mirror Newspaper Study conducted in NIMANS 80% of the Indian youth is angry. The graph of youth involved in violence has been constantly moving upward. To study aggression levels amongst youth generation in India, a NIMHANS expert team-conducted a two year survey in five Indian cities. The verdict is shocking: eight out of ten youth in the 15-26 years, age group are angry.

According to Bowers, Nijman, Allan, Simpson, Warren & Turner (2006), on-going training in aggression management can increase the confidence of psychiatric nurses when confronted with aggressive patients. Nurses need to have an understanding of the possible causes of aggression (Dawood, 2013). Similarly, Foster et al. (2007) state that training psychiatric nurses will decrease their anxiety of working in such an environment. Bock (2011) conducted a study in four psychiatric hospitals in the Western Cape on the assessment of attitude related to management of aggressive patients. The results of this study showed that only 33% of nurses were trained in psychiatry, while 66,9% had no psychiatric qualification. The nurses with no psychiatric training lack knowledge about patient aggression which impacts on their ability to manage aggressive patients, hence the need for training.

So, the researchers realized that it is important to know level of knowledge regarding handling of aggressive person among the family members.

3. Statement of Problem

A Descriptive study to assess the level of knowledge regarding handling of Aggressive person among the family members at selected community area in Noida.

4. Method/ Approach

The objectives of the study were to assess the knowledge regarding handling of aggressive person among the family members. To find out the association between level of knowledge with their selected demographic variables. Quantitative research approach and non-experimental descriptive survey design were adopted for the study.

The study was conducted at Noida, Uttar Pradesh. 120 samples were selected using convenient sampling technique. The tool foe data collection had two parts. Part-1 consisted of demographic variables and part-2 consisted of structured questionnaire was used to assess the level of knowledge regarding handling of aggressive person among the family members.

As a measure of reliability, the internal consistency of structured questionnaire examined by Computing Cronbach's alpha correlation coefficient for each subscale and for the full scale. Cronbach's alpha assesses the degree of inter-item correlation and a value larger than 0.28 is considered satisfactory.

5. Results and Discussion

The collected data was organized, tabulated and analysed by using descriptive and inferential statistics including mean, median and standard deviation and chi square test. The results are discussed in following four sections.

Section-1: Findings related to frequency and percentage distribution of demographic variables of Family members.
In the family members 40% were in the age group of 31-40 years, 53% were female in the gender, 40% were having post-graduation and above education, 46% were having private job, 46% were having monthly income 20,000-30,000, 60% were having two children, 66% were staying in the nuclear family, 40% were staying in urban area, 66% were married and 46% were Muslim.

Section-2: Description of assess the level of knowledge regarding handling of aggressive person among family members in frequency and percentage.
The level of knowledge regarding handling of aggressive person among family members was divided into three categories, i.e. Very good 9-12, Good 5-8, and Fair 0-4 respectively.

Table 1: Assess the level of knowledge regarding handling of aggressive person among family members in terms of frequency and percentage, N=120

Level of Knowledge	Scoring	(f)	(%)
Very good	9-12	72	60
Good	5-8	48	40
Fair	0-4	0	0

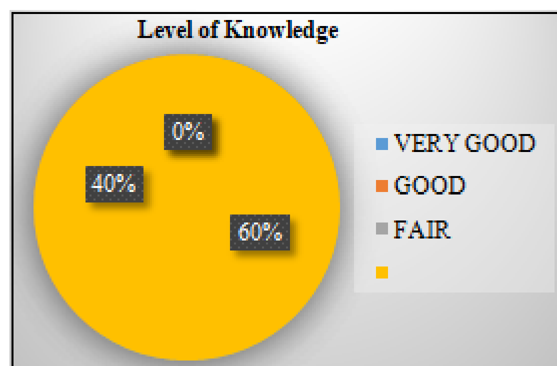

Figure 1: Shows Percentage distribution according to level of knowledge

Section 3: Knowledge score on the level of knowledge regarding handling of aggressive person among family members.

Table 2

	Mean	Median	S.D
Total Knowledge Score	9.70	11	1.72

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Section-4: Findings related to the association of knowledge score with the selected demographic variables.

It was evident from the obtained Chi square test values that there was a significant association between knowledge score with demographic variables like Education, occupation, number of living children, place of living and marital status. There was no significant association between age, gender, income per month, types of family and religion.

Table 3

Characteristics	Knowledge Scores		df	P value	Chi Square	Significant/ Not Significant
	Below Median	Above Median				
Age a) 22-25 Years b) 26-35 years **c)** 36- above	 16 32 32	 8 16 16	2	1	0	Not-significant
Gender a) Male b) Female	 32 32	 24 32	1	.433944	0.6122	Not-significant
Education a) Primary and High school b) Graduation **c)** Post graduate/above	 16 16 32	 16 24 16	2	.040184	6.4286	Significant
Occupation a) Government Job b) Private job **c)** Self-employed/Business	 15 32 16	 1 24 32	2	.000097	18.4724	Significant
Income Per Month a) 20,000 and under b) 20,000-30,000 **c)** 31000-50,000 and above	 8 24 32	 8 32 16	2	.050555	5.9694	Not-significant
Number of Living Children a) One b) Two **c)** Three or More	 31 32 15	 1 40 1	2	0.00001	33.4768	Significant
Type of Family a) Nuclear family **b)** Joint family	 40 24	 40 16	1	.300623	1.0714	Not-significant
Place of Living a) Rural b) Urban **c)** Slum	 32 32 1	 16 16 23	2	0.00001	30.2098	Significant
Marital Status a) Married **b)** Unmarried	 56 8	 24 32	1	.00001	26.7857	Significant
Religion a. Hindu b. Muslim **c.** Christian or others	 24 24 16	 16 32 8	2	.086382	4.898	Not-significant

Level of significance at 0.05

6. Discussion

The present study finding indicates that majority 60% of family members had very good knowledge of handling of aggressive person. Aggression can be normal, and is only an indicator of underlying disease when feelings become excessive, all-consuming and interfere with daily living. Taking a time-out before speaking or acting may help reduce aggression. Relaxing activities such as deep-breathing exercises, listening to music and exercise may also help.

7. Conclusion

The present study assessed the level of knowledge regarding handling of Aggressive person among the family members. The result shows that 60% had very good knowledge, 40% had good knowledge.

8. Future Scope

1) Future research study can be done on large sample for improving the generalizability of the finding to a large population.
2) Comparative study can be done between the hospitalized patient family members and community people.

References

[1] https://bangaloremirror.indiatimes.com/bangalore/others/indian-men-youth-angry/articleshow/28245998.cms
[2] file:///C:/Users/jaimika/Downloads/guid-38b67d35-c8af-448e-a103-90d78bed05eb-ASSET1.0.pdf
[3] file:///C:/Users/jaimika/Desktop/FINAL%20RESEARCH/THESIS%20BINDING/CHAPTER%201-6%20with%20page%20no.pdf

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[4] https://books.google.co.in/books?hl=en&lr=&id=M47vCHp1mUAC&oi=fnd&pg=PP1&dq=research+study+about+aggression&ots=Dw6pyS4ZzO&sig=ej4CxP2Z0Jtw8jaozotZtbQQqrc#v=onepage&q=research%20study%20about%20aggression&f=false
[5] https://books.google.co.in/books?hl=en&lr=&id=xB6LBQAAQBAJ&oi=fnd&pg=PP1&dq=research+study+about+aggression&ots=a2tcsMEuAI&sig=k_hOfW_dWup5pTrtBujbwWchCvs#v=onepage&q=research%20study%20about%20aggression&f=false

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