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Nurses' Attitudes Toward Causes And Management Of Aggressive And Violent Behavior Among Inpatients In Psychiatric Hospitals In Baghdad

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Abstract:
Objectives: *to assess nurses' attitudes towards the causes and ways of management related to aggressive and violent behavior of inpatients and to find -out the relationship between attitudes towards general causes and management of aggressive and violent behavior of inpatients and some variables related to nurses such as ; age, gender, level of education, training with regards to the management of inpatient aggressive and violent behavior, and years of nurses experience in psychiatric hospitals*
Methodology: *A descriptive, cross-sectional survey design was conducted on nurses working in inpatient ward at psychiatric hospitals from 21th February to the 10 th May. A purposive (non-probability) sampling (N = 198) nurses,. The researcher used the Management of Aggression and Violence Attitude Scale (MAVAS) was designed to incorporate views related to the management of aggression and violence. The MAVAS questionnaire is self administered and consists of 27 close ended questions. The responses are spread over a 3-point Likert scale, with a scoring between (1 – 3). Data were analyzed through descriptive statistical data analysis approach (Frequency ,percentage, and mean of score) and inferential statistical data analysis approach (Person's Correlation, and the Simple Linear Regression).*
Results: *The results of the study revealed that mean of score of nurse's attitude toward internal, external, situational causes, cultural and gender causes of aggressive and violence behaviors respectively were (2.51, 2.10, 1.46, and 2.08) while the mean of score of nurse's attitude toward general management, use of medication, use of seclusion, restraint management respectively were (2.75, 2.27, 2.08, 2.69, and 2.5),and there were significant correlations between nurse's attitudes towered causes of aggressive and violent behavior and training courses regards to the causes and management of patient and years of nurses experience in psychiatric Hospital; r = (0.230**), (0.234**),and there were significant correlations between nurse's attitudes towered management of aggressive and violent behavior and age, gender, training courses regards to the causes and management of patient; r = (0.190**),(0.142*),(0.151*) .*
Conclusion: *The study concluded that nurses attitudes towered causes and management of aggression and violence patients are complex and somewhat contradictory and can affect the way nurses manage this behavior; therefore, wide-ranging initiatives are needed to prevent and deal this type of challenging behavior.*
Recommendations: *Educational programs concerning aggression and violence management are required to train and update nursing staff on provoking factors and proper methods of management of patients' aggression and violence, strongly advised the person working inpatient psychiatric wards should at least be registered psychiatric nurses, as this qualification would provide staff with a basic understanding of nature of aggression and therapeutic interventions ,and future research, focusing on a wider range of workplace variables is needed to shed light on the current study findings.*

I. Introduction

Violence and aggression towards nurses working in mental health inpatient units is an everyday event, but they should not accept it as an inevitable aspect of their role. Nurses should consider the clinical implications of patient aggression and how they manage its effect on their therapeutic relationship with patients [1]. When aggression occurs in inpatient settings it is more likely to be directed at nurses than other patients [2] or at other clinical and non-clinical staff [3]. Eisenstark et al., reported that each year twenty five per cent of mental health nurses in public sector hospitals are subject to a violent incident resulting in a serious injury[4].

Dealing with violence and aggression can be stressful for nurses, particularly if they feel inadequately trained to deal with it. Therefore it is importance to understanding and addressing causes that may contribute to aggressive and violence behavior and to help nurses deal with aggressive and violent behavior. Managing risks associated with aggression and violence is the responsibility of all staff in mental health inpatient units. Procedures for identifying possible risks, assessing their probability, seeking to control the risk through implementation of proactive interventions and reviewing measures are essential to risk minimization [5]. Health nurses need to consider a number of clinical, professional, legal and ethical issues in their work. An

understanding of the causes of inpatient aggression is essential in providing quality nursing care and maintaining a safe work environment. It is important to examine nurses attitudes because they may affect the way staff attempt to prevent and manage this behavior.

II. Methodology

A descriptive, cross-sectional survey design was conducted on nurses working in inpatient ward at psychiatric hospitals from 21th of February to the 10 th of May. A purposive sampling (N = 198), Purposive (non-probability) sampling of nurses on day and night duty, dealing with psychiatric patients in the three psychiatric hospitals (Baghdad Medical Teaching Hospital, Ibn- Rushud Teaching Hospital, and Al-Rashad Teaching Hospital**).**data was collected through the use of Management of Aggression and Violence Attitude Scale (MAVAS) [6]. The MAVAS questionnaire is self administered and consists of 30 close ended questions. The items of the present research questionnaire were translated to the Arabic language. The questionnaire included three parts; the first part included demographic characteristics of nurses' respondents such as age, gender, level of education, training with regards to the management of inpatient aggressive and violent behavior, and years of experience in psychiatric hospitals, the second part included causes of aggressive and violent behavior items; consisted of (16) items and composed of four domains(Internal causative factors, external causes, situational causes, and Cultural/gender causes) All items were rated according to three points-likert scale as (agree 1, somewhat Agree 2, and for disagree 3).The result of the aggressive and violent behavior causes were measured according to the following mean of score (< 1.5) low, (1.5-1.9) Mild, (2- 2.4) moderate, and (2.5-3) high, and the third part concerning with the management of aggressive and violent behavior items which consisted of (14) items and composed of five domains(General management ,Use of medication ,Use of seclusion, Restraint, Non-physical methods) All items were rated according to three points-likert scale as (agree 1, somewhat Agree 2, and for disagree 3).The result of the management of violent and aggressive behavior were measured according to the following mean of score (< 1.5) low, (1.5-1.9) Mild, (2- 2.4) moderate, and (2.5-3) high. The validity of the questionnaire was determined initially through the panel of (5) experts in the different specialty related to the field of present study and the reliability of the items instrument was based on the internal consistency of the questionnaire for each domain (causes and management of violent and aggressive behavior) that assessed by calculating alpha cronbachs' coefficient. Data were analyzed using the Statistical package for Social Sciences (SPSS), through the application of descriptive statistical data analysis approach (Frequency ,percentage, and mean of score) and inferential statistical data analysis approach (Person's Correlation, and the Simple Linear Regression).

III. Results

Table 1: Distribution of Nurses' Demographic characteristics

Demographic Characteristics	F	%
1.Age (years) M (37.22), and SD (8.80)		
• 18-27	37	18.7
• 28-37	67	33.8
• 38-47	75	37.9
• 48-57	17	8.6
• 58 and more	2	1.0
2.Gender		
• Female	40	20.2
• Male	158	79.3
3. Educational levels		
• Primary school	22	11.1
• Secondary school	91	46.0
• Diploma	59	29.8
• Bachelor	26	13.1
4. Training courses with regards to the management of aggression and violence		
• Yes	37	18.7
• No	161	81.3
5. Years of experience in psychiatric hospitals M (13.25), and SD (9.29)		
• 1-5 Years	49	24.7
• 6-10 Years	45	22.7
• 11-15 Years	26	13.1
• 16-20 Years	39	19.7
• 21-25 Years	7	4.0
• 26-30 Years	27	13.6

• **31 and more**	**5**	**3.0**
Total	**198**	**100%**

F= Frequency, % = Percentage, M= Mean, SD=Stander Deviation

Table (1) describes the demographic characteristics of nurses working in psychiatric inpatient ward, it shows that the highest percentage **(37.9)** of nurses at age group (**38-47**) years, while the lowest percentage (**1.0**) at age group (**58 and more**) years with mean age **(37.22)** and stander deviation **(8.80)** , most of the sample **(79.3)** were male, while **(20.2**) were female. Also the table shows that **(46.0**) of the sample at Secondary school level of education, most of the sample**(81.3)** were not received training courses with regards to the management of aggression and violence**,** and (**24.7)** of nurses (**1-5)**years of experience in psychiatric hospitals with mean (**13.25**), and stander deviation (**9.29**) .

Table 2: Distribution of the levels of Nurses Attitudes toward the Causes of aggressive and Violent Behavior.

No.	Response	Agree		Somewhat Agree		Disagree		MS
	Causes items	F	%	F	%	F	%	
I	Internal causes MS=2.51							
1	It is difficult to prevent patient from becoming violent or aggressive behavior	58	29.3	101	51.0	39	19.7	2.09
2	Patient is aggressive because he\she is ill	159	80.3	28	14.1	11	5.6	2.75
3	There are types of patients who frequently become aggressive towards nurses	131	66.2	67	33.8	0	0.0	2.66
4	Patient who is aggressive towards nurses should try to control him\her feelings	112	56.6	77	38.9	9	4.5	2.51
5	Aggressive patient will calm down automatically if left alone	113	57.1	80	40.4	5	2.5	2.54
II	External causes MS=2.10							
6	Patient is aggressive because of the environment he\she is in	116	58.6	0	0.0	82	41.4	2.41
7	Restrictive care environments can contribute towards patient aggression and violence	90	45.5	35	17.7	73	36.9	1.91
8	If the physical environment were different, patient would be less aggressive	79	39.9	62	31.3	53	28.8	1.97
III	Situational causative factors MS=1.46							
9	Other people make patient aggressive or violent.	72	36.4	15	7.6	111	56.1	2.28
10	Patient commonly becomes aggressive because nurses do not listen to him\her	62	31.3	51	25.8	85	42.9	2.11
11	Poor communication between nurses and patient leads to patient aggression	16	8.1	91	46.0	91	46.0	2.38
12	Improved one to one relationships between nurses and patient can reduce the incidence of patient aggression and violence	0	0.0	44	22.2	154	77.8	2.77
13	It is largely situations that contribute towards the aggression behavior of patient.	4	2.0	55	27.8	139	70.2	2.68
IV	Cultural/gender causes MS=2.08							
14	Gender mix of nurses on the wards is important in the management of aggression.	97	49.0	39	19.7	62	31.3	2.18
15	Patient from particular cultural groups are more prone to aggression.	146	73.7	32	16.2	20	10.1	2.06
16	Cultural misunderstandings between patient and nurses can lead to aggression.	97	49.0	50	25.3	51	25.8	2.00
Total	MS=2.04							

F= Frequency, % = Percentage, M= Mean

Table (2) shows that the highest mean of score of nurses attitude toward internal causes of aggressive and violence behavior; Patient is aggressive because he\she is ill; Item **(No. 2)** with **MS :(2.75).** The highest mean score for external causes was (**2.41**) which refer to Patient is aggressive because of the environment he\she is in; Item **(No. 6).**Also the highest mean of score of nurses attitude toward Situational causative factors with highest mean of score; It is largely situations that contribute towards the aggression behavior of patient; Item **(No. 12)** with **MS :(2.77)**, and the highest mean of score of nurses attitude toward Cultural and gender causes; Gender mix of nurses on the wards is important in the management of aggression Item **(No. 14)** with **MS :(2.18)**.In general the mean of score of nurse's attitude toward internal, external, situational causative factors, cultural and gender causes of aggressive and violence behavior**s** respectively were **(2.51, 2.10, 1.46, and 2.08)**.

Table 3: Distribution of the levels of Nurses Attitudes toward the Management of aggressive and Violent Behavior.

No.	Response Management items	Agree		Somewhat Agree		Disagree		MS
		F	%	F	%	F	%	
I	Management: General MS=2.75							
1	Different approaches are used on this ward to manage patient aggression and violence.	153	77.3	45	22.7	0	0.0	2.78
2	Patient aggression could be handled more effectively on this ward.	145	73.2	53	26.8	0	0.0	2.73
II	Management: Use of medication MS=2.27							
3	Medication is a valuable approach for treating aggressive and violent behavior.	140	70.7	50	25.0	8	4.0	2.66
4	Prescribed medication can in some instances lead to patient aggression and violence.	100	50.0	72	36.4	26	13.1	2.22
5	Prescribed medication should be used more frequently to help patients who are aggressive and violent.	73	36.9	63	31.8	62	31.3	1.95
III	Management: Use of seclusion MS=2.08							
6	When a patient is violent, seclusion is one of the most effective approaches to use.	124	62.6	57	28.8	17	8.6	2.54
7	The practice of secluding violent patient should be discontinued.	41	20.7	73	36.9	84	42.4	1.77
8	Seclusion is sometimes used more than necessary.	84	24,2	105	53.0	45	22.7	2.01
IV	Management: Restraint MS=2.69							
9	Patient who is violent is often restrained for his\her own safety.	155	78.3	39	19.7	4	2.0	2.77
10	Physical restraint is sometimes used more than necessary.	121	61.1	77	38.9	0	0.0	2.61
V	Management: Non-physical methods MS=2.5							
11	Negotiation could be used more effectively when managing aggression and violence.	113	57.1	70	35.4	15	7.6	2.48
12	Expressions of aggression do not always require staff intervention.	97	49.0	66	33.3	35	17.7	2.31
13	Alternatives to the use of containment and sedation to manage patient violence could be used more frequently.	104	52.5	94	47.5	0	0.0	2.52
14	The use of de-escalation is successful in preventing violence.	138	96.7	60	30.3	0	0.0	2.69
Total	MS=2.45							

F= Frequency, % = Percentage, M= Mean

Table (3) shows that the highest mean of score of nurses attitude toward General management of aggressive and violence behavior; Different approaches are used on this ward to manage patient aggression and violence; Item **(No. 1)** with **MS :(2.78).** The highest mean score for Use of medication was (**2.66**) which refer to Medication is a valuable approach for treating aggressive and violent behavior; Item **(No. 3).**Also the highest mean of score of nurses attitude toward Use of seclusion with highest mean of score; When a patient is violent, seclusion is one of the most effective approaches to use; Item **(No. 6)** with **MS :(2.54)**, and the highest mean of score of nurses attitude toward Restraint; Patient who is violent is often restrained for his\her own safety **(No. 9)** with **MS :(2.77)**.the highest mean of score of nurses attitude toward Non-physical methods; The use of de-escalation is successful in preventing violence **(No. 14)** with **MS :(2.69)**.In general the mean of score of nurse's attitude toward General management, use of medication, use of seclusion, restraint management respectively were **(2.75, 2.27, 2.08, 2.69, and 2.5).**

Table 4: Person's Correlation Coefficients for the variable underlying the present study

N0.	Independent Variables	Nurses attitude toward Causes of	Nurses attitude toward management
1	Age	.016	.190(**)
2	Gender	-.024	.142(*)
3	Educational levels	-.115	-.110
4	Training courses	.230(**)	.151(*)
5	Years of experience in psychiatric hospit	.234(**)	.051

***= Significant,* *= highly Significant**

Table (4) indicates that there were significant correlations between nurse's attitudes towered Causes of aggressive and violent behavior and Training Courses Regards to the Causes and Management of Patient Related Aggression and Violence and Years of Experience Working in Psychiatric Hospital with Pearson Correlation (0**.230**), (0.234**)**,and there were significant correlations between nurse's attitudes towered management of aggressive and violent behavior and age, gender, Training Courses Regards to the Causes and Management of Patient Related Aggression and Violence with Pearson Correlation (0**.190**),(0.142*),(0.151*)**.

Table 5: Enter Regression for the relationships of Demographic data of Nurses and Nurses attitude toward causes of aggressive and violent behavior

Model (1)	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	35.647	2.028		17.575	.000
Age	1.241	.477	-.533	3.565	.343
Gender	-.497	.308	-.040	-2.210	.542
Level of education	-.012	.325	-.085	-.050	.234
Training courses with regards to the management of patient related aggression	.996	.661	.252	2.064	.000
Experience in Psychiatric Hospitals	.286	.046	.676	6.233	.000
Adjusted R Square: .198 F: 10.717					

- Predictors: (Constant), Age, Gender, Highest level of education, Received training with regards to the management of patient related aggression, Experience in Psychiatric Hospitals. -Dependent Variable: Nurses attitude toward Causes of Aggressive and Violent Behavior,

Table (5) indicates that there were highly significant relationship between nurse's attitudes towered Causes of aggressive and violent behavior and Training Courses Regards to the Causes and Management of Patient Related Aggression and Violence and Years of Experience Working in Psychiatric Hospital at P.Value **(0.000),(0 .000)**

Table 6: Enter Regression for the relationships of Demographic data of Nurses and Nurses attitude toward Managements of Aggressive and Violent Behavior

Model (1)	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	31.210	1.480		21.086	.000
Age	1.241	.348	.425	3.565	.000
Gender	-.497	.225	-.153	-2.210	.028
level of education	-.012	.237	-.004	-.050	.960
Received training with regards to the management of patient related aggression	.996	.483	.145	2.064	.030
Experience in Psychiatric Hospitals	-.072	.033	-.247	-2.136	.064
Adjusted R Square: .089 F: 4.844					

-Predictors: (Constant), Age, Gender, Highest level of education, Received training with regards to the management of patient related aggression, Experience in Psychiatric Hospitals.

- Dependent Variable: Nurses attitude toward Managements of Aggressive and Violent Behavior

Table (6) indicates that there were significant relationship between nurse's attitudes towered management of aggressive and violent behavior and age, gender, Training Courses Regards to the Causes and Management of Patient Related Aggression and Violence with Pearson Correlation at P.Value **(0.000),(0 .028),(0 .030).**

IV. Discussion

Part I: Discussion of Demographic Characteristics

Approximately 198 nurses were completed the questionnaire, the highest percentage **(37.9)** of nurses ranging from 38 to 47 years. Most respondents **(79.3)** were male, while **(20.2**) were female. About **(46.0**) of the sample were at secondary school level of education, and most of them **(81.3)** had not received training courses with regards to the management of aggression and violence**,** while (**24.7)** had experience from 1 to 5 years in psychiatric hospitals with mean (**13.25**) and stander deviation (**9.29**) as show in (table 1).

This result was in contrast with the results of Dawood reported that the majority of the sample were female nurses 38 (58.5) and (41.5), Egyptian psychiatric nurses work experience ranged between 1 month and 23 years with a mean of 104.85 + 76.452 months while Saudi nurses work experience ranged between 3 month and 264 months with a mean of 83.05 + 75.037 months [7]. Jonker indicated that of 85 respondents females (68%) than males were part of the sample, the majority of the nurses had a non-bachelor degree in nursing, and mean number of years of working experience was 12.96 (11.0), training in aggression management, had been completed by 74 of the 85 nurses (87.1%) [8] . [9] According to Duxbury male nursing staff are more frequently attacked than female staff, most probably due to male nursing staff being more involved in the containment of outbursts. [10] Arnetz reported that younger female workers pose a higher risk for being the victims of violence. The gender profile of the respondents to the questionnaire was a representative reflection of the total staff profile of the three hospitals. McCann indicated that nurse's staff 85 completed the questionnaire; almost two-thirds of respondents were female. The mean age of respondents was 43 years, ranging from 24 to 62 years. Most respondents (88%) were registered nurses.[11].

Part II: Discussion of Attitudes toward Causes of Aggressive and Violent Behavior:

5.2.1. Internal Causes:

The overall mean score for internal causes of aggression was **2.51** (**SD =0.4)**, they perceived aggression was associated with mental illness, and particular types of patients were prone to aggression. Steinert et al. ,found a strong association between thought disorders and violent behavior during inpatient treatment[12]. Alcohol and drug intoxication is another potential for violence and aggression [13]. The situation is even worse with the dual diagnosis patients where there is combination between psychosis and substance abuse [14]. Research studies have examined the negative impact of environmental factors [15].

5.2.2. External Causes:

The overall mean score for external causes was **2.10 (SD =0.6),** indicating respondents tended to agree that environmental factors in the units were influential in causing aggression. Restrictive care environments, such as locked wards, were perceived as contributing to aggression. Likewise, respondents were in agreement that if the physical environment was better patients would be less likely to be aggressive.

Respondents in Duxbury's study had agreed that the environment could be a cause of patient related violence[14]. Johansen and Lundman in previous research as contributing towards feelings, such as anger and aggression, since patients felt trapped due to losing personal freedom and the right to make decisions[16]. Canatsey and Roper stating that some therapeutic matters that often include managing an aggressive person in a confined area, can actually increase aggression in the client, thus impinging on the therapeutic plan devised for the client[17]. It had been reported that staff had not overwhelmingly regarded the restrictive environment as a possible cause of aggression[14].

A possible reason for this response might have been an interpretation that social environment had meant the place where a patient lived, and not the hospital as part of the environment.

5.2.3. Situational and interactional Causes:

The overall mean score for situational/interactional causes of aggression was **1.46 (SD =0.4)**, suggesting respondents were in agreement that causes in the immediate situation, including the way staff communicated with patients, contributed to this type of behavior. In particular, the respondents were in agreement that patient aggression occurred because of the influence of others. Patients were also more likely to become aggressive because of poor patient-to-staff communication. However, there was disagreement that this form of challenging behavior was attributable to staff failing to listen to patients (Table 2).

The findings also accord with other studies that report the physical characteristics of the ward environment, such as irritating noise, lack of privacy, restriction in liberty, and lack of activities contribute to aggression [18]. In a United Kingdom study of inpatient aggression also reported the influence of aversive stimulation by staff, such as physical contact, frustration, demands patients participate in activities, and critical comments[19]. It can also be extrapolated that poor staff-to-patient communication leads to frustration , which, in turn, may culminate in patient aggression[20].

5.2.4. Cultural and gender Causes:

The overall mean score of **2.08 (SD =0.5)** suggested respondents were in general agreement with the statements that cultural and gender influences contributed to the initiation of aggression in wards. In particular, there was agreement patients' cultural background and cultural miscommunications between patients and staff contributed to the onset of aggression. Likewise, there was agreement gender mix of staff was an important consideration in dealing with aggression (Table 2).

There are contrasting findings in the literature, however, about the influence of staff gender on patient aggression. Daffern et al. ,reported in a 6-month review of episodes of patient aggression in a forensic psychiatric hospital, found no statistically significant relationship between the gender ratio of staff and aggression[5]. However, a review of ecological factors influencing inpatient psychiatric unit violence, by Hamrin et al., presented conflicting findings about staff gender and aggression; with some studies concluding male staff were at greater risk of being recipients of violence[21], whereas other studies reported females staff were the most common recipients of violence [22].

It may also be due to cultural misunderstandings wherein some illness related behaviors, such as aggression and loud speech, are perceived as abnormal by clinicians but may be perfectly acceptable within a particular patient's culture.

Part III: Management of aggression

5.3.1. Management: General

The overall mean score for the management of this type of behavior was 2.3 (SD = 0.3), indicating respondents had a tendency to agree with the statements about how to respond to these challenging situations (Table 3).

Generally, there was agreement patient aggression could be dealt with more effectively in the units. In particular, there was agreement medication was useful for treating aggression and it should be used more frequently with patients who displayed this behavior. However, they also responded that in some circumstances medication contributed to instances of aggression.

5.3.2. Management: Use of medication

The findings indicated agreement-to-disagreement that seclusion was one of the most effective ways for dealing with this form of behavior, restraint and seclusion were sometimes used more often than necessary, and patients were usually restrained for their own safety. Moreover, there was disagreement with the statement that the practice of seclusion should be discontinued.

5.3.3. Management: Use of seclusion

It was revealed from the present study that the highest mean of score of nurses attitude toward Use of seclusion with highest mean of score; When a patient is violent, seclusion is one of the most effective approaches to use; Item **(No. 6)** with **MS :(2.54)**

There was general agreement person centered alternatives to containment and sedation, such as negotiation and de-escalation, could be used more effectively to prevent and manage aggression. However, there was agreement-to-disagreement about whether or not staff should always intervene in situations when patients were aggressive. Mason et al, reported that "despite a perceived value of some approaches, aggressive and violent incidents continues to be managed in a reactive way… the use of medication, seclusion and or restraint"[23].Duxbury reported similar responses from staff included in her study, to those of the participants in the present study[14]. The researcher believed that this response confirmed the existence of ambivalence as to how aggression and violence should be managed.

5.3.4. Management: Restraint

The findings of the present study indicate that the highest mean of score of nurses attitude toward Restraint; Patient who is violent is often restrained for his\her own safety **(No. 9)** with **MS :(2.77)**.

Importantly, the use of physical restraint has been associated with mental healthcare user deaths [24], indicating that the use of this method should only be undertaken by knowledgeable staff. Finnema, Dassen & Halvens, revealed that it had often been very difficult for staff to implement different techniques to manage aggression and violence, especially if it occurred unexpectedly and when there had not been enough time to consider all possible interventions[25]. Saverman et al, reported that "if staff fear the population they serve, aggressive patients in long term care may be treated more forcibly by staff, be restrained more frequently and face the possibility of abuse by care givers"[26]. This might explain the reason for the practice of physical restraint, and that, despite staff being aware of the value of negotiations, they possibly lacked these skills.

Bock indicated that 74% (n=68) of respondents from the hospitals included in this study felt that negotiations could be used more effectively in order to manage aggression and violence. A minority of 28% (n= 26) of respondents felt that the expression of aggression had not required staff intervention. 69% (n=63) of respondents were in favour of the use of alternatives to containment and sedation, thus indicating that staff empathized with the situation of mental healthcare users and were willing to explore alternative methods [27].

The type of intervention used by the mental healthcare provider depends largely on the way the nurse assesses the situation, previous experience and the "unwritten" rules of the ward [25].

Cowen et al, identified that de-escalation was a poorly defined concept, because it had been used only as a measure to prevent further "escalation"[28].

Part IV: Discussion of the Relationships

5.4.1.Discussion of the Relationships between Nurses' Attitudes toward Causes of Aggressive and Violent Behavior and Demographic Data:

Findings of the present study table (4) indicates that there were highly significant relationship between nurse's attitudes towered Causes of aggressive and violent behavior and Training Courses Regards to the causes and management of patient related aggression and violence and years of experience working in Psychiatric Hospital at P.Value **(0.000),(0 .000).** Dawood reported that training programs in aggression management made statistically significant difference in the nurses mean scores of only the external and situational causes that contribute to patient aggression and violence at (p = .048, .030)[7].

5.4.2. Discussion of the Relationships between Nurses' Attitudes toward Management of Aggressive and Violent Behavior and Demographic Data:

Analysis of current study Table (4) reveals that there were significant relationship between nurse's attitudes towered management of aggressive and violent behavior and age, gender, Training Courses Regards to the Causes and Management of Patient Related Aggression and Violence with Pearson Correlation at P.Value **(0.000),(0 .028),(0 .030).**

Dawood indicated that years of experience had no significant relationship with the management score (.070)[7]. Whittington, reported that there were no differences between aggression rates towards male and female nurses[19]. Aggression and violence play a large part in the breakdown of the therapeutic relationship. Nurses' attitudes towards aggressive patients and levels of experience in dealing with them can either amplify a breakdown or conversely improve patient-nurse interactions and relationships **[**29**].**Whittington found that nurses who have gained "professional wisdom" through experience are more competent and comfortable in dealing with aggression[19]. Their attitudes determine the type of intervention and clinical planning used to manage the situation and will impact positively or negatively upon the patient's health [30].Appropriate training has reduced the need for coercive practices and reduced the rate, severity and negative outcomes due to the application of de-escalation strategies [29].

V. Conclusion

Most of the nurses working in psychiatric inpatient ward **(79.3)** were male at age group (**38-47**) years with mean age **(37.22)** and stander deviation **(8.80)** , **(46.0**) at Secondary school level of education ,**(81.3)** were not received training courses with regards to the management of aggression and violence**,** and (**24.7)** had experience in psychiatric hospitals. The levels of nurse's attitude toward causes of aggressive and violence behavior by mean of score(internal, external, situational causative factors, cultural and gender) causes of aggressive and violence behavior**s** respectively were **(2.51, 2.10, 1.46, and 2.08)**, and the levels of nurses attitudes toward the management of aggressive and violent behavior by mean of score of nurse's attitude toward General management, use of medication, use of seclusion, restraint management respectively were **(2.75, 2.27, 2.08, 2.69, and 2.5).** there were significant correlations between nurse's attitudes towered Causes of aggressive and violent behavior and Training Courses Regards to the Causes and Management of Patient Related Aggression and Violence and Years of Experience Working in Psychiatric Hospital with Pearson Correlation (0**.230**), (0.234****),and there were significant correlations between nurse's attitudes towered management of aggressive and violent behavior and age, gender, Training Courses Regards to the Causes and Management of Patient Related Aggression and Violence with Pearson Correlation (0**.190**),(0.142*),(0.151*)**. there were significant relationship between nurse's attitudes towered management of aggressive and violent behavior and age, gender, Training Courses Regards to the Causes and Management of Patient Related Aggression and Violence with Pearson Correlation at P.Value **(0.000),(0 .028),(0 .030).**

Recommendation

1- Educational programs concerning aggression and violence management are required to train and update nursing staff on provoking factors and proper methods of management of patients' aggression and violence .
2- Strongly advised the person working inpatient psychiatric ward should at least be registered psychiatric nurses, as this qualification would provide staff with a basic understanding of nature of aggression and therapeutic interventions.
3- Fucher research, focusing on a wider range of workplace variables is needed to shed light on the current study findings.

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