

Evaluation of Nurses knowledge about De-escalation Strategies to Dealing with an Aggressive Inpatient at Psychiatric Hospital

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ABSTRACT

Background: In psychiatric hospital sometimes there is risk or dangerous for nurse or the other medical team , the aggressive patient verbally or non-verbally may hurt if didn't calm him or de-escalated , our nurses may have a low knowledge for managing aggressive patients in our psychiatric hospitals and did not know how to deal with them, knowledge for these strategies need to evaluated.

Objectives: The study objective is to assess nurse's knowledge about De-escalation Strategies for dealing with an Aggressive Inpatient at Al-Rashad Psychiatric Hospital.

Materials and Method: A descriptive study was conducted for the period from 9 July 2019 to 18 July 2019. A probability sampling using randomized controlled trial (RCT) design, the sample consisted of (50) nurses who were working at Al-Rashad Psychiatric Training Hospital in Baghdad . Data were collected by using constructed questionnaire after validity and reliability of it were estimated. Reliability of the questionnaire was estimated through a pilot study and the validity was submitted through (15) experts related in the field of study. Data were collected through an interview approach. Data were analyzed throughout using of descriptive and inferential statistical analysis test using SPSS Version-26.

Results: Findings of current study indicates low level of nurses' knowledge about De-escalation Strategies used for dealing with an aggressive patient.

Conclusion: The study concludes that there was a considerable lack in nurses' knowledge concerning De-escalation Strategies to deal with an aggressive psychiatric patient. **Recommendations:** The study recommends that there is an important need for educated and trained the nurses in psychiatric ward especially who have lack of knowledge and skills about De-escalation Strategies to deal with violence of psychiatric patients.

Keywords: Evaluation, Aggression, De-escalation Strategies.

i. INTRODUCTION:

Violence and aggression in healthcare is widespread and regularly highlighted not only by healthcare professionals but also the media, researchers and healthcare organizations . Incidents of violence and/or aggression are difficult and dangerous clinical problems that can potentially result in harm to both patients and staff^{1,2}.

Violence is a complex human behavior with individual environmental, and interaction components³

International studies have revealed prevalence of violence against psychiatric nurses (PNs) to have ranged from 80% to 96.7% . violence is used synonymously with aggression in the psychiatric nursing literature^{4,5} .

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In recent years, concern has arisen in developing communication techniques that enhance the expression of anger in non-destructive ways. Furthermore, patients admitted in psychiatric wards re “being understood” as a result of the feelings of importance, worthiness, and empowerment [6]. Additionally to providing effective management for aggressive patient, many times allowing avoid compulsory and more aggressive ways that like physical restraints and involuntary medication, de-escalation strategy has been delineate as a mean of conserving or restoring contact with patient, a really crucial issue when providing any type of medical care [7].

The first views de-escalation as consisting of distinct phases like pre-crisis intervention, management of crisis, and post-intervention. every phase provides a unique chance to decrease the probability of escalation, to calm the agitated patient, or to process the crisis post-escalation. The second theoretical approach concentrate on the approaches that during which individual responds to crises, as an example, Len Bowers created a systemic description of the process of de-escalation for psychiatric nurses that involve the skills of delimiting, clarifying, resolving, controlling oneself, and respect and empathy [8].

ii. Objectives:

To evaluate of nurses knowledge about De-escalation Strategies to deal with an Aggressive Inpatient at Al-Rashad Psychiatric Hospital in Baghdad.

iii. Methodology:

A descriptive design study was applied for the period from (9 July 2018 to 18 July 2019) to evaluate the nurses knowledge toward De-escalation Strategies used to deal with aggressive patients at Al-Rashad psychiatric hospital in Baghdad. A (50) nurses working in the hospital were randomly selected from each ward of Al-Rashad hospital.

The nurses were participated voluntarily in the study. The data were collected through using a questionnaire after estimate the reliability and validity. The content validity of the questionnaire was estimated through a panel of experts related to the study field, reliability was estimated through a pilot study which included (14) nurses who were excluded from the study sample, and determined by computation of Alpha Correlation Coefficient (Cronbach's Alpha), the alpha correlation coefficient (r) was =0.69. The questionnaire has been constructed and developed as a tool for data collection through an comprehensive review of literature, related studies, books and thesis.

The study instrument include two parts: -

Part-I: Socio-demographical data of nurse (gender, age, level of education, year of experience in general hospital, year of experience in psychiatric hospital and training course).

Part-II: Its consist of (28) items related to Nurses' knowledge about de-escalation strategies for dealing with the aggressive psychiatric patient, this part consist of four sections (strategies) as follow:

Section one: Attention to body language - **Section two:** Verbal communication - **Section three:** Listen to the patient - **Section four:** Offer options.

This tool is designed through use of true and false question, the scoring system of the scale is :(1) for true answer and (0) for false answer.

Cut of points for section one: very low = (0.2-0.6), low = (0.61-0.7), fair = (0.71-0.8), good= (0.9-1) // **Cut of points for section two:** very low= (0.1-0.5), low= (0.51-0.6), fair = (0.7-0.8), good= (0.9-1) // **Section three and four:** very low= (0-0.25), low= (0.26-0.5), fair = (0.6-0.75), good= (0.8-1) // **Cut of points for total knowledge:** very low= (1.35-2.1), low= (2.15-2.5), fair = (2.55-2.95), good= (3 -3.55).

iv. Results:

Table (1). Distribution samples of the study according to demographic characteristics of the participants

f: Frequency, %: Percentage

Table (1) Shows that (54%) of the samples were male and (46%) were female, the high percentage of age participants (38%) were (40 and more) years .(54%) of the participants have preparatory education .Half of participants have (1 - 10) years' experience in general hospitals while (70%) have (1 - 10) years' experience in psychiatric hospitals, about(42%) of participants have twice training course at least regard dealing with the aggressive patient.

Table (2). Distribution of Nurses' Knowledge about De-escalation Strategies (Total) regarding Demographic Characteristics

Demographics		Level of Knowledge									
		very low		low		fair		good		Total	
		f	%	f	%	f	%	f	%	f	%
Gender	male	5	10.0%	10	20.0%	5	10.0%	7	14.0%	27	54.0%
	female	10	20.0%	3	6.0%	7	14.0%	3	6.0%	23	46.0%
	Total	15	30.0%	13	26.0%	12	24.0%	10	20.0%	50	100.0%
Age years	20- 29	7	14.0%	1	2.0%	3	6.0%	2	4.0%	13	26.0%
	30-39	6	12.0%	8	16.0%	4	8.0%	0	0.0%	18	36.0%
	40 and more	2	4.0%	4	8.0%	5	10.0%	8	16.0%	19	38.0%
	Total	15	30.0%	13	26.0%	12	24.0%	10	20.0%	50	100.0%
Level of Education	School	1	2.0%	0	0.0%	1	2.0%	0	0.0%	2	4.0%
	Preparatory	7	14.0%	6	12.0%	8	16.0%	6	12.0%	27	54.0%
	Institution	6	12.0%	5	10.0%	1	2.0%	4	8.0%	16	32.0%
	College	1	2.0%	2	4.0%	2	4.0%	0	0.0%	5	10.0%
	Total	15	30.0%	13	26.0%	12	24.0%	10	20.0%	50	100.0%
Years of Experience	1-10	9	18.0%	7	14.0%	7	14.0%	2	4.0%	25	50.0%
	11 -20	6	12.0%	5	10.0%	2	4.0%	7	14.0%	20	40.0%
	21- 30	0	0.0%	0	0.0%	0	0.0%	1	2.0%	1	2.0%
	< 30	0	0.0%	1	2.0%	3	6.0%	0	0.0%	4	8.0%
	Total	15	30.0%	13	26.0%	12	24.0%	10	20.0%	50	100.0%
Years of Experience in Psych. Hosp.	1-10	12	24.0%	9	18.0%	9	18.0%	5	10.0%	35	70.0%
	11 -20	3	6.0%	3	6.0%	1	2.0%	4	8.0%	11	22.0%
	21- 30	0	0.0%	1	2.0%	0	0.0%	1	2.0%	2	4.0%
	< 30	0	0.0%	0	0.0%	2	4.0%	0	0.0%	2	4.0%
	Total	15	30.0%	13	26.0%	12	24.0%	10	20.0%	50	100.0%
Training Course	Not	5	10.0%	3	6.0%	7	14.0%	1	2.0%	16	32.0%
	Once	6	12.0%	4	8.0%	1	2.0%	2	4.0%	13	26.0%
	< once	4	8.0%	6	12.0%	4	8.0%	7	14.0%	21	42.0%
	Total	15	30.0%	13	26.0%	12	24.0%	10	20.0%	50	100.0%

f: Frequency, %: Percentage

Table (2) show that (30%) of samples have very low level of knowledge about De-escalation strategies while (20%) of samples have good level of knowledge , (20%) of female and (10%) male nurses have very low level of knowledge,(16%) of samples at ages ≥ 40 years and (4%) at ages (20-29) years have good level of knowledge . Regarding level of education, (14%) of participants have preparatory education , and (12%) of institution education have very low level of knowledge. (12%) of nurses with experience (11-20) years' and (18%) with experience (1-10) years' at general hospital have very low level of knowledge, also (24%) of nurse with experience (1-10) years and (6%) with experience (11-20) years' at psychiatric hospital have good level of knowledge, (14%) of nurses who have more than once participated in training course have good level of knowledge while (2%) of nurse who not participated have good level of knowledge.

Table (3): Levels of Nurses' knowledge about De-escalation Strategies to deal with an aggressive Psychiatric patient

Strategies	Level	f	%
Body Language	Very low	19	38.0%
	low	17	34.0%
	fair	7	14.0%
	good	7	14.0%
	total	50	100.0%
Verbal communication	Very low	18	36.0%
	low	8	16.0%
	fair	16	32.0%
	good	8	16.0%
	total	50	100.0%
Listening	Very low	6	12.0%
	low	26	52.0%
	fair	17	34.0%
	good	1	2.0%
	total	50	100.0%
Offer options	Very low	7	14.0%
	low	25	50.0%
	fair	13	26.0%
	good	5	10.0%
	total	50	100.0%

f: Frequency, %: Percentage

This table shows that there is (38.0%) of samples have very low of knowledge for Body language strategy ;also (36.0%) of samples have very low of knowledge for verbal communication strategy,(52%) of samples have low of knowledge for listening strategy, while (50%) of samples have low of knowledge for offer options strategy .

Table(4) Associations between Demographic characteristics and nurses' knowledge regarding De-escalation strategies were determined by using correlation coefficient (r).

Strategy	Body language		Verbal communication		Listening		Offer options		Total Knowledge	
	r	Sig.	r	Sig.	r	Sig.	r	Sig.	r	Sig.
Demographics										

Gender	-0.074	0.60	-0.016	0.913	-0.057	0.693	-0.306	0.031	-0.175	0.225
Age	0.189	0.18	0.189	0.189	0.127	0.381	0.457	0.001	0.388	0.005
Level of Education	0.001	0.99	-0.092	0.526	-0.130	0.370	0.043	0.765	-0.078	0.588
Years of Experience in general hosp.	0.082	0.57	0.219	0.126	0.412	0.003	0.115	0.427	0.241	0.092
Years of Experience in psych hosp.	0.081	0.57	0.314	0.027	0.331	0.019	0.105	0.470	0.213	0.137
Training Course	0.018	0.90	0.181	0.209	0.126	0.383	0.123	0.394	0.176	0.223

Sig.= level of Significance , r= correlation coefficient

The table 4. Show there is significant relationship between gender ,age of samples and offer option strategy (negative correlation with gender), also there is significant relationship between years of experience in general ,psychiatric hospital and listening strategy ,and between years of experience in psychiatric hospital and Verbal communication strategy, also there is significant relationship between age and total knowledge(strategies) .

v. DISCUSSION:

This study objected to assess nurses knowledge in respect to De-escalation Strategies to deal with an aggressive patients at psychiatric hospital.

Regarding the gender ,table (1) show that (54%) from participants were male while (46) were female this result may because female nurse prefer work in other specialty than psychiatry and afraid from psychiatric patients,.Yas and Mohammed (2016) found that the majority of nurses at psychiatric hospitals in Baghdad were male nurses^[8], related to age, the study reveals that high percentage of samples (38%) within age (≥ 40) years. concerning the level of education , more than half of nurses (54%) have preparative graduate, the program of Ministry of Health to produced nursing staff have high academic knowledge in nursing since, and encouragement the nursing staff to development his knowledge to complete study, the greater number of nurses in the study (70%) having (1-10) years' experience in psychiatric hospitals, (42%) of nurses participated more than once in training course related De-escalation Strategies to dealing with an aggressive patient, this findings encourage need more training courses which assist nurses to enhancing knowledge and increase confidence of them to deal with aggressive patients. Bekelepi (2015) show less than half the participants in his study acknowledged that they had received training on the management of aggression and an equal number stated that it had met their needs in understanding and managing aggression^[9].

Table (2) show (30%) of samples have very low level of knowledge about De-escalation strategies while (20%) of samples have good level of knowledge ,these findings may somewhat refer to weaknesses in knowledge of participants related to important technique to treat aggressive psychiatric patient , there were (20%) of female and (10%) male nurses have very low level of knowledge, this differences in the level of knowledge relatively is related to stress of work for female nurse ,which impedes her from increase their knowledge especially working in psychiatric field, also there were(16%) of samples ages ≥ 40 years and (4%) of samples ages (20-29) years have good level of knowledge, regarding level of education, (14%) of participants have preparatory education have very low level of knowledge. (18%) of nurses with experience (1-10) years' in general hospital have very low level of knowledge, also (24%) of nurse with experience (1-10) years in psychiatric hospital have good level of knowledge, this reveals that the nurses who have less experiences have more level of knowledge, Bekelepi (2015) show that the nurses with lesser years' experience scored higher than their counterparts who had more years' experience in the same position ^[9]. About (14%) of nurses who have more than once participated in training course have good level of knowledge ,and this is usually refer to an increase in training courses lead to enhancing knowledge and

elevate the trust of nurse to deal with an aggressive patient , Letlape (2012) revealed that psychiatric nurses, who joined in-service training and were empowered with the latest psychiatric knowledge and skills, were more effective when deal with psychiatric clients and were able to decrease the risk of injuries to both psychiatric nurses and clients ^[10].

Table (3) shows the high percentage of nurse have very low level of knowledge related to De-escalation Strategies (Body language and verbal communication) ,also the high percentage of nurse have low level of nurse knowledge related to (listening and offer options strategies) . This may due to low attention of nurses to develop their knowledge and may the topic of study is new for nurses ,these findings supported by. Nibras in her study show the most of the nurses who participated in the study have an extremely low level of knowledge and the nurses had little training about how to deal with agitated patients in psychiatric wards ^[11]. Oyelade (2016) showed prefer nurses for a traditional (overpowering and restrain) approach to aggressive management over the adoption of de-escalation ^[12].

Table (4) show there is significant relationship between gender, years of experience in general hospital ,psychiatric hospital and offer option , listening , Verbal communication strategies, total knowledge (strategies) , Whittington (1996) found that nurses who have gained “professional wisdom” throughout experience are more competent and comfortable to deal with aggression^[13].

There positive correlation between age and verbal communication strategy, total knowledge(strategies), these findings suggest to the greater the age, the greater the level of knowledge and experience.

Ilkiw-Lavalle (2006) show that staff mix also plays a role in making less experienced staff more trust to deal with aggression, and there was no significant difference on overall knowledge and age groups.

Ismail (2016) show in study there were significant correlations between nurse's attitudes towered management of aggression and violent behavior and age.

Also the study reveal negative correlation between gender and offer option strategy, this refer to poor level knowledge of female related to this strategy compared to male .

Also the study reveal a positive correlation between year of experience in psychiatric hospital and (listening and verbal communication strategies) ,also between listening strategy and years of experience in general hospital ,suggests that the participants who had spent a long period at their work in the hospital increase in their level of knowledge.

vi. CONCLUSIONS:

The study concluded that there was a significant lack in nurses' knowledge in regard to De-escalation Strategies to deal with aggressive inpatient at psychiatric hospital.

vii. Recommendations:

The study recommends ,that there is an essential need for education the nurses through implementation of an educational programs and significant training courses about ways used to deal with an aggressive psychiatric patients especially De-escalation techniques which is consider the first line treatment of aggression and, clarify disadvantage of compulsory ways like physical restraints and involuntary medication, training course elevate skills and confidence when treat an aggressive patient, also training course important for the other health workers and patients' family.

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