The Effect of Counseling Intervention Sessions for the Mental Health Nurses on their Reactions Toward Patients' Violent Behaviors

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Abstract: Violence is one of the most difficult problems facing psychiatric nursing in recent years; violent patients evoke stronger emotional reactions among staff members, such as frustration, anger, feeling hurt, fear, resentment, helplessness, anxiety and irritation relating to verbal and physical violence. Therefore, this study aimed to investigate the effect of counseling intervention sessions on mental health nurse's reactions toward patient's violent behaviors. A quasi- experimental design was utilized in this study. The study was conducted at Benha Governmental Hospital for Mental Health, in Benha City in kalyubia Governorate. A sample of convenience of 73 nurses were recruited for this study. Three tools were used for data collection; 1) Nurse's knowledge interview questionnaire; 2) Feeling word checklist; and 3) Observational checklist for nurses' practices. The result of this study indicated that the implementation of counseling intervention sessions showed a highly significant improvement in nurses' level of knowledge about violence and nurses' practices toward violent patient. The study recommended that, a workplace violence policy should be developed for psychiatric settings that explain the process that should occur after an employee has been assaulted. This policy should include how to report the incidence, to whom to report the incidence, and the legal options for the victim, as well as, referral for medical care and psychological support.
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Introduction

Violence is one of the most difficult problems facing psychiatric nursing in recent years; it has been framed as an occupational health hazard posing particular risk to psychiatric nursing staff. Nurses are primary caregivers in hospitals and are more likely to encounter violence because of the amount of time spent in direct patient care. Many nurses have not been trained to manage explosive situations. So, violence threatens the welfare of the psychiatric patients, staff and visitors alike **(McPhaul, & Lipscomb, 2004).**

Psychiatric nurse experiences feelings such as frustration, anger, feeling hurt, fear, resentment, helplessness, anxiety and irritation relating to verbal and physical violence **(Nau et al., 2007)**. Short-term reactions of the victims are identified as anger, anxiety, helplessness, apathy, depression, self-blame, dependency and fear of other patients up to long-term reactions like symptoms of PTSD **(Needham et al., 2005)**.

Violence is a multifaceted problem, which may take on several forms such as; verbal abuse, physical assaults, aggression, harassment, bullying, intimidation, threatening, as well as obscene behaviors. Violent acts are perpetrated against nurses from various quarters, including patients, relatives, peers, supervisors, subordinates, and other professional groups **(Camerino et al., 2008)**.

Patient violence is attributable to numerous causes such as frustration, pathology, or the adverse influence of the environment. Involuntary referral to a hospital or discontent with treatment may lead to frustration and thus provoke patient violence **(Needham et al., 2004)**. High incidence rates of violence are also associated with illnesses frequently occurring on admission wards such as schizophrenia, personality disorder, and mania **(Smith & Humphreys, 1997)**. Empirical studies have demonstrated that characteristics of inpatient settings such as; space, crowding, locked wards, or staff–patient ratios may lead to a rise in aggression and violence incidence rates **(Chou, Lu, & Mao, 2002)**.

Barker and Hall (2003) stated that, essential counseling and therapy skills are communication skills, accompanied by appropriate mental processes, were offered by

counselors and therapists in order to develop collaborative working relationships with clients, identify problems, clarify and expand understanding of these problems and where appropriate, to assist clients to develop and implement strategies for changing how they think, communicate/act and feel so that they can attain more of their human potential.

Significance of the Study

The increased incidence of violence in healthcare settings has become a major problem for nurses **(Anderson, 2003).** Studies of workplace violence (WPV) have, however, focused on its occurrence in hospital psychology units and emergency rooms. Those studies indicate that workplace violence in healthcare settings is significant and needs to be stopped **(Lin, & Liu, 2005)**.

AIM OF STUDY

The aim of this study is to investigate the effect of counseling intervention sessions on mental health nurse's reactions toward patient's violent behaviors.

Hypothesis

- Counseling intervention sessions will improve nurse's reaction toward patient violent behavior.

SUBJECTS AND METHODS

Research Design

A quasi- experimental design with one group will be utilized in this study. Pre assessment (time one) and Post assessment (time two).

Research Setting

The study was conducted at Benha Governmental Hospital for Mental Health. This hospital is one of the largest governmental hospitals providing care to addict, acute and chronically mentally ill patients at Benha City in Kalyubia Governorate.

Sample

A sample of convenience of 73 nurses working in the previously mentioned settings, who appreciated to participate in the study were selected to be involved as the study sample, according to the following criteria:- Both Sexes, At least six month experience in psychiatric field, All educational levels, and Different age groups.

Tools for Data Collection

The study will be conducted using the following tools:

1. Nurse's Knowledge Interview Questionnaire (Appendix I):

This questionnaire was developed by **Mohammed (2001)** to assess nurse's knowledge regarding care of violent behaviors among psychiatric patients. It is divided into two parts, personal data, and nurse's knowledge. The questionnaire consisting of 22 questions, in the form of multiple choice questions, was modified for the current study by omitting one question (degree of violence). It includes the following parts:

A- Socio demographic characteristics of nurses included in the study (age, gender, educational level, and years of experience).

B- Group of questions to assess the nurse's level of knowledge related to:

- Knowledge about nature of violence, it included: the meaning, high risk factors and knowledge about most common diseases associated with violence.
- Knowledge about behavior, and predictable signs of violence.
- Knowledge about patient's needs and methods of prevention of violence.
- Knowledge about treatment: types, indications, and purposes.
- Identifying the role of nurse towards therapeutic environment, seclusion and restraint.
- Information related to basic items in recording violence.

2- Feeling Word Checklist (Appendix II):

This scale constructed by **Rossberg, et al., (2003),** to assess psychiatric staff members' emotional reactions toward violent patient. The scale included (39 items) grouped into 7 subscales, namely: Important (9 items), Confident (6 items), Rejected (5 items), On guard (5 items), Bored (5 items), Overwhelmed (5 items) and Inadequate(4 items). The scale was modified for current study by omitting 11 items due to similarity between items and presence of unnecessary items, this was done after the pilot study.

The scale includes two positive dimensions: important (helpful, enthusiastic, empathic & caring); and confident (relaxed, objective & confident). The five negative dimensions were: rejected (rejected, disparaged, & stupid), on guard (anxious, cautious, & threatened), bored (tired, bored & empty), overwhelmed (surprised, confused, & invaded), and inadequate (sad, distressed, & helpless).

The scale was modified for the current study into 3-point Likert scale with response options of little (1), average (2) and much (3) by adding not at all to little and much to very much, this modification gave the best results.

3-ObservationalChecklist for Nurses' Practice (Appendix III):

This questionnaire was developed by **Mohammed (2001),** to assess the nurse's skills regarding the care of violent behavior among psychiatric patients. The scale includes (28) items grouped into 5 subscales, namely: 1) Acceptance of patient (8 items), 2) Use therapeutic communication

skills (9 items), 3) Reduce environmental stimuli (2 items), 4) Maintain safety environment (5 items), and 5) Help patient learn to self control behavior (4 items). There are two responses for each question: done (1) and not done (0).

Pilot Study

A pilot study was conducted in order to test the content validity of the questionnaire and clarity of questions, also to estimate the needed time to fill it, and to make sure that items are understood. The pilot study was carried out on 10 nurses working in psychiatric department. Simple modifications were done as revealed from the pilot study by omission and remodifications of certain items. All nurses in the pilot study were not involved in the study sample later on.

Administrative Design:

An official permission was requested from the directors of Benha Governmental Hospital for Mental Health, where the research was conducted. Subjects who fitted the study criteria were contacted by the researcher. At that time, the purpose and nature of the study were explained. Agreement to participate in the study was obtained from nurses and confidentiality was assured.

Statistical Design:

Data were coded, entered, checked to statistical package for social science (SPSS), version 10 software packages. The following tests were used: Quantitative data are presented as mean and standard deviation. Wilcoxon signed rank test was used to test association between two variables. Qualitative data presented as number and percentage. Paired t-test was used to compare the means of two groups of observations. Correlation co-efficient test was used to rank different variables against each others positively or inversely. Statistical significance was considered at $P<0.05$.

Ethical Considerations

The nurses were given a verbal description of the purpose of the study, the benefits, and nonparticipation or withdrawal rights. The nurses were informed that their participation in this study is voluntarily. Every nurse was met individually and oral consent for participation was obtained and was assured that the obtained information will be treated confidentially and used only for the purpose of the study.

Field work:

The researcher started by introducing herself to the nurses and explained briefly to them the aim of the study, and reassured them that the information obtained is strictly confidential and would not be used for any purposes other than research. The researcher gives pre test and explained unclear items of the study scales for the nurses. The time consumed for answering the study scales ranged from 30-45minutes. This phase lasted for 4 months (from the beginning of April to the end of July 2010).Based on the result obtained from pre test the researcher designed and set the Counseling Intervention Sessions. The Counseling Intervention Sessions were developed in the form of booklet after reviewing related literature (it took one month).

The booklet was implemented in the form of sessions. It was difficult to gather all nurses at the same time, so they were divided into 6 groups; each group consists of 10 nurses. One time /week for each study group. The total number of sessions was 16 session for each group. These sessions were held on Saturday, Monday and Wednesday, start at 9.00-10.30 a.m. for the first group and the second group start from 10.30 -12.00 noon, this phase lasted for 16 weeks.

Results:

As shown in table (1) and figure (1), more than two thirds (68.8%) of the nurses' age ranged from 25-35 years and 50.7% of them were females. Less than three quarters (72.6%) of nurses working in psychiatric field had diploma in nursing education and years of experience were more than 14 years for 42.5% of them.

Table (1): Frequency distribution of socio demographic characteristics of nurses in the studied sample (n=73)

Items	No	%
Age (years):		
‹20	4	5.5
20-‹25	19	26
25-35	50	68.8
Gender		
-Female	37	50.7
-Male	36	49.3
Educational level:		
-Bachelor of nursing	16	21.9
-Specific diploma	4	5.5
-Nursing diploma	53	72.6

Table (2) indicates that, there are highly statistically significant differences between pre/post intervention in the issues of physical violence against objects, verbal violence against others and threatening to others ($p<0.01$), and there is a statistically significant difference between pre/post intervention in the issue of physical violence against self or others ($p<0.05$).

Table (3) shows that, at pre counseling 32.8%, 47.9%, and 56.1% of nurses had much "enthusiastic, affectionate, and sympathetic feelings" toward violent patient respectively, while at post counseling 55.0%,

70.0%, and 80.0% of nurses had much " enthusiastic, affectionate, and sympathetic feelings" respectively. This refers to highly statistically significant differences of nurse reaction pre/post counseling ($p<0.01$).

Table (4) indicate that, there were highly statistically significant differences between pre/post counseling mean score in relation to total knowledge score and nurses' practices towards the violent patient ($p<0.01$).

As shown in table (5) and figures (6), nurses' knowledge was highly statistically significantly correlated with psychiatric nurses' reaction at pre-intervention ($p<0.01$).

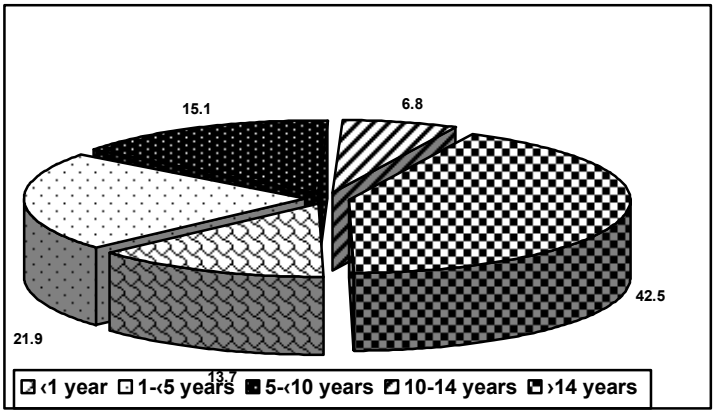


Fig. (1): Pie chart shows the nurses by years of experience in psychiatric nursing

Table (2): Comparison between pre/post counseling intervention regarding nurses' knowledge related to the meaning of violence

Meaning of Violence	Correct answer				Wilcoxon Test	P- value
	Pre- intervention (n=73)		Post- intervention (n=60)			
	No	%	No	%		
-Verbal violence against others	38	52.1	57	95.0	5.209	<0.001**
-Physical violence against self or others	68	93.2	60	100.0	2.000	0.046*
- Physical violence against objects	49	67.1	58	96.7	4.000	<0.001**
-Threatening to others	35	47.9	51	85.0	4.811	<0.001**
Score (mean ± SD)	2.81±1.27		4.18±0.81		9.359	<0.001**

* Statistically significant at $p<0.05$ ** Highly statistically significant at $p<0.01$

Table (3): Psychiatric nurses' reaction toward violent patient regarding to positive feelings at pre/post counseling intervention sessions

Positive Feelings	Pre- intervention (n=73)			Post- intervention (n=60)			P value
	Little No (%)	Average No (%)	Much No (%)	Little No (%)	Average No (%)	Much No (%)	
Helpfulness: Important: When I deal with violent patient I feel - Helpful							
- Enthusiastic	4(5.4)	16(21.9)	53(72.6)	5(8.3)	8(13.3)	47(78.3)	0.638
- Affectionate	28(38.3)	21(28.8)	**24(32.8)**	15(25)	12(20.0)	**33(55.0)**	0.026**
- Sympathetic	18(24.7)	20(27.4)	**35(47.9)**	9(15.0)	9(15.0)	**42(70.0)**	0.014**
- Motherly	17(23.3)	15(20.5)	**41(56.1)**	7(11.7)	5(8.3)	**48(80.0)**	0.003**
- Important	9(12.3)	13(17.8)	51(69.8)	8(13.3)	15(25.0)	37(61.7)	0.518
- Empathetic	11(15.1)	11(15.1)	51(69.8)	10(16.7)	12(20.0)	38(63.3)	0.485
- Caring	12(16.5)	12(16.4)	49(67.1)	7(11.7)	10(16.7)	43(71.7)	0.452
- Clever	14(19.2)	16(21.9)	43(58.9)	11(18.3)	9(15.0)	40(66.7)	0.422
	29(39.7)	20(27.4)	24(32.9)	26(43.3)	17(28.3)	17(28.3)	0.481

** Highly statistically significant at $p<0.01$

Table (4): Mean score of nurses' knowledge, nurses' reaction toward violent patient, and nurses' practices with the violent patient at pre/post counseling intervention sessions

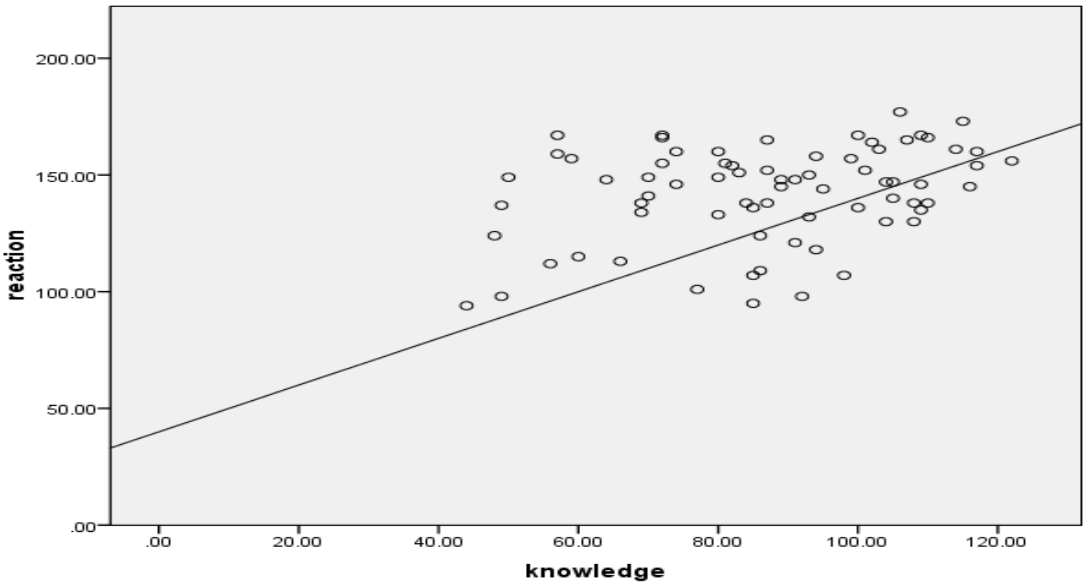
Scores of Total Scale	pre-intervention (n=73)	Post-intervention (n=60)	P- value
Nurses' knowledge	87.05±19.65	109.73±10.07	<0.001**
Nurses' reaction toward the violent patient	142.15±20.45	145.27±24.61	0.182
Nurses' practices with the violent patient	13.26±4.47	18.50±4.20	<0.001**

****Highly statistically significant at p<0.01**

Table (5): Correlation between nurses' knowledge, reaction and practices toward the violent patient at pre/post counseling intervention sessions

Items	Nurses' Knowledge			
	Pre-intervention (n=73)		**Post-intervention** (n=60)	
	r	P	r	P
Nurses' reaction toward the violent patient	0.315	0.007**	0.196	0.134
Nurses' practices with the violent patient	- 0.163	0.167	- 0.118	0.369

****Highly statistically significant at p<0.01**



R=0.315, p = 0.007**

Fig. (6): Pearson correlation between nurses' knowledge and nurses' reaction toward the violent patient at pre-counseling intervention sessions.

Discussion:

The present study result showed that, more than two thirds of the nurses' age ranged from 25-35 years; and slightly more than half of nurses were females. This explains that female nurses have more opportunity to take responsibility of care than male nurses. This finding is congruent with **Couch and Sigler (2001)** and **Stott (2007),** who found that nursing, is among a few other professions, in which positions are occupied by women, the word of nurse is now deemed to refer to a female and not to a male. In the same context, **Preston (2003)** mentioned that nursing and teaching are two occupations which have, traditionally, been seen or considered as good careers for women. In the same line, **Ebrahim (2008)** in his study on Improving Nursing Image: Nurses' and Public Point of View found that, most of the study sample were female nurses, while a minority of them were male nurses. However, the study result in relation to nurse's age is contradicting with that of **Heinrich (2001)** opinion that fewer young people are choosing nursing as a profession.

The current study indicated that less than three quarters of nurses had diploma in nursing education, almost one fifth have bachelor degree in nursing and for more than two fifths their years of experience were more than 14 years. This result is consistent with **Ibrahim (2009),** in his study of

causes and management of psychiatric patients' aggression and violence: Nursing staff and patient perspectives he found that, most of the studied nurses were secondary school education. In this respect, **Fahmy (2010)** reported that, majority of the studied nurses are females, having a diploma qualification and nearly half of them their age was less than 40 years, and their years of experiences was less than 20 years.

As regards nurses' knowledge related to the meaning of violence, the current study result showed that, there is statistically significant difference between pre and post intervention in the issue of physical violence against self or others ($p<0.05$). In the post counseling, all of the nurses considered physical violence against self, and others as violent behavior. It could be due to previous experience in dealing with violent patient, they always see violent patient admitted to psychiatric ward and restrained by others. This result was consistent with **Townsend (2005)** who stated that violence is one way in which individuals express anger. **Franz et al. (2010)** found that verbal and physical assaults are common and affect nurse's personal and professional lives.

The previous results also are consistent with **Mohamed (2001),** who mentioned that, most of the nurses consider violent behavior as physical violence against self, others and objects. As well, **Leavitt et al. (2006)** found that, majority of the incidence of violence fall into the category of threats to self and there were few incidences of threats to property damage, then more few incidences toward others. However, **Soliman and Reza (2001)** revealed that, the majority of incidences were directed against property, followed by incidents against staff members and others.

As regards to positive feelings (important feelings), the current study finding showed that, there were highly statistically significant differences between pre/post intervention in the issue of "enthusiastic, affectionate, and sympathetic feelings" toward violent patient ($p<0.01$). This may be due to that positive feelings are necessary feelings that should be present when the nurses are dealing with violent patient. This result is consistent with, **Rossberg and Friis (2003)** who found that nurses may tend to focus on positive feelings. Nurses probably choose to work in hospitals in order to help others, and they probably feel confident about their ability to do so, which presents the possibility of response bias. Nurses probably think that they are supposed to feel enthusiastic, affectionate, sympathetic, helpful and confident and that they are not supposed to express negative feelings. This result is supported by **Smith (2009)**, who reported that, sympathy is sometimes associated with caring with violent patient or concern for another person, although it is also associated with understanding how another person is feeling. Other measures of sympathy include having tender and concerned feelings for people who are less fortunate than oneself, feeling sorry for people when they are having problems, being protective of others, being emotionally affected by events, and perceiving the self as “soft-hearted”.

The current study result indicates that, there were highly statistically significant differences between mean scores of pre/post counseling in relation to total knowledge score and nurses' practice towards the violent patient ($p<0.01$). This indicates that counseling intervention sessions had good effect in improving nurses' level of knowledge and nurses' practice towards the violent patient. This could be attributed to that, the program content was based on the nurses' needs adding to its clarity, simplicity, frequent repetition, and motivating staff to share in the program. This result is consistent with **Oostrom, and Mierlo (2008)** in their study of "An Evaluation of an Aggression Management Training Program to Cope with Workplace Violence", they found that there were significant improvements persisted after the training, indicating that the training resulted in enduring changes in knowledge and behavior of nurses. Participants scores on ability to cope showed a further increase after the training. After the training program, participants may have the opportunity to apply the knowledge and behavior they learned in the training in their everyday work situation.

On the same line, **Arnetz and Arnetz (2000)** reported that, healthcare workers who participated in a training program about workplace violence were more aware of risk situations and had gained more knowledge and practice of how risk situations could be handled after the training. Similarly, **Lanza, et al., (2005)** implemented an extensive educational program for nurses who have experienced violence. They found that, the program increased participants' knowledge about the various aspects of violence (e.g., how the family of the victim as well as the victim reacts) and gave participants a supportive network, which helped them recognize that there were other individuals who have experienced similar emotions after such events.

The result of the current study indicated that, nurses' knowledge was highly statistically significantly correlated with psychiatric nurse reaction at pre- intervention ($p<0.01$). This result indicated that with increase in nurse's knowledge about violence, the psychiatric nurse reaction toward the violent patient increase. This result is consistent with **Arnetz and Arnetz (2000),** who found that nurses who had attended training sessions for coping

with assault reported more violent events than nurses who had not attended the training. They speculated that nurses attending the training had become sensitized and react more to the problem of violence, and this may be the case with the intervention group staff in this study.

Conclusions

- From the finding of this study it can be concluded that the implementation of the counseling intervention sessions showed highly statistically significant improvements in nurses' level of knowledge about violence, nurses' practices toward violent patient, and have no significant impact on the psychiatric nurse reaction toward the violent patient.

Recommendations

- Based on the findings of this study, the following recommendations are suggested:

- Implementing further educational program for nurses concerning the pattern of communication and behavioral management with violent patients.
- Developing in-service an educational department to help in preparing nurses prior to work to upgrade their knowledge and skills periodically.
- Developing a workplace violence policy for psychiatric settings that explains the process that should occur after an employee has been assaulted. This policy should include how to report the incidence, to whom to report the incidence, and the legal options for the victim, as well as, referral for medical care and psychological support.

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