

Impact of Workplace Violence Educational Program on Self-Confidence for Nursing Staff Working in Psychiatric Hospital

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Abstract

Inpatient mental health clinicians need to feel safe in the workplace. They require confidence in their ability to work with aggressive patients, allowing the provision of therapeutic care while protecting themselves and other patients from psychological and physical harm. **The aim** of this study is to evaluate the impact of educational training program on self-confidence for nursing staff working in psychiatric hospital. **Design:** A quasi-experimental design” pre-posttest assessment” was utilized for the current study. A sample of convenience of 45 psychiatric nurses who agree to participate and were in Al-Abbassia mental health hospital were included. **Two tools** were utilized in the current study including Socio- Demographic including Department Data Sheet, Confidence in Managing Service user Aggression. **The results** showed that: there was a highly statistically significant difference was found for all items in nurses’ pre versus post self- confidence assessment. Also there was a positive significant correlation between nurses’ level of self-confidence and the frequency of isolation for the patients & nurses’ years of experience in pre & post assessment, while there is no significance correlation between nurses’ level of self-confidence and their age, gender, or duration of patient’s isolation. **To conclude that**, nurses who received the educational training program about workplace violence showed higher score in their post assessment of self- confidence than before receiving the program. So the research hypotheses was accepted. Further studies was **recommended** in addressing the effect of training on staff behavior to be measured through direct observation.

Keywords: Workplace Violence, self-confidence, Psychiatric Nursing Staff.

Introduction

Workplace violence (WPV) toward nurses working in the hospital environment is a well-known issue worldwide. It compromises not only health care professionals’ physical well-being but also their psychological well-being. The victims may suffer physical and mental stress and a high degree of anxiety, nurses are one of the professional groups most exposed to physical aggression, verbal abuse, and threats because nurses have more frequent and longer contacts with patients or families and are responsible for providing direct care.¹

According to², professional quality of life reflects how individuals feel about their work as helpers. A crucial factor in improving the delivery of service to patients in acute care psychiatric units appears to be the confidence level of staff to deal with aggression both in the antecedent stages and when physical aggression occurs.

²added that, a crucial factor in improving the delivery of service to patients in acute care psychiatric units appears to be the confidence level of staff to deal with aggression both in the antecedent stages and when physical aggression occurs. There are many factors that impacted on clinicians’ confidence to manage aggression as colleagues’ knowledge, experience and skill, management of aggression, use of prevention and intervention strategies, teamwork and the staff profile.

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Subject and Method

Aim of the study: The current study is to evaluate

the impact of educational training program on self-confidence for nursing staff working in psychiatric hospital.

Research Hypothesis: Nurses who will receive the educational training program about workplace violence will show higher score in their post assessment of self-confidence than before receiving the program.

Sample: A sample of convenience of 45 psychiatric nurses who agree to participate and were in Al-Abbassia mental health hospital were included.

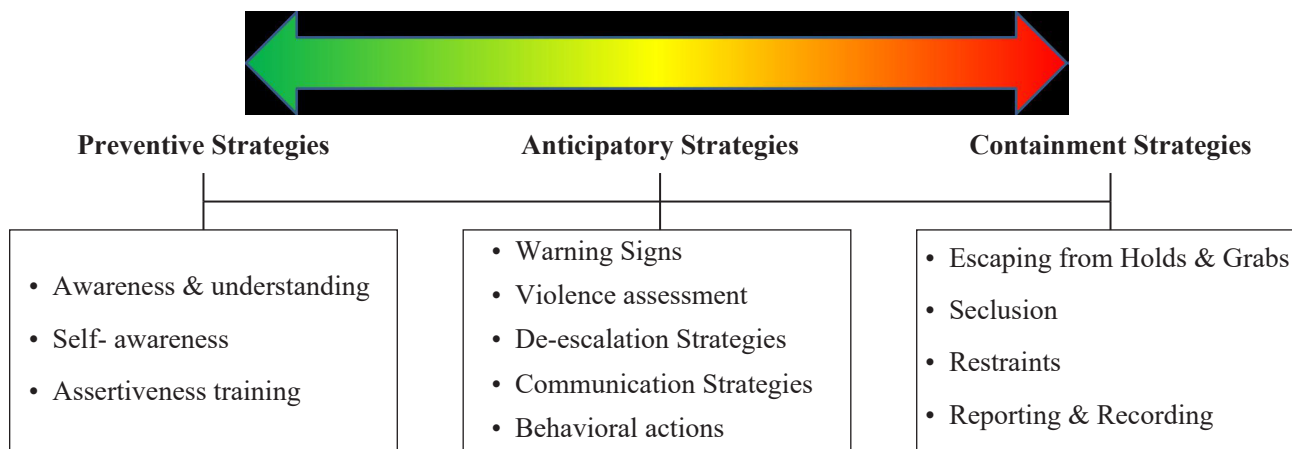
Tools of Data Collection:

- 1. Socio-Demographic & Department Data Sheet:** It was developed by the researcher. It was divided into two parts, first part was about nursing staff Scio-demographics included gender, education level, and years of experience etc.... The second part was about the department’s data such as department type (in-patient or out- patient), the approximate number & duration of using seclusion & or restraints in the section per year etc....
- 2. Confidence in Managing Service user Aggression:** The questionnaire was developed by³ & was selected as suitable for measuring confidence in coping with patient aggression. But it was modified & adopted from⁴ to assess nurse’s self- confidence in managing service user aggression and their ability to deal with violent situations. It consists of a 7 items rating scale ranged from (1-7) and one qualitative (open ended question). In the rating scale, respondents were asked to indicate their degree of confidence to the questions using a 7 point rating scale with verbal descriptors at each end, e.g. 7 = very sure/very able/very save, and 1 = very unsure/very unable/safe. Respondents were asked to circle the number 7

at the upper end of the scale if their response to a question was very positive, or the number 1 if their response was very negative. If the response was somewhat positive respondents were asked to circle 5 or 6 and if they was somewhat negative to circle 2 or 3. Where they were unsure or undecided they were asked to circle the number 4.

Procedure:

- 1. Obtaining required tools and designing the program:** A review of related literatures was done using available books, articles, and journals, to cover various aspects of nurse’s self-confidence in managing aggressive patients and their relatives, and also to obtain the relevant standardized tools and to develop workplace violence prevention program.
- 2. Recruitment and interviewing:** An official permission from the research ethics committee in the faculty of nursing was obtained upon the feasibility of the research tools and study. There searcher met with the responsible about training department at El Abbassia Mental Health Hospital after receiving the permeation from the hospital manager in order to recruit staff nurses for participation in the study according to inclusion criteria. Written informed consents were obtained from each participant after complete description of the purpose and nature of the study, all participants were assured and informed that participation in the study is voluntary.
- 3. Intervention:** Figure (1), represents the researcher’s own interpretation about the information map and skills that each member of the nursing staff must have and mastering in order to enabling them limiting, intervening & managing the in -patient’s aggression continuum.



4. Evaluation: All participants recruited in the study who receive the program were evaluated for the benefits of the workplace violence prevention program by using the study tools.

Ethical consideration: Written informed consent was taken from each participant who was willing to participate in the research. All participants were informed that, participation in the research is voluntary and any one can withdraw from this study at any time without giving any reason. Confidentiality of the participants were assured through coding the data; a unique identifying number was assigned to the data collected for each participant. Only the researcher had access to these information in the database.

Pilot Study: A pilot study was conducted at the beginning of the study. It included 5 psychiatric nurses. The designed tools were tested on those subjects who were three male and 2 female staff nurses.

Statistical Analysis: Data were analyzed using Statistical Package for Social Sciences (SPSS) version 20. Numerical data were expressed as a mean and standard deviation. Qualitative data were expressed as frequency and percentage. Probability (p-value)> 0.05 indicates non-significant result, p-value< 0.05 is considered a significant result and p-value <0.001 is considered highly significant result.

Results

Table (1) shows that, more than half of nurses (53.3%) were male. More than two thirds (62.2%) were aged from 19<30 years old with mean age (X 30.18±9.1 years). As for years of experience, 46.7% of them have experience 10<25 years with a mean =9.6±8.8 while 22.2% have less than 10 years of experience.

Table (2) shows that, regarding to frequency of using isolation within a year 53.3% of nurses reported that it was ranged from once to less than 20 time/year with mean 16.1±13.4, Regarding to isolation duration, 71.1% of nurses mentioned that it was from one to less than 6 hours with mean 3.5±3.7.

Table (3) revealed that it was a highly statistically significant difference was found for all items in nurses’ pre versus post self- confidence assessment (p<0.0001) except for question 7 (p>0.05)

Table (4) showed that there was a positive significant correlation between nurses’ level of self-confidence and years of experience & the frequency of isolation for the patients in pre & post assessment .While there is no significance correlation between nurses’ level of self-confidence and their age, gender, or duration of patient’s isolation.

Table 1: Socio-demographic characteristics of the study sample (n = 45)

Items	No.	Percent	Range/Mean±SD
Gender			
• Male	24	53.3%	
• Female	21	46.7%	
Age			
• 19<30	28	62.2%	30.18±9.1
• 30<45	10	22.2%	
• 45-60	7	15.6%	
Years of Experience			
• 0<10	10	22.2%	9.6±8.8
• 10<25	21	46.7%	
• ≥25	14	31.1%	

Table 2: Work place information of the study sample (n = 45)

Items	No.	Percent	Range/Mean±SD
Duration of Patient's Stay (Month)			
• Zero for out patient	4	8.9%	1.3±0.79
• 1<6	28	62.2%	
• 6<12	8	17.8%	
• ≥12	5	11.1%	
Frequency of Using Isolation within a Year			
• No time	4	8.9%	16.1±13.4
• 1<20	24	53.3%	
• 21<40	12	26.7%	
• ≥40	5	11.1	
Duration of Isolation			
• Zero time	4	8.9%	3.5±3.7
• 1<6	32	71.1%	
• 6<12	8	17.8%	
• 12-24	1	2.2	
• >24	0	0.0%	

Table 3: Nurses' pre versus post self- confidence assessment regarding managing aggressive patients (n = 45)

Items	Mean±SD	t	p
1. How confident are you in your work with hostile and aggressive service users?	1.4±1.5	6.24	0.000**
2. How safe do you feel around aggressive and aggressive service users?	0.3±1.4	1.26	0.215
3. How able are you to de-escalate an aggressive service user?	1.5±1.4	7.26	0.000**
4. How able are you to contribute to the restraint of an aggressive service user?	1.1±1.5	4.93	0.000**
5. How able are you to maintain your own safety in the presence of an aggressive service user?	1.2±1.5	5.42	0.000**
6. How confident are you in the ability of your colleagues' ability to maintain your safety and manage an aggressive service users?	0.8±1.0	5.36	0.000**
7. How safe do you feel the environment in El Abbasi mental health hospital?	0.3±1.6	1.37	0.179

** Highly statistically significant difference at $p < 0.0001$

Table 4: correlation analysis of nurses' self confidence assessment and the sociodemographic data (n= 45)

	Pre		Post	
	r	p	r	p
Age	0.13	0.36	0.06	0.72
Gender	0.10	0.51	0.06	0.72
Years of experience	0.18	0.24	0.33	0.03*
Frequency of isolation	0.33	0.03*	0.31	0.04*
Duration of isolation	0.22	0.15	0.07	0.64

Discussion

The findings of the current study showed a highly significant improvement for all items in nurses' pre versus post self-confidence assessment. And it's also clear that there was an increase in the total weighted mean of the scale in post assessment than the pre. On the same line⁵ concluded that there was an overall increase in the nurses' confidence in post assessment.

The greatest area of improvement was in question three "how able are you to de-escalate an aggressive user?" followed by question one "how confident are you in your work with hostile and aggressive service users?" this results are in congruent with⁶ who stated that verbal de-escalation training improves confidence of all participants after they provided the training program.

From the researcher's own point of view the overall improvement in the staff confidence is open to at least two interpretations. First, the course specifically focused on teaching staff strategies to deal with aggressive behavior in a more confident manner and directly focused on staff fears when managing challenging behaviors. Second, this particular form of staff training may have a relatively specific effect on staff confidence because prior to this experience, the majority of these participants had not received a theoretical content about how to interact with aggressive patients confidently many years ago.

The current result revealed that, there is no significance correlation between nurses' level of self-confidence and their age, gender, or duration of patient's isolation. This not in the same line with ⁷who stated that nurses those are older, had more self-confidence as compared to others.

Furthermore, there was a positive significant correlation between nurses' level of self-confidence and there years of experience & the frequency of isolation. This is not in the same line with ⁷who concluded that there was no significant correlation between the lengths of mental health practice with any of the confidence ratings. This was in congruent with ⁸ who added that, age maturity and increase numbers of years of experience are important in development of assertiveness and as regard development of self-confidence, because the old nurses had ability to solve problem and negotiate work situations.

Conclusion

Nurses who received the educational training program about workplace violence showed higher score in their post assessment of self- confidence than before receiving the program. So the research hypotheses was accepted.

Recommendations:

1. Variables that mediate staff confidence, such as staff fear and anger may be useful to consider infuture studies.

2. The effect of training on staff behavior measured through direct observation should also be addressed.

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Conflict of Interest: The authors declare that there is no conflict of interest.

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