

## Aggressive Behaviors among Faculty of Nursing Students

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**Abstract:** Nursing is a challenging profession because it requires expertise in a broad range of skills and abilities. Negative emotion such as anger expression can result in maladaptive behavior, which will eventually lead nursing students to aggressive behaviors that influence the quality of nursing care. **This study aimed to assess levels and type of aggressive behaviors among faculty nursing students. The study followed a descriptive research design, and carried out in the class room at Faculty of Nursing, Tanta University. The study subject included 275 nursing students who enrolled in psychiatric nursing educational course. Tool of this study was consisted of two parts: part one was socio-demographic characteristics of nursing students; part two was The Bass-Perry Aggression Questionnaire was developed by Buss A.H & Perry M.P (1992). The study concluded that around half of studied nursing students have moderate level of aggression, around quarter have high level, 4% have very higher, and only 19% of students had mild level of aggression. Regarding to, the type of aggression behaviors that performed by the participants, more than half of them have anger, hostility, verbal and physical aggression. So, it was recommended that there is a need to develop emotional awareness program to improve nursing students' emotional self-awareness and to manage their negative emotion, as well as provision of facilities for mental health consultation to encourage nursing students seek professional assistance when facing distress.**

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### I. Introduction

The number of nursing students and nurses are constantly increasing worldwide. There is a high probability in knowing and understanding the mental health of nursing students. If nursing students are able to maintain a healthy mental state, and control their negative emotion such as anger, then nursing students and nurses will be able to improve the quality of patient care<sup>(1)</sup>.

Unfortunately, the negative emotion of college nursing students is greater than other college students due to the fact that nursing students are burdened with the responsibilities of future health care professional<sup>(2)</sup>.

College students are in their early adulthood stage, wherein they want to play independent roles in accordance with their physical maturity; however, they experience various adaptation problems such as difficulty in developing complete mental and economic independence<sup>(2)</sup>. Moreover, college students experience anger due to psychological stressors, which are related to low self-esteem, unstable family, or faculty environment<sup>(3)</sup>.

Nursing students experience various tensions as well as anger and negative self-esteem from their clinical learning environment<sup>(4-5)</sup>. They are educated in a strict manner in order to conduct high quality nursing duties in clinical settings. When nursing students apply knowledge and techniques that they learned from clinical practice to nursing duties, they should also, apply that proper behavior and frame of mind to any other situation<sup>(4)</sup>. Accordingly, their anger expressions can result in maladaptive behaviors, which will eventually lead students to aggressive behaviors. This significantly influences the nursing student's ability to care of patients<sup>(5)</sup>. Therefore; it will be meaningful to investigate the method of nursing students' expression of their anger.

### II. Review of Literature

Aggression is a serious phenomenon of insensitive behavior by which individuals have a direct intention to cause harm to others and has the most vigorous effects for both<sup>(6)</sup>. According to **Colman A.M (2003)** "aggression is behavior with a sole purpose or function to injure physically or psychologically"<sup>(7)</sup>. **Myers D.G (2005)** defined aggression as "physical or verbal behaviors intended to hurt someone"<sup>(8)</sup>.

Aggression has traditionally been conceptualized as either an impulsive act that is motivated by anger or a premeditated behavior that is oriented toward achieving goals. However, this dichotomy is incomplete because it addresses aggressive behavior only from the perspective of the individual<sup>(9-11)</sup>.

The aggressive behavior may be physical, verbal, anger or hostility; As the name suggests physical, it describes physical harm, it expressed by raising a tightened fist, breaking a pen's tip, throwing a book on the floor, or hitting on a wall. Verbal aggression is described as insults or warning of such action. The verbal aggressions include shouting, arguing, cursing and sarcasm. Anger aggression is described as feeling of being threatened or mistreated. Anger occurs in many forms such as losing a match, feeling of not being selected,

feeling of jealous, guilt and embarrassment<sup>(6)</sup>. Hostile aggression refers to actions that are motivated by anger and the main aim is to cause harm or injury to opponents<sup>(12)</sup>.

Anger, hostility and aggression form part of a continuum represented by three components of manifested aggression (emotional, cognitive, and behavioral). Thus, an event that gives rise to anger and hostility can result in an aggressive action<sup>(13)</sup>. Anger (as an emotional component) and hostility (as a cognitive component) have predominant roles in the appearance of aggressive behaviors. Anger is a negative emotion that varies in intensity from slight irritation or moderate annoyance to rage or fury. By contrast, hostility refers to feelings of resentment, suspicious, and alienation<sup>(13, 14)</sup>.

### **Why Nursing Students Anger?**

Nursing is a stressful profession, and nursing students are exposed to high level stress in both theoretical and clinical components of their educational programs<sup>(15)</sup>. Anger is the result of frustration when students do not get what they need, want, or expect from life or others developed in response to unwanted action of others person who is perceived to be disrespectful, demeaning, threatening<sup>(16)</sup>.

Underlying anger is fear. The most common fear is not feeling in control of a person or event. Anger is an attempt to control student's own world by attempting to control the actions of others. To reduce fear or anxiety and to get the person to behave "properly", anger is employed. After all, once the environment is under students control feel better<sup>(17)</sup>.

Psychiatric nursing students, who participate in clinical learning experiences, face a myriad of patient's problems and complex situation<sup>(17)</sup>. Moreover, clinical situation experienced by nursing students can be unexpected and disturbing<sup>(18)</sup>, and student's distress can increase as training progress<sup>(19)</sup>. Although students enter the psychiatric nursing profession with some theoretical knowledge and role – play experience, they still report feeling frightened, overwhelmed, and /or emotionally traumatized by what they hear or observe<sup>(20)</sup>.

Based on the literature, the emotional needs of psychiatric nursing students have not been adequately addressed, **Tully. A (2004)** wrote"..... there remains a dearth of research into the experience of stress among nursing students ,and ways of they expressed it. Likewise strategies designed to promote student wellbeing during their learning experiences remain absent<sup>(19)</sup>.

**Aim of the study:** It was to assess levels and type of aggressive behaviors among faculty nursing students.

#### **Research questions:**

- Do Faculty nursing students have aggressive behaviors?
- If present, what are the levels and type of aggression behaviors among Faculty nursing students?

### **III. Materials and Method**

#### **Materials:**

**Research design:** the study followed a descriptive research design

**Setting:** The study was conducted in Faculty of Nursing Tanta, University.

**Subjects:** The study sample included all undergraduate 4<sup>th</sup> year faculty nursing students who were enrolled in the psychiatric nursing educational course. The actual numbers of study subjects was 275 students after withdrawal 25 of students during implementation of actual study in classroom.

**Tool:** It consisted of two parts.

**Part one:**Socio-demographic characteristics of Faculty nursing students, it was developed by researcher. It involved: sex, residence, number of students siblings, order of students among their siblings, and their father and mother education.

**Part two:** The Bass-Perry Aggression Questionnaire was used to collected study data; it was developed by Buss A.H &Perry M.P (1992)<sup>(21)</sup>. The questionnaire consisted of 29 items, which measure four subtypes of aggression: physical aggression (9items), verbal aggression (5 items),anger (7 items), and hostility (8items). Each item was rated on five point likert type scale, ranged from extremely disagree (1) to extremely agree (5). Two items were negatively stated, and the remaining 27 items were positively stated.

The score for the total items were summed;the higher score means a more aggressive behavior. The researcher sought assistance from statistically expertise to determine level of aggression, and levels of each type.The total score ranged from 29-145. It was classified as follows: 29-58 mild level, 59-87 moderate level; 88-116 high level, and 117-145 very high aggressive level.

The total score of each type of aggression behavior were summed to determine its level as follows:

**Physical aggression:** mild (9-15), moderate (16-30), and high level of aggression (31-45).

**Verbal aggression:**mild(5-8),moderate(9-16), andhigh level of aggression (17-25)

**Anger :**( 7-11) mild,(12-22) moderate,(23-35) high level of aggression

**Hostility:**mild (8-13),moderate(14-26),high level of aggression(27-40)

**Methods**

Written official permission to conduct the study was obtained from the Dean of Faculty of Nursing, Tanta University. The tool of the present study was translated by the researcher to Arabic language and validated by a jury composed of five experts in psychiatric field to ensure its content validity. The required correction and modification were carried out accordingly. Tool reliability was tested for internal consistency by Cronbach's alpha ( $\alpha$ ). The tool had high internal consistency, value of 0.86 for physical aggression, 0.68 for verbal aggression, 0.77 for anger, and 0.72 for hostility. A pilot study was carried out on 20 undergraduate 4<sup>th</sup> year faculty nurse students who were not enrolled in psychiatric nursing education course. They were selected by using simple random sampling design. After application the necessary modification was done.

**Ethical consideration:**

Oral consent was obtained from study students after explanation of the purpose and the form of study tool. The students were reassured that all information will be confidential and used only for the purpose of the study, and they have a right to withdrawal from actual study at any time.

**Actual study:**

The tool was distributed to study students, and they filled it by themselves in classroom. They consumed about 20-30 minutes

**Statistical analysis:**

Data was collected, organized tabulated, and statistically analyzed using SSPSS, Software computers statistically package, version 18. Data were presented as number and percentage, Chi-Square ( $\chi^2$ ) used for data presented in number of frequency and to test association between two variables in the same group, Spearman's rank Correlation was used to determine type of association between two or more variables, the level of statistical significance was adopted at  $P < 0.05$ .

**IV. Results**

**Table (1):** Distribution of Faculty nursing students according to their socio-demographic characteristics (n=275)

Items	No.(275)	%
<b>Sex:</b>		
▪ Male	51	18.5
▪ female	224	81.5
<b>Residence:</b>		
▪ rural	190	69.1
▪ urban	85	30.9
<b>Number of nursing students' siblings:</b>		
▪ None&one	24	8.7
▪ 2	71	25.8
▪ 3	91	33.1
▪ 4 or more	89	32.4
Range	(0-8)	
Mean±SD	3.07±1.405	
<b>Order of nursing students among sibling:</b>		
▪ First.	97	35.3
▪ Second	76	27.6
▪ Third	49	17.8
▪ Fourth or more	53	19.27
<b>Level of students' father education</b>		
▪ Read & write	69	25.1
▪ Diploma/secondary educational level	129	46.9
▪ Universal educational level	77	28.0
<b>Level of students' mother education:</b>		
▪ Read & write	96	34.9
▪ Diploma/secondary educational level	125	45.5
▪ Universal educational level	54	19.6

Table (1) appeared the socio-demographic characteristics of studied nursing students. As for sex, 81.5% of students were female. Regarding to, residence most of students (69.1%) from rural area. As for numbers of nursing student's sibling, 33.1% had three siblings, 32.4% of them have four or more and 25.8% have two sibling. As for order nursing students among their siblings, 35.5% of them were a first, 27.6% were a second, 17.8% were a third, and 19.27% were a fourth or more. As for their fathers and mothers' educational level, 25.1% of their fathers were read & write compared with 34.9% of their mothers, and 46.9% of fathers had diploma or secondary level of education compared with 45.5% of mothers, and 28% of father were graduated from university compared with 19.6% of mothers.

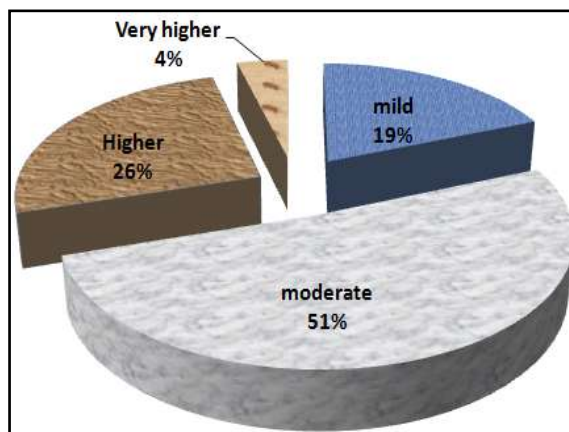


Figure (1): Distribution of nursing students according to their level of aggression:

Figure one showed that distribution of studied nursing students according to their levels of aggression. It shows that around half of nursing students (51%) had moderate level of aggression, around one quarter (26%) had high level, 19% had mild level, and 4% of students had very high level of aggression.

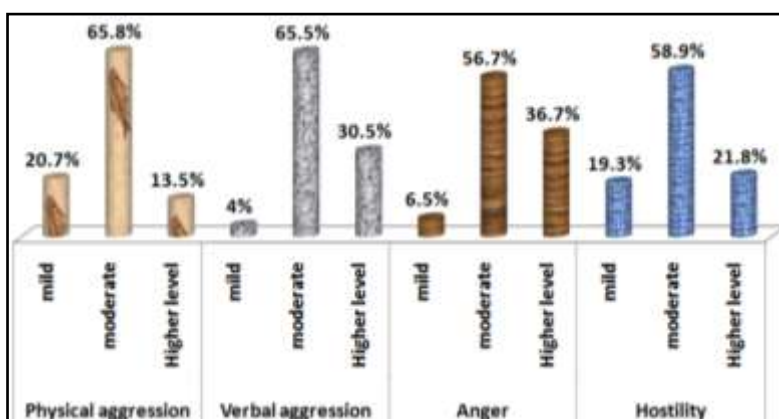


Figure (2): Distribution of studied nursing students according to type of their aggression

Figure two revealed the distribution of studied nursing students according to their type of aggression. Regarding to physical aggression, nearly two third of nursing students (65.8%) had moderate level. As for verbal aggression, nearly the same percentage (65.5%) had moderate level of verbal aggression and 30.5% had high level. As for anger 56.7% of the studied nursing students had moderate level of anger and 36.7% of them had higher level. As for hostility 58.9% of studied students had moderate level, and 21.8% had high level of hostility.

Table (2): Relationship between socio-demographic characteristics of nursing students and their level of aggression (n=275)

socio-demographic characteristics	Total No.	Level of nurse students aggression								$\chi^2$ P	
		29-58 Mild		59-87 Moderate		88-116 High		117-145 Very high			
		N	%	N	%	N	%	N	%		
<b>Sex:</b>											
▪ Male	51	9	17.6	21	41.17	16	31.37	5	9.8	7.318	
▪ Female	224	43	19.19	120	53.57	55	24.55	6	2.67	0.048*	
<b>Residence:</b>											
▪ Rural	190	35	13.32	107	56.2	41	21.4	7	3.6	7.559	
▪ Urban	85	17	20	34	40	30	45.29	4	4.7	0.046*	
<b>Number of students' siblings:</b>											
▪ None & one	24	3	12.5	12	50	9	37.5	0	0	6.654	
▪ 2	71	11	15.49	42	59.15	16	22.53	16	22.53	0.880	
▪ 3	91	20	21.9	41	45.0	25	27.47	25	27.47		
▪ 4 or more	89	18	20.22	46	51.68	21	23.59	21	23.59		

<b>Order of students among sibling:</b>										
▪ First.	97	16	16.49	49	50.51	29	29.89	3	3.09	15.761
▪ Second	76	17	22.36	39	51.3	20	26.31	0	0.0	0.398
▪ Third	49	12	24.48	23	46.93	10	20.4	4	8.16	
▪ Fourth or more	53	7	13.2	30	56.64	12	22.64	4	7.54	
<b>Students' Father education level:</b>										
▪ Read & write	69	14	20.28	33	47.82	19	27.53	3	4.34	1.897
▪ Diploma	129	21	16.27	69	53.48	33	25.58	6	4.65	0.929
▪ universal	77	17	22.07	39	50.64	19	24.67	2	2.59	
<b>Students' Mother education level:</b>										
▪ Read & write	96	19	19.79	46	47.9	26	27.08	5	5.2	2.009
▪ Diploma	125	21	16.8	69	55.2	31	24.8	4	3.2	0.919
▪ universal	54	12	38.88	26	48.14	14	25.92	2	3.7	

\* Statistically significant at  $P < 0.05$ .

Table (2) revealed the relationship between socio-demographics characteristics of studied nursing students and their level of aggression. There were a statistically significant difference between level of aggression of nursing students and their sex, and residence,  $p = 0.048$ , &  $p = 0.046$  respectively.

**Table (3):** Correlation between socio-demographic characteristics of nursing students and their level of aggression (n=275)

socio-demographic characteristics	Level of nurse students aggression	
	r	P
<b>Sex:</b>		
▪ Male	0.113	0.041*
▪ Female	-0.113	
<b>Residence:</b>		
▪ Rural	-0.123	0.032*
▪ Urban	0.123	
Number of siblings	-0.049	0.420
Order of students among sibling.	-0.014	0.815
Student's father education level.	-0.048	0.424
Students' mother education level.	-0.047	0.441

\* Statistically significant at  $P < 0.05$ .

Table (5) showed the correlation between socio-demographic characteristics of nursing students and their level of aggression. It showed that, the male students had positive correlation with their level of aggression, while female students had negative correlation. In regarding to their residence, the nurse students who lived in rural area had negative correlation with their level of aggression, while those lived in urban area had positive correlation.

## V. Discussion

Nursing is a challenging profession because it requires expertise in a broad range of skills, abilities, and emotional qualities necessary to care for sick individual and their families. Nurses need to remain calm during times of intensive stress and be able to make critical decision with short notice, and adapt to constantly changing environment. Negative emotion state such as anger and frustration, will eventually lead to a lower quality of nursing care<sup>(22)</sup>.

**Woelfle.C Y&McCaffrery.R (2007)**, stated that, violence exist in nursing today. It affects nursing in all clinical settings of their study, when tension is elevated in patient care area, nursing staff are not likely to perform at their best and the result is often poor patient care<sup>(23)</sup>. The present study; revealed that around half of the studied faculty nursing students had moderate level of aggression, and around one quarter had high level of aggression. This is considered high prevalence. Moreover, **Woelfle.CY, &McCaffrery. R (2007)** found from their study on horizontal violence among the first - year nurse graduates in Nursing Council of New Zealand, they found that the many new graduate were likely to have experienced violence."Horizontal violence can be described as aggressive and destructive behavior of nurses against each other"<sup>(23)</sup>.

**Khalil. D (2009)** studied level of violence among nurses in Cap Town Public Hospital, and reported that more than half of their nurses' participants in his study agree that there is violence among nurses<sup>(24)</sup>. **Randle.J(2003), Woelfle and McCaffrery (2007), and Duddle and Boughton.M( 2007 )**, had all reported on aspects of violence among nurses. They found that there were various forms of violence, but psychological violence was one of the most demoralizing forms of violence that the staff members can display toward each other<sup>(23, 25, 26)</sup>. In

the same line, **Tully. A (2004)** discovered a significantly high level of distress among psychiatric nursing students and noted that, "these students are at least at risk of developing a physical or a psychiatric illness<sup>(19)</sup>.

The possible explanation of these findings was explained by **Figley.C (1995)** who remarked that health care professionals can be so emotionally aroused by patients' trauma that they in turn experience emotional upset. He reported that people could become so emotionally drained by caring that they could be adversely affected by their efforts. In essence, caregivers are traumatized by concern. He suggested that helping professionals may absorb the pain of patients and may need assistance in coping with their intrusive thought, nightmares and generalized anxiety<sup>(27)</sup>.

More specifically psychiatric nurse students, exposure to disturbing behavior may prompt them to reflect on the experiences on people and their daily challenges. In this respect, **Morrisette .PJ (2004)** stated that student nurses when learning about patient pain, they may feeling overwhelmed and emotionally depleted or anger. This emotional distress experienced by student nurses appears to be associated with their perceived inability to alleviate patient distress<sup>(20)</sup>.

Student nurses who hear vivid accounts of traumatic events, and /or witness unfortunate patient behavior, become observers and/or participants in traumatic reenactments. Consequently, they are faced with the challenge of remaining emotionally present and empathic while attempting toward off vexatious reaction<sup>(28)</sup>.

**Remer & ferguson (1995)** reported that although not all students nurses may experiences psychological injury, the potential influence of their seminar and clinical experiences warrants attention. As stated earlier, the secondary stress experienced by health professionals can extend beyond self and have ramifications for their immediate family, colleagues, and patients<sup>(29)</sup>.

Regarding to the type of aggressive behaviors, the present study revealed that more than half of the studied nursing students have moderate level of anger, hostility, verbal and physical aggression, and dealing with these aggressive behaviors in different daily living of activities, and social relations. Regarding to their expression of anger, most of nursing students reported that "they flare up quickly but get over it quickly". When frustrated, they let their irritation show, and they sometimes feel like a powder keg ready to explode.

In this context, **park .AS et al;(2013)**, classified anger as a negative emotion among the various human emotion; however anger individuals are able to cope with danger as well as reduce and overcome any hazards involved. Therefore, anger is one of the most versatile situations. Moreover appropriate expression of anger plays an important role in maintaining social relations<sup>(30)</sup>.

In the same line, **Spielberger et al., (1988)**, stated that the anger pattern (expression mode) include repression anger, expression of anger, and control of anger<sup>(31)</sup>. Repression and expression of anger are adverse behavioral expressions, while control of anger is the appropriate one. This indicates that individuals who express their anger to others or objects tend to experience difficulty in controlling their anger, and resulting in aggressive behaviors<sup>(32)</sup>. **Thomas et al., (1997)**, stated that anger is not healthy when it is too frequent, too intense, too prolonged, or managed ineffectively<sup>(33)</sup>.

Regarding to expression of nursing students in the present study of their hostility, most of the students stated "I feel I have gotten an arrow deal out of life" , and some students expressed jealousy, and other feeling suspicious of overly friendly strangers. In this respect, **Thomaset.al.(1997)**, described hostile interactions with their nurse colleagues' participants, such as "needling, cutting, their blasting, back-biting, to name just a few"<sup>(33)</sup>.

Regarding to, expression of verbal aggression by nursing students, the present study revealed most of them stated that " I tell my friends openly when I disagree with them , and when people annoy me , I tell freely what I think of them , and some of the studied students described that " I am somewhat argumentative ". In addition to, half of the studied nursing students expressed their physical behavior by said "If I have to resort to violence to protect my rights, I will ", and half of the students reported" if someone hit me, I hot back, while another said "I have become so mad, that I have broken things".

In the same line, **Khalil (2009)** found from his study that the highest forms of violence among nurses occurred at the psychological level, with the least at the physical level of interaction, and he explained his findings by a three main factors contributing to violence among nurses with the eight hospitals under study. The first is lack of communication among nurses. The second is lack of respect among nurses. The third is inadequate anger management training for nurses working in public hospital<sup>(24)</sup>.

In the same line, **Woelfle CY, McCaffrey .R(2007)** showed that over half of their participants reported feeling undervalued by other nurses, over a third of the respondents often felt neglected. The violence were usually directed verbal statement with 34% of the respondents, they used comments that were rude, abusive, humiliating, or involved unjust criticism<sup>(23)</sup>.

The present study indicated that, male nursing student more liable to preform aggressive behaviors than female nursing students. The more acceptable explanation of this finding is that a social norms in our society reinforced aggression behaviors among male, where the male extreme dominance and used his power in form of aggression. This is in contrast with **Ahsan. M ( 2015)**, who found on a study of aggression among physical

education students, that female were more aggressive than males<sup>(6)</sup>, his finding was also supported by the findings of **Halder (2007)**<sup>(34)</sup>.

In this context, **Bjorkquist .K (1994)**, pointed out that most studies on human aggression have been conducted by men, and even when females have been the object of study, aggression has been operationalized in typically "male" fashions, usually as physical aggression. This means that, if we limit aggression to physical strategies only, then it is certainly true that males are more aggressive than females. There is no reason to believe that females should be less hostile and less prone to get in to conflict than males. Being physically weaker, they simply have to develop other means than physical ones in order to reach successful results<sup>(35)</sup>.

Finally, the present study revealed that the studied nursing students who lived in urban area more liable to be aggressive than those who lived in rural areas. This may be explained by that the students who lived in urban area more exposure to stressful events and challenges in their lives due to higher technology, difficult transportation, environmental pollution from industries, overcrowded areas, higher expensive lives and other difficulties they may be faced and not present in rural areas.

## VI. Conclusion

According to the findings of the present study, it can be concluded that around half of the studied nursing students had moderate level of aggression, and around one quarter had high. Regarding to, the type of aggression behaviors that performed by the participants, more than half of them had anger, hostility, verbal and physical aggression. Male nursing students had positive correlation with their level of aggression, and female had negative. In addition to, nursing students who lived in rural area have negative correlation with their level of aggression, while those who live in urban area have positive correlation.

## VII. Recommendation

Based on the results of present study the following recommendations were suggested:

- 1- Emotional awareness program should be developed for faculty of nursing students and may be involve:
  - Learning emotional self-awareness to help faculty nursing students recognize their negative emotions such as anger, frustration, anxiety, and discover how they expressed it, and its consequences
  - Practice behavioral skills for managing and resolving interpersonal conflicts.
  - Apply healthy coping strategies to dealing effectively with negative emotions such as anger.
- 2- Mental health consultation should be facilitated; to encourage nursing students seek professional assistance when personal issues distress triggered by academic and/or clinical experiences and that influence student nurse well-being.
- It is important that a safe, confidential, and respectful atmosphere be established wherein nursing students can discuss their daily challenges and concerns.

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