CAUSES AND MANAGEMENT OF PSYCHIATRIC PATIENTS' AGGRESSION AND VIOLENCE: NURSING STAFF AND PATIENTS PERSPECTIVES

BY

Eman Mohamed Ibrahim El-Genadi

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Thesis Advisors

Prof. Dr. Enayat A. Wahab Khalil Prof. Dr. Zeinab A. Halim Osman

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By

Eman Mohamed Ibrahim El-Genadi

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By

Prof. Dr. Enayat A. Wahab Khalil

Prof.Dr. Zeinab A. Halim Osman

Date……

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Causes and Management of Psychiatric Patients' Aggression and Violence: Nursing Staff and Patients Perspectives

Abstract

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The aim of the study was to assess and compare causes and management of aggression and violence among psychiatric patients as perceived both by nursing staff and patients. A descriptive comparative design was utilized in this study. A sample of convenience of 200 psychiatric patients and nurses were selected from the inpatient departments and outpatient clinic of EL-Abbassia Mental Health Hospital in Cairo. Sociodemographic/medical data sheet and causes and management of aggression and violence attitude scale were used to achieve the purpose of this study. A semi-structured interview was used to collect the data from both the studied sample. Findings of this study indicate that, psychological, interactional and environmental factors are the most frequent causes for aggression and violence among psychiatric patients. The most common types of aggression from both studied samples were verbal aggression, followed by physical aggression against others. There were statistically significant differences between nurses and patients responses as regard talking the patient down, and speaking in calm and low voice. To conclude it is important for nurses to remember that aggression and violence may not be solely a result of patient pathology but may be also a reaction to the situation in which patient find himself/herself. Periodical in-service training programs should be designed and implemented for nursing staff in prediction and management of aggressive and violent behaviors in psychiatric settings. More attention should be paid to educate patient alternative coping methods, by encouraging them to participate in group teaching stress management activities through the day treatment program.

Keywords: Causes, management, aggression, violence, psychiatric patients, and nursing staff.

Chairperson of the Thesis

Signed ……...

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LIST OF ABBREVIATIONS

AMHH	Abbassia Mental Health Hospital
APA	American Psychiatric Association
FDA	Food and Drug Administration
HCFA,	Health Care Financing Administration
ICN	International Council of Nurses
ILO	International Labor Office
JCAHO	Joint Commission on Accreditation of Health care Organization
MOH	Ministry Of Health
NHSE	National Health Service Executive;
NIOSH	National Institute for Occupational Safety and Health
PSI	Public Services International
WHO	World Health Organization

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CHAPTER II

Review of Literature

Definitions

Aggression

Although definitions of aggression often differ across disciplines and among various reported studies, aggressive behavior generally includes abusive language, violent threats to harm, physical assault to self or others, and damage to property (Boyd, 2001 & Acker, 2007). As a behavior, aggression can be analyzed and understood not only in negative appraisals and attitudes toward self, others, the world, and the future, but also in relation to the emotions that may or may not acompany it; such as the hostility related variables of anger, suspiciousness, irritability, and impulsivity (Mohr, 2003).

Aggression is a forceful, inappropriate, non-adaptive verbal or physical actions designed to pursue personal interests. It may result from such feelings or emotional states of anger, anxiety, tension, guilt, frustration, or hostility. Behaviors can be classified into categories of disturbing behaviors, behaviors enduring self, and behaviors enduring others (Encyclopedia, 2007).

Meanwhile, Schultz and Videobeck (2002) defined aggression as any behavior which expresses anger or its related emotions. As natural drive, it has been classified by Freud and Lorenz (1966) as instinctive and by others as elicited. It has been described both in the frustration-

aggression hypothesis and as a learned social behavior (Bandura, 2001). Aggressive drives are greatly influenced by cultural conditioning and, therefore, may be turned toward constructive or destructive goals. Bushman and Anderson (2001); and Geen, (2001) defined aggression as any behavior directed toward another individual that is carried out with the proximate (immediate) intent to cause harm. In addition, the perpetrator must believe that the behavior will harm the target, and the target is motivated to avoid the behavior.

Hostility-related Variables

Hostility-related variables are emotions, attitudes, and behaviors that occur with regularity and predictability in aggressive and violence-prone individuals (Cates, Houston, Vavak, Crawford & Uttley, 1993). Hostility-related emotions encompass anger, irritability, and resentment and have been linked with aggressive behaviors and with the potential to develop certain medical conditions, such as essential hypertension, cardiovascular hyperreactivity, and atherosclerotic heart disease (Siegman, 1993).

Hostility-related Attitudes

Hostility-related attitudes are persistent negative views of others and the world. These views encompass cynicism, mistrust, suspiciousness, and a readiness to look at everyday life events and the actions of others in the worst light (Cates et al., 1993). Hostility-related behavior is a logical outgrowth of the hostility-related emotions and attitudes that are present prior to the behavior and are associated with a

prediction for aggression. Hostility-related behavior, sometimes called expressive hostility, can be observed in facial expressions, body language, verbalizations, gestures, overt acts against self, other people, or property, or any combination of these. Anger and impulsivity play pivotal roles in an individual's march toward aggressive or violent behavior and are singled out of hostility-related emotions (Johnson, 1997).

Anger

Anger, a normal human emotion, is a strong, uncomfortable, and emotional response to a real or perceived provocation (Thomas, 1998). Anger results when a person is frustrated, hurt, or afraid. Handled appropriately and expressed assertively, anger can be a positive force that helps a person to resolve conflicts, solve problems, and make decisions. Anger energizes the body physically for self-defense, when needed, by activating the "fight-or-flight" response mechanisms of the sympathetic nervous system. When expressed inappropriately or suppressed, however, anger can cause physical or emotional problems or interfere with relationships (Schultz & Videobeck, 2002).

Anger is also a cover-up. It veils" the original threats, which gave rise to anxiety (Fagan-Prayer, Femea & Haber, 1994). Anger is a means of neutralizing or avoiding anxiety that arises in response to an interpersonal threat, anger and aggression may be channeled externally or internally (Link, Andrews & Gullen, 1992, and Fagan-Prayer, et al., 1994). The direct outward expression of anger and aggression may take place through verbal or physical means; it may either overpower others or

consider the right of others. The indirect, outward expression of anger and aggression may occur through ego defense mechanisms or passive-aggressive behavior (Johnson, 1997).

Impulsivity

Impulsivity is a mode of interacting manifested by acts performed with little or no regard for the consequences (McFarland & Wasli, 1986). Relevant to clinical practice, impulsivity is viewed as a symptom of an underlying disorder or as a pervasive personality trait (Gallop, MacKay & Esplen, 1992). Impulse control disorders are generally characterized by three criteria; 1) an inability to control an impulse, to behave in a manner that is viewed as a harmful to oneself or to others; 2) a sense of increasing tension (increased feelings of pressure, discomfort, or energy) prior to acting on the impulse which may or may not be premeditated or consciously restricted; and 3) a sense of excitement, gratification and tension release during the act (Booth, 1988).

In this respect, McFarland and Wasli (1986) concluded that, individuals typically experience some degree of regret or remorse following the act, although regret or remorse is often transient due to a tendency to rationalize the behavior. Characteristics of impulsiveness include unpredictable behavior, threats toward others, irresponsible acts, low frustration tolerance, poor problem-solving skills, disturbed interpersonal relationships, restlessness, and general disregard for social rules and custom.

Violence

Violence is any physically or verbally assaultive behavior, with or without a weapon, against persons or property. Violence has emotional components for the out-of-control; patient who may be frightened by his/her loss of control; staff confronted with the escalating, potentially violent patient; and anyone else who witnesses the patient's threatening, abusive, or violent behaviors (Distasio, 2002).

Violence typically includes serious and extreme behavior that is intended to cause physical harm to another person or property (Acker, 2007). According to Kaplan and Sadock (1998), violence is a sort of sever aggressive behavior directed toward a person aiming to harm or destroy this person or his/her belonging. In the same time, aggressive behavior is assumed to be a form of violence act against others who may avoid such treatment or may fight back.

Violence is defined as the exertion of physical force so as to injury or abuse another person or things (Rosenberg & Mercy, 1986; and Sunderland, 1997). Similarly, Lewis (1991) stated that, violence is recurrent behaviors intended to cause pain, damage or destruction to another person. In the other hand, violence is considered as the intention to hurt or give advantage, over other people without necessarily involvement of physical injury (Siann, 1985).

Violence can also be defined as " the actual, attempted, or threatened physical harm of another person that is deliberately and non

consensual". The acts can vary greatly with respect to such things as an acquaintanceship with victims. Severity of physical or psychological harm is in the use of weapons, motivations, and so forth (Webster, Douglas, Eaves & Hart, 1997).

Theories of Aggression and Violence

Biological Theories

Aggression in the Brain

Two areas directly regulate or affect aggression that have been found in the brain. The amygdales have been shown to be an area that causes aggression. Stimulation of the amygdale results in augmented aggressive behavior (Decoster, Herbert, Meyerhoff & Potegal, 1996; and Potegal- Ferris, Herbert & Skaredoff, 1996). However, lesions of this area greatly reduce one's competitive drive and aggression (Bauman, Amaral, Lavenex, Mason & Toscano, 2006).

Another area, the hypothalamus, is believed to serve a regulatory role in aggression. The hypothalamus has been shown to cause aggressive behavior when electrically stimulated (Hermans et al., 1983). But more importantly has receptors that help determine aggression levels based on their interactions with the neurotransmitters serotonin and vasoprine (Delville et al., 2006).

Neurotransmitters and Hormones

Various neurotransmitters and hormones have been shown to correlate with aggressive behavior; the most often mentioned of these is the hormone testosterone. Testosterone has been shown to correlate with aggressive behavior in mice and some humans (Gerra et al., 1997). In contrast to some long-standing theories, various experiments have not shown a relationship between testosterone levels and aggression in humans (Albert, Walsh & Jonick, 1993; Chandler et al., 1993; and Beresford, Coccaro, Geracioti, Kaskow & Minar, 2006).

Another chemical messenger with implications for aggression is the neurotransmitter serotonin. In various experiments, serotonin was shown to have a negative correlation with aggression (Cherek, Collins, Davis, Moller & Swann, 1996; and Delville et al., 1997). This correlation with aggression helps to explain the aggression-reducing effect of selective serotonin reuptake inhibitors such as fluoxetine. The neurotransmitter vasopressin causes an increase in aggressive behavior when present in large amounts in the anterior hypothalamus the effect of norepinephrine, cortisole, and other neurotransmitters are still being studied (Delville et al., 1997).

Also, the inhibitory neurotransmitter Gaba-aminobutric acid (GABA) is a primary neurotransmitter in intrinsic neuron that functions as a local mediator for inhibitory feedback. It may be involved in the mediation of aggression and violent behavior. It has an inhibitory input into other neurotransmitter systems such as norepinephrine and