Knowledge, Attitude and Performance of Psychiatric Nurses toward Aggressive Patient

Thesis

Submitted for Partial Fulfillment of the Requirements
for the Master Degree in
(Psychiatric Mental Health Nursing)

By

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Walaa Mohamed Abd El Wahed

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Abb.	Full term
ANF	*Australian Nursing Federation*
ATAS	*Attitude Toward Aggression Scale*
OSHA	*Occupational Safety and Health Administration*
SD	*Standard Deviation*
SPSS	*Statistical Package for Social Science Statistics*
U.S	*United States*
UN	*United Nations*

Abstract

Aim: To assess knowledge, attitude and performance of psychiatric nurse toward aggressive patient. Methods: A descriptive study design was used. Setting: at the Psychiatric Mental Health Hospital at Benha City. Sample size: The study sample was composed of 110 nurses (62 females and 48 males) who were working at the previous setting. Tools: Interview questionnaire sheet to obtain nurses' characteristics, attitude toward aggression scale (ATAS) and observational checklist to measure nurses' performance. Results: Findings of the present study showed that, there were low total mean scores among studied nurses as regards knowledge attitude and performance. Moreover, a higher mean score of studied nurses' attitude towards aggression as functional reaction followed by normal reaction and lastly harming reaction. The highest element of performance utilized by all (100%) nurses was "using restrains to uncooperative patients". There was no significant correlation between the total mean knowledge and total performance mean scores among studied nurses. While, there was a highly significant correlation between total knowledge score and the functional reaction score. Whereas, there was a significant positive correlation between total performance mean score and the functional reaction score. Conclusion: low levels of knowledge, attitude and performance were found among studied nurses as regards patients' aggressive behaviors. Recommendations: Conduction health education program for nurses to improve their knowledge, performance and attitude to increase their awareness about how to handle aggressive patients.

Keywords: *Psychiatric nurses, knowledge, attitudes, performance, aggressive patient*

INTRODUCTION

Psychiatric inpatients exhibiting aggressive behavior towards staff or fellow patients are a challenge for clinical management. The proportion of patients acting aggressively during their stay on acute psychiatric wards varies between 8% and 44% ***(Dack and Ross, 2013).*** Coercive interventions, such as seclusion and mechanical restraint, are common methods for managing violent behavior during psychiatric hospitalization. Their use is highly controversial as they restrict the patient's freedom, being used against his/her will ***(Georgieva et al., 2012).***

Aggressive behavior can results in serious consequences including significant distress and sometimes injuries for staff and are thought to contribute to undermining staff members' feelings of safety, low morale, high staff turnover, and high vacancy rates ***(Fluttert et al., 2010).***

Aggression may be attributable to psychosocial-environmental factors or the complex interaction of patients, staff and inpatient unit culture influences ***(Hamrin et al., 2009)***. poor staff-to-patient interactions or the environment of care ***(Pulsford et al., 2011; Duxbury et al., 2013)***, overcrowding, lack of privacy, lack of activities, weak clinical leadership ***(National Institute for Health and Clinical Excellence, 2011)***, and restricting patients' freedom ***(Papadopoulos et al., 2012).***

The attitudes of clinical staff toward aggression can influence the way they respond to this behavior. Positive attitudes may influence the adoption of person centered approaches whereas negative attitudes may contribute to the use of containment measures ***(Hamrin et al., 2009)***.

Professional skills to adequately manage patient are prerequisites for nurses working in psychiatric hospital. The technical skills are necessary but not sufficient for effective nurses' intervention. The attitude of nurse toward client aggression also contribute to their response to patient behavior. The attitude of nurse to behavior is an important element in the provision of professional care ***(Jansen, 2006).***

Significance of the study

Aggression at inpatient units constitutes a major workplace hazard for mental health nurses, who must take account of many considerations when dealing with potentially aggressive or violent patients. This thesis discussing some of the problems that arise in connection with violence and aggression in mental health facilities. The attitudes of clinical staff toward aggression may affect the way they manage this behavior. Mental health nurses are faced with an increasing number of aggressive incidents during their daily practice. The coercive intervention of seclusion is often used to manage patient aggression in hospital seclusion and restraint can lead to death, serious physical injury, and trauma. Aggressive behavior

towards clinical staff is common across mental health services. Such behavior threat-ends the safety and well-being of people in the clinical therapeutic environment, and can have physical, psychological, social and financial consequences for all concerned.

AIM OF THE WORK

The present study was aimed to assess' knowledge, attitudes and performance of psychiatric nurses toward aggressive patient

Research question:

What are the level of knowledge, attitudes and performance of psychiatric nurses toward aggressive patient?

Chapter 1
PATIENTS' AGGRESSIVE BEHAVIOR

Aggression is any form of behavior that is intended to injure someone physically or psychologically ***(McCann et al., 2014).***

In addition, aggression in the health care settingss a well evidenced dilemma and constitutes a very significant area for nursing research, furthermore psychiatric patients' aggression and violence in mental health hospitals is an escalating problem that poses a threat to the physical and psychological health of all the involved parties including the aggressive patients, other patients in the unit and the care providers especially nurses who are the most prone to endure violence ***(Dawood, 2013).***

Aggression toward nurses can arise from many sources: patient to nurse, relatives to nurse, nurse to nurse, and doctor/allied health professional to nurse. The origins of the word aggression are from early 17th century from Latin *aggressio (n*), from *aggredi* 'to attack' ***(Richardson & Hammock, 2011).***

A personal or vicarious experience of aggression or violence in the workplace leads to serious consequences for the healthcare professionals, the patient, patient care and the organization. Exposure to traumatic experiences over a career of nursing, and a lack of control over these experiences,

contributes to poor recruitment, poor retention, and may manifest as exhaustion ***(Kamchuchat et al., 2008).***

Aggressive behavior in patients, residents or clients are growing challenges in nursing. Aggressive behavior can have both, physical and psychological consequences for nurses and can lead to a reduced performance at work, demotivation, sickness absence and the premature exit from the nursing profession. To develop purposive strategies and to deal with aggressive behavior and health promotion programs, it is crucial to know more about the prevalence of aggressive behavior from patients and the effect on the work ability of nurses in different types of institutions ***(Galatsch et al., 2013)***

In both definitions, there is a co-existing factor which is intention to harm another person. For the purpose of this thesis the researcher have decided to use the terms aggression interchangeably. This has been done by other researchers as well like ***(Kynoch et al., 2009).*** Therefore, aggression will be defined as any behavior that is intended to harm another person physically or psychologically ***(Irwin, 2006).*** An aggressive patient is one who exhibits any behavior that intimidates, induces fear, humiliates and physically harms another individual (Health personnel, other patients or visitors) ***(Lehestö et al., 2004).***

Aggression defined as hostile, injurious, or destructive behavior often caused by frustration, can be collective or individual ***(Siever, 2008).***

However, a submission defined aggression as "physical or verbal behavior intended to hurt someone" ***(Myers, 2005)***. Also, ***Brehm et al. (2005)*** saw aggression as behavior that is intended to harm another individual. Based on the above definitions, aggression refers to any act that hurts harms or destroys which must be intended or deliberate. This presupposes that injuring someone accidentally or for the person's wellbeing cannot be construed as aggressive behavior. For example, a nurse who gave a painful injection to a patient cannot be considered to be aggressive because there was no intent to harm. On the other hand, a student who threw stone at another student but missed is aggressive because there was intent to harm. Words uttered to offend someone amount to aggressive behavior. It should be noted that extreme acts of aggression are referred to as violence. It is intended to hurt and kill.

Theories of Aggression:

Research syntheses show that all types of direct aggression are higher in males than females across ages, countries, and measurement type. But, there is an on-going debate on the origins of sex differences in aggression that juxtaposes two possible explanations ***(Archer, 2009).***