

NURSING STAFF PERCEPTIONS TOWARD MANAGEMENT APPROACHES OF PSYCHIATRIC PATIENTS WITH AGGRESSIVE BEHAVIORS.

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ABSTRACT

Violence and aggression are considered the most common problems occurring in psychiatric health care settings, increasing aggression within the health system is a major growing problem for nurses, because they are the most susceptible to suffer violence. Although aggression receive more and more attention from researchers, there are only few studies looked at aggression from a nursing perspective. By identifying the causes and management of aggression as perceived by nurses, changes can be made which will result in better patient and nurse's outcomes, reduce aggression, and make the hospital more safe and productive.

Keyword: - Aggression, Violence.

1. Introduction

Violence and aggression have been considered the most common problems occur in psychiatric healthcare settings. Increasing the prevalence of aggression within the health system is a major growing problem for nurses, because they are the most susceptible to suffer from violence ^(1, 2). A study has done in Saudi Arabia showed that nurses working in psychiatric setting had the highest rate of exposure to violence (84.3%). Moreover About 28% of the primary health care workers including the nurses were exposed to at least one violent event during their works and that one fifth of the nurses working in psychiatric departments were exposed to violence provided by patients ^(3,4,5).

Violence against psychiatric nursing staff has a wide range of negative psychological and physical impact on nurses and patients, resulting in poor effective treatment regimens and a reduction in the quality of care provided. The most frequent contributing factors to violence as reported by the primary health care victims are unmet service needs of patients, overcrowding, and reaction to injury or illness. Similarly, Saverman et.al (1999) observed that aggressive patients may be treated more forcibly by staff who were exposed to violence, be restrained more frequently and face the possibility of abuse by them ^(4,5,6).

Several theories explained the original causes of aggression. Some theories look upon aggression as a personality characteristic, whereas several researchers claim that aggression results from environment interaction.

Others maintain that interventions in cases of aggressive behavior depend on different factors as the nurse's perception of the situation, the type of ward structure, the nurses' attitude and perception toward aggression^(4,6,7).

Despite the fact that the general public has a negative view of aggression, nurses acknowledged positive as well as negative aspects of aggressive behavior by patients. Different staff opinions may lead to different interpretations of aggression and violence and therefore inconsistent implementations of strategies. This may have contributed to the confusion as to how to manage aggressive and violent patients resulting in an escalation of violence^(6,8,9).

Although aggression receives more attention from researchers, there are only few studies looked at aggression from a nursing perspective. Ultimately, study of the patients' aggression from the nurses' perspective provides a baseline data that may contribute to new ways of dealing with aggression. By identifying the causes and management of aggression as perceived by nurses, changes can be made which will result in better patient outcomes, reduce aggression, and make the environment healthier, safer and productive^(1,8,10,11).

1.1 Aim of the Study

The main aim of this study is: to explore the perceptions of nursing staff toward management approaches of aggression and violence of psychiatric patients.

1.2 Research Questions

Does nurses staff perception affects management approaches of aggression and violence of psychiatric patients?

Does the nurse experience affect the perception of management approaches of aggression and violence of psychiatric patients?

How do nursing staff perceive the management approaches of aggression and violence of psychiatric patients?

1.3 Material and Methods

Design:

Descriptive exploratory survey design will be used in this study.

Setting:

The study was carried out at the male and female psychiatric units in Al-Amal Complex for Mental Health, Al-Dammam, Saudi Arabia. Each unit has a capacity of 70 beds. The Complex is governmental and affiliated to the Ministry of Health, Kingdom of Saudi Arabia (KSA).

Sample:

All nurses available at time of data collection that met the inclusion criteria were included in the study. The total number of nurses participated in the study 38 nurses in male unit and 23 nurses in female unit.

Inclusion criteria:

- Nurses that provide direct nursing care to the psychiatric patients.
- Nurses who have experienced more than one year in a psychiatric hospital.

Exclusion criteria:

1. Internship nurses.
2. Nurses who held administrative positions.
3. Nurses who work at addiction units.

Tool:

One tool will be used in this study. It consists of two parts:

First part:

It comprises data related to the following:

- Socio- demographic data: gender, age, marital status, level of education.
- Professional data: qualification, years of experience, unit, shift time, attendance of any training program or workshop related to aggression.

- Nurses' previous experience of aggression or violence from patients: incidences of exposure, types of aggression (if occurred).

This part will be developed by the researcher and attached to the tool.

Second part:

The Management of Aggression and Violence Attitude Scale (MAVAS), developed by Duxbury (2003)⁽¹¹⁾. The MAVAS questionnaire is self-administered and consists of 27 close ended questions. The responses are spread over a 4-point Likert scale, with a scoring between 1- 4. The lowest score (1) indicates strongly agreement, (2) agree, (3) Disagree, and the highest (4) score indicate strongly disagreement. The MAVAS questionnaire has good test–retest reliability ($r = 0.89$) and validity. Thirteen of the statements reflect opinions about the explanatory models of aggression, and are subsequently subdivided into the internal, external and situational/interactional models^(12,13). The 14 remaining statements are concerned with identifying attitudes about the differing management approach used to control violence aggressive behavior; these are subdivided into effectiveness of the approach, use of medication, seclusion and physical intervention/restraint. Two version will be applied in this study, Arabic and English version for Arabic and non-Arabic speakers.

Methods

1. Ethical approval for conducting the study was obtained from authorized personnel.
2. Written official approval was obtained from the directors of the hospital.
3. An informed written consent was obtained from nurses before data collection and confidentiality was maintained.
4. Tools of the study were translated into Arabic and submitted to a jury of three specialized psychiatrists to test the construct validity and reliability.
5. The questionnaire was distributed and collected by the researcher after explained the purpose of the study.
6. An appropriate statistical analysis and test will be coded, analyzed and tabulated using the software package SPSS version 17.

Data Analysis

Data entry, presentation and statistical analysis were performed using Statistical Package for the Social Sciences (SPSS) Version 17. Number and percent were used for presenting the qualitative variables and Fisher Exact Test (FET) was used. Tests of normality were carried out for the quantitative variables. This test is proved to be significant ($P \leq 0.05$); accordingly, the quantitative variables are described to be abnormally distributed. Hence, the median and inter quartile range was used for mathematical presentation and non-parametric tests (Mann-Whitney test (M-WT) and wilcoxon test) were used for analysis.

2. Results

The result of the study categorized into 6 tables: Distribution of psychiatric nurses according to their socio-demographic and professional data, Distribution of males and females psychiatric nurses according to their exposure to psychiatric patients aggression, Distribution of males and females psychiatric nurses according to their overall perception of causative factors of patients' aggression, Percent distribution of males and females psychiatric nurses according to their overall perception of different methods for management of patients aggression, Relation between Psychiatric Nurses' professional characteristics and their perception of causative factors and methods of management of patients' aggression and relation between psychiatric Nurses' exposure to patients aggression and their perception of causative factors and methods of management of patients' aggression.

Table -1: Distribution of psychiatric nurses according to their socio-demographic and professional data

Socio-demographic and professional characteristics	Male nurses No (%)	Female nurses No (%)	Total No (%)	Test
Nationality				
Saudi	24 (63.2)	17 (73.9)	41 (76.2)	$\chi^2 = 0.752$ $P = 0.4$
Non Saudi	14 (36.8)	6 (26.1)	20 (32.8)	
Marital Status				
Single	6 (15.8)	5 (21.7)	11 (18.0)	$\chi^2 = 0.059$

Married	32 (84.2)	18 (78.3)	50 (82.0)	P = 0.8
Level of Nurses education				
Diploma of nursing	21 (55.3)	15 (65.2)	36 (59)	X²= 0.420 P=0.05
Technical Diploma	11 (28.9)	2 (8.7)	13 (21.3)	
Bachelor degree	6 (15.8)	6 (26.1)	12 (19.7)	
Participation in in-service training related to aggression.				
Yes	27 (71.1)	15 (65.2)	42 (68.9)	X²=0.227 P=0.6
No	11 (28.9)	8 (34.8)	19 (31.1)	
Total No (%)	38(62.3%)	23 (37.3%)	61 (100.0)	

FET = Fisher Exact Test X²= Chi square P= probabilities of chance

*more than one nurse exposed to more than one type of aggression.

Table -1 presents the distribution of the participant nurses according to their socio-demographic and professional data. More than half of the nurses were male (62.3%) while 37.3% only were female. Meanwhile, more than three quarters of the nurses (76.2%) were Saudi and the rest (23.8%) were non- Saudi. the table also showed that 59% of studied nurses had diploma, while 21.3% & 19.7% had either technical or bachelor degree of nursing respectively. moreover nurses experience as a psychiatric nurse ranges from 1 to 22 years, with a median of 4 years' experience for both male and female nurses. Finally, more than two thirds (68.9%) of respondents stated that they had been received in-service training or workshops regarding management of aggression and violence which is more mentioned by male nurses. No statistically significant difference was found between male and female nurses as (P>0.05)

Table -2: Distribution of males and females psychiatric nurses according to their exposure to psychiatric patient's aggression.

Items	Male No (%)	Female No (%)	Total No (%)	Test
History of exposure to aggression				
-Yes	31 (81.6)	22 (95.7)	53 (86.9)	FET P= 0.2
-No	7 (18.4)	1 (4.3)	8 (13.1)	
Total	38 (100.0)	23(100.0)	61(100.0)	
Duration of time since exposure				
<1 year	16 (51.6)	15 (68.2)	31 (85.5)	X²= 0.2 P=1.455
1-5 years	11 (35.5)	6 (27.3)	17 (32.1)	
>5 years	4 (12.9)	1 (4.5)	5 (9.4)	
Forms of aggression	N (31)	N(23)	N(53)	
Verbal	8 (25.8)	0 (0.0)	8 (15.5)	X²=11.710* P= 0.001
Physical	7(22.6)	2 (9.1)	9 (17)	
Verbal & physical	13 (41.9)	20 (90.9)	33 (62.3)	
Other	3 (9.7)	0 (0.0)	3 (5.7)	
Total	31 (81.6)	22 (95.7)	53 (86.9)	

FET = Fisher Exact Test Chi square P= probabilities of chance

*= significant

As shown in **Table -2** most of participant male and female nurses (86.9%) stated that, they had been exposed to aggression. Of these respondents, 62.3% stated that they had been exposed to dual form of both verbal and physical form of aggression.

Table -3: Distribution of males and females psychiatric nurses according to their overall perception of causative factors of patients' aggression.

Cumulative factors	Males %	Females %	Total %	Test
Internal Factors				

Cumulative Items No. 4,5,7,9				
Agree	18(47.4)	20(87.0)	38(62.3)	$X^2 = 9.560^*$ $P = 0.002$
Disagree	20(52.6)	3(13.0)	23(37.7)	
Cumulative Items No. 14				
Agree	11(29.0)	6(26.1)	17(27.9)	$X^2 = 0.058$ $P = 0.8$
Disagree	27(71.0)	17(73.9)	44(72.1)	
Minimum-maximum	35-75	40-70	35-75	$Z = 2.062^*$ $P = 0.039$
Mean \pm SD	75.8-10.1	52.6 \pm 7.2	55.8 \pm 9.4	
Median (IQR)	60 (15)	50 (50)	55 (15)	
External Factors				
Cumulative Items No.1,16,27				
Agree	65.8	69.6	67.2	$X^2 = 0.093$ $P = 0.8$
Disagree	34.2	30.4	32.8	
Minimum-maximum score	25-75	25-75	25-75	$Z = 1.197$ $P = 0.2$
Mean \pm SD	50.9 \pm 11.6	47.8 \pm 15.1	49.7 \pm 13	
Median (IQR)	50 (10.4)	41.7 (25)	50 (16.7)	
Situational/Interactional Factors				
Cumulative Items No.2,3,6,20,23				
Agree	47.4	52.2	49.2	$X^2 = 0.132$ $P = 0.7$
Disagree	52.6	47.8	50.8	
Minimum-maximum	40-80	35-75	35-80	$Z = 0.675$ $P = 0.5$
Mean \pm SD	56.8 \pm 9.8	54.6 \pm 10.5	56 \pm 10	
Median (IQR)	55 (15)	55 (20)	55 (15)	

X^2 = chi square test P = probabilities of chance SD = standard deviation

Z = Mann Whitney (IQR) = interquartile range

According to MAVAS questionnaire nurses' perceptions on causes of psychiatric patients' aggression, questions number 4, 5, 7, 9, and 14 related to the internal causes of patients aggression. **Table -4** summarizes the overall nurses' response score on the 5 statements of the internal causes of psychiatric patients' aggression Namely (It is difficult to prevent patients from becoming violent or aggressive, Patients are aggressive because they are ill, There appear to be types of patients who frequently become aggressive towards staff and Patients who are aggressive towards staff should try to control their feelings). Item 14 Aggressive patients will calm down automatically if left alone.

The table revealed that 67.2% nurses included in the study generally agreed that external factors namely (Patients are aggressive because of the environment they are in, Restrictive care environments can contribute towards patient aggression and violence and If the physical environment were different, patients would be less aggressive) rather than within the patient who can contribute to the occurrence of inpatient aggression.

A proportion of 50.8% of psychiatric nurses showed a borderline disagree with the factors specifically pointing to the situational / interactions factors within the ward as the cause of patient aggression namely (Other people make patients aggressive or violent, Patients commonly become aggressive because staffs do not listen to them, Poor communication between staff and patients leads to patient aggression, Improved one to one relationship between staff and patients can reduce the incidence of patient aggression and violence and It is largely situations that contribute towards the expression of aggression by patients).

Male nurses had a median and mean score of 55 (55.8) while female had 52.6. statistical significant difference was found as $p = 0.039$, suggested that female nurses agreed more that factors within the patient that contribute to the occurrence of aggression such as mental illness, types and age of the patient, while male nurses were less decline to agree.

Table -4: Percent distribution of males and females psychiatric nurses according to their overall perception of different methods for management of patient's aggression.

Management methods	Male	Female	Total	Test
Traditions management methods				

No. 10,11,13,22				
Agree	39.5	52.2	44.3	$X^2 = 0.937$
Disagree	60.5	47.8	55.7	$P = 0.3$
Minimum-maximum	31.3-75	43.8-75	31.3-75	$Z = 1.491$
Mean \pm SD	57.9 \pm 11.6	53.8 \pm 7.5	56.4 \pm 10.4	
Median (IQR)	56.3 (18.8)	50 (6.3)	56.3 (10.3)	$P = 0.1$
New management methods				
No. 8,12,15,17,18,19,21,24,25,26.				
Agree	34.2	26.1	31.1	$X^2 = 0.441$
Disagree	65.8	73.9	68.9	$P = 0.5$
Minimum-maximum	35-67.5	47.5-70	35-70	$Z = 0.788$
Mean \pm SD	54.4 \pm 7.2	56.1 \pm 5.8	55 \pm 6.7	$P = 0.4$
Median (IQR)	55 (10.6)	57.5 (10)	55 (10)	

X^2 = chi square test P= probabilities of chance SD= standard deviation
Z= Mann Whitney (IQR) = interquartile range

Table -4 shows that Overall 55.7% of psychiatric nurses showed a borderline disagree with using the traditional management methods to deal with patients' aggression, while 44.3% of nurses agreed with it.

Generally the high percentage for these four statements namely (When a patient is aggressive, seclusion is one of the most effective approaches to use, Patients who are aggressive are restrained for their own safety, Medication is a valuable approach for treating aggressive and violent behavior and Prescribed medication can in some instances lead to patient aggression and violence) suggests that the nurses Agreed more with the traditional management of aggression.

This mean that a high response of nurses agreed more with the statement regarding the regular use of physical restraints to administer sedation and that medication is a valuable approach for treating aggressive.

Table -4 indicating the lowest and highest mean percentage scored by nurses.

Overall 68.9% of psychiatric nurses showed a strong disagreement with using the new management methods to deal with patients aggression namely (Different approaches are used on this ward to manage patient aggression and violence, the practice of secluding violent patients should be discontinued, The use of negotiation could be used more effectively when managing aggression and violence, Expressions of aggression do not always require staff intervention, Physical restraint is sometimes used more than necessary, Alternatives methods as containment and sedation could be used more frequently to manage patient aggression, Patient aggression could be handled more effectively on this ward, Seclusion is sometimes used more than necessary, Prescribed medication should be used more frequently to help patients who are aggressive and violent and The use of de-escalation is successful in preventing violence and aggression) while 31.1% of nurses only agreed with it.

Table -5: Relation between Psychiatric Nurses' professional characteristics and their Perception of causative factors and methods of Management of patients' aggression.

Professional characteristics	Internal	External	Situational	Traditional methods of management	New methods of management
Nurses experiences					
r	-0.03	0.08	-0.14	-0.12	-0.06
P	0.8	0.6	0.3	0.4	0.7
Level of Nurses education					
Diploma of Nursing	55	50	50	53.1	53.8
Technical Diploma	50	50	60	62.5	55
Bachelor degree	55	54.2	60	53.1	60
X^2	0.392	3.031	2.129	6.841 *	4.512
P	0.8	0.2	0.04	0.03	0.01

Participation in in-service training related to aggression					
Yes	55	50	52.5	56.3	55
No	55	50	60	56.3	57.5
Z	0.838	0.614	1.974*	1.449	1.052
P	0.4	0.5	0.048	0.2	0.3

X^2 = Kruskal Wallis #= qualitative variable presented as median percent score corresponding to each category
Z= Mann-Whitney *= Significant P= probabilities of chance

Table -5 shows that nurses who had technical diploma and bachelor degree, disagreed with the use of traditional methods for management of aggression. The table also revealed that nurses who participation in in-service training related to aggression showed more agreement on situational factors as the main causes for aggression.

Table -6: Relation between Psychiatric Nurses' exposure to patients 'aggression and their Perception of causative factors and methods of Management of patients' aggression.

Professional characteristics	Internal	External	Situational	Traditional methods of management	New methods of management
<u>History of exposure to aggression</u>					
-Yes	55	50	55	56.3	55
-No	60	54.2	65	68.8	56.3
Z	0.998	1.171	1.679	2.009 *	0.883
P	0.3	0.2	0.09	0.045	0.4
<u>Duration of time since exposure</u>					
<1 year	50	50	55	56.3	55
1-5 years	55	50	55	50	55
>5 years	60	58.3	55	50	57.5
X^2	5.191	2.130	0.237	0.656	0.717
P	0.08	0.4	0.9	0.7	0.7
<u>Type of aggressions</u>					
X^2	4.030	4.664 *	4.197	1.774	1.0594
P	0.4	0.2	0.4	0.8	0.8 1.380
Z	0.127 0.7	0.049	0.655	0.498	0.2
P		3.877	0.4	0.1	

X^2 = Kruskal Wallis #= qualitative variable presented as median percent score corresponding to each category
Z= Mann-Whitney *= Significant P= probabilities of chance

The present study revealed that nurses who previously exposed to patients aggression agreed more with the traditional methods to manage aggression than other nurses who had not exposed to any form of aggression. Moreover nurses who had experienced verbal and physical aggression agreed more on external factors as a reason of patient aggression than nurses who experienced physical aggression only.

3. Discussion

Aggression is considered the most problem faced by Psychiatric nurses, because they are responsible for providing direct patient care, the study revealed that more than half of nurses exposed to aggression in less than one year. Most

aggressive victims were female nurses compared to male nurses, because patients find it easier to attack and abuse female nurses. This finding is relevant with other study by Cooper *et al*, he point out that younger female nurses show a higher risk for being a victims of violence and aggression and an opposing view by Duxbury (2002) she reported that male nurses were more frequently attacked and being a victim than female, revealing the cause of it that male nurses being more involved in aggression situations than females. ^(14,15)

The actual study also revealed the nurse staff perception of the causative factors of aggression and violence and affects management approaches of psychiatric patients?

According to MAVAS questionnaire, questions number 4, 5, 7, 9, and 14 related to the internal causes of patients aggression. The study revealed that most of nurses included in the study generally agreed that external factors rather than within the patient who can contribute to the occurrence of inpatient aggression. The study a proportion of 50.8% of psychiatric nurses showed a borderline disagree with the factors specifically pointing to the situational / interactions factors within the ward as the cause of patient aggression. Male nurses had a median and mean score of 55 (55.8) while female had 52.6. statistical significant difference was found as $p=0.039$, suggested that female nurses agreed more that factors within the patient that contribute to the occurrence of aggression such as mental illness, types and age of the patient, while male nurses were less decline to agree.

Nurses in this study showed an agreement with most of internal MAVAS items, a significant difference was found among female and male nurses. Female nurses were more victims of patient aggression and taking into consideration that most of the nurses present in this study received training in the management of aggression and violence. This give impression that either the offered training program may not be enough and efficient to nurses regards to the management of aggression and violence, or the nurses may have been in need of further training, or workshops. Nurses agreed on all causes of external causes, this shows that nurses perceive the external causes as the most important cause of patients' aggression. Several studies have supported the actual study. ^(8,16)

3.1 Nurses perception of the situational/interactional causes of inpatient aggression:

The present study revealed that a proportion of about half of psychiatric nurses showed a borderline disagree with the situational / interactions factors within the ward as the cause of patient aggression. Duxbury *et al* (2008) mentioned that the situational causes are the factors specifically pointing to the patient and staff communication and relationship within the ward which lead to patient aggression. Other studies comment that nurses disagree that patients commonly become aggressive because staff do not listen to them. Other suggested that the vast majority of nurse's agreement that other people include health care providers, relatives, and visitors can in some cases be a trigger of patient aggression. ^(1,15, 16)

3.2 Nurses perception regarding traditional method of managing aggression:

The actual study shows that a borderline of psychiatric nurses disagree with using the traditional methods to manage patients' aggression, while less than half of the nurses agreed with it.

Generally, the present study suggests that the nurses agreed more with the traditional management of aggression. This mean that a high response of nurses agreed more with the statement regarding the regular use of physical restraints to administer sedation and that medication is a valuable approach for treating aggressive. Several studies support this result ^(1,16) and agreed that seclusion is one of the most effective approaches to deal with aggression ⁽¹⁷⁾.

3.3 Nurses perception regarding new method of managing aggression:

Overall most of the psychiatric nurses showed a strong disagreement with using the new management methods to deal with patients' aggression. Although nurses disagree that seclusion is one of the most effective approaches to manage violence and aggression still about half of nurses participated in the actual study disagreed with discontinuation of seclusion as a traditional method. This inconsistency is noticeable in nurses 'perceptions regarding seclusion. This is similarly to findings of other studies. Several studies suggested that seclusion is one of the most effective approaches to manage violence and aggression. However this created the impression that at times, the use of seclusion had possibly not been a therapeutic intervention. ^(8,16)

3.4 Relation between Psychiatric Nurses' exposure to patients' aggression and their Perception of causative factors & methods of Management of patients' aggression:

The present study shows that nurses who had technical diploma and bachelor degree, disagreed with the use of traditional methods for management of aggression. The study also revealed that nurses who participation in in-service training related to aggression showed more disagreement on situational factors as the main causes for aggression. Other researchers found that the level of education and nurses qualification have a great influence on how they perceive and subsequently manage patients; aggression. Other added that training on aggression management should include new method of intervention as risk management de-escalation technique, use of medication and early prevention which facilitate objective management of patients' aggression rather than traditional method of management.^(16,18)

3.5 Relation between Psychiatric Nurses' exposure to patients' aggression and their Perception of causative factors and methods of Management of patients' aggression:

The present study revealed that nurses who previously exposed to patients aggression agreed more with the traditional methods to manage aggression and control the aggressive patients, than other nurses who had not exposed to any form of aggression. Moreover nurses who had exposed to previous incidence of verbal or physical aggression or both agreed more on external factors as a reason of patient aggression than nurses who experienced physical aggression only.

4. CONCLUSIONS

The findings of this study indicate that, more than half of nurses exposed to patients aggression in less than one year. Most aggressive victims were female nurses compared to male nurses. The study revealed that most of nurses generally agreed that external factors rather than within the patient who can contribute to the occurrence of inpatient aggression and de-escalation techniques on a regular basis. Although nurses disagree that seclusion is one of the most effective approaches to manage violence and aggression still they refuse the discontinuation of seclusion as a traditional method. Finally the study revealed an association between nurses' level of education and the use of traditional methods for management of aggression.

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