

Effectiveness of self-awareness program based on emotional intelligence on aggressive behavior among psychiatric hospital patients

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Abstract: Aggression in psychiatric hospitals considered as major workplace problems for the health care professionals especially the nurse, who is the most prone members of the hospital staff to patient's aggression. It has cognitive, emotional and personal variables. Aim: investigate the effectiveness of self-awareness program based on emotional intelligence on aggressive behavior of psychiatric hospital patients. Design: Quasi-experimental design (one group pretest posttest design) was used in this study. Setting: this study was conducted at inpatients psychiatric department in the "Psychiatry, neurology and neurosurgery center" at Tanta University hospital, Gharbeia governorate, Egypt. Subjects: A purposive sample of 41 psychiatric patients according to the inclusion criteria which include: newly admitted patients and experiencing aggressive behavior according to aggression questionnaire, their age above 18 years and duration of illness not less than six months. Tools: three tools were utilized to measure the study variables; Personal and clinical data Questionnaires, Buss and Perry Aggression questionnaire, Bar- on Emotional Quotient and Inventory and Emotional Self-Awareness Scale .Results: the results revealed that two third of the patients have high level of aggression, while most of them have mild level of emotional intelligence and most of the patients have mild level of emotional Self-awareness. The mean total score of aggression decreased post intervention of educational program, also, the level of emotional intelligence and self-awareness improved after implementation of the educational program. There is a negative significant relation between patient's level of aggression and level of self-awareness and emotional intelligence. Recommendations: this study recommended that, training program to psychiatric nurses regarding dealing with aggression is the key element in reducing risk and increasing safety for patients and nurses and reinforce the preventive measure in aggression management through hospital policies.

Keywords: Aggression, self -awareness, emotional intelligence, psychiatric patients.

I. INTRODUCTION

Aggression is the one of a most complicated behavior; it includes direct physical harm in different form such as "kicking and scratching", verbal and or sexually aggression. ⁽¹⁻³⁾ Aggressive behavior in patients with psychiatric disorders most likely because of several attainable causes; presence of comorbid substance abuse, dependence, and intoxication are the most important causes of inducing aggression. . Additionally, the hallucinations and delusions which considered as key symptoms of psychotic disease process as it may produce aggression. Often, poor impulse may also enhance the aggressive tendencies, , frustration, direct provocation, regarding environmental factors that are associated with aggressive behavior, such as chaotic or unstable hospital situation, which may provoke aggressive behaviors ⁽⁵⁻⁷⁾

Aggressive behavior will result in negative consequences for the patients and the nursing staff also. Different negative emotions and distress produced by aggressive behavior like; feelings of unsafe, unethical, ask for changing department, and recurrent absenteeism. Moreover, patients can experience post- traumatic stress symptoms. Therefore, aggressive behavior should be managed to prevent its negative consequences on self and others. ⁽⁸⁻¹⁰⁾

Aggressive behavior has many incidence causes; especially, the ability to control and adjustment the emotions furthermore, the individual with a high emotional adjustment had better understand of their emotions, their causes, consequences and have the ability to resolve conflicts more so, they display fewer aggressive behaviors. This ability and concept called emotional intelligence⁽¹³⁻¹⁹⁾

Emotional intelligence is the ability to feel, understand and effectively use the power of emotions, In other words, emotional intelligence is concerned with understanding of oneself and others, relating to people and adapting into coping with the immediate environment and to be more successful on dealing with environmental demand. It consists of four domains; self- awareness, self -management, social awareness and social management^(11,12)

Emotional intelligence acts as a mediator in cognitive concerns and emotional regulation programs, people with high emotional skills present fewer negative emotions related to the effective expression of aggressive behavior. Studies examining the relationship between aggressive behavior and EI are show that emotional intelligent has effect in incidence of aggressive behavior, and that greater clarity and emotion repair are related to lower internal expression of aggression, and higher level of control.⁽¹³⁻¹⁹⁾

Self-awareness is a dynamic process of self-reflection, it is the use of self-assessment to evaluate and guide behavior in an open manner. There are many approaches which can be easily lead to better self-understanding includes ; "Keeping a reflective diary, learning about body language and using models of reflection," Moreover, going through the process of self-awareness and then using it in a healthy way is important in regulating our emotions. In deed it is a first step in identifying our emotion and helps us to determine if it acceptable or not, so, it is a very important strategy in dealing with aggressive behavior

Management and Nursing interventions of aggression based on many strategies as, self- awareness, patient education , anger management training and assertiveness training to anticipatory strategies such as verbal and nonverbal communications, and the use of medications, therapeutic environment and alarm systems, adequate caregiver training in basic self- awareness techniques, de-escalation techniques, frequent observation in a calm and firm but respectful manner, psychosocial interventions , seclusion ,quick tranquilization and physical restraints for emergency to control of aggressive behavior . in addition to the strategies based on behavior modification as limit setting, time out and token economy.^(23,24)

Moreover one of the most important strategies that the nurse plays an important role is self- awareness training through which the nurse help the patient identify aggression and express their feelings and evaluate whether their responses are adaptive or mal adaptive through focus on nonverbal expression of anger. Some people have very good understanding and evaluation of their feelings and emotions but for some people it needs time and effort to develop self- awareness, then finally recognizing the negative behavior and justifying them and changing them into healthier ones. The nurse can use role play to identify a real situation that makes the patient angry. Role plays a confrontation with the object of the anger. Provide a positive feedback for successful expression of anger. Furthermore, helps the patient in engaging in healthy behaviors and ultimately helps in becoming better.^(24, 25)

Significance of the study:

Incidence of aggressive behavior among inpatient mentally ill patients is about 18% to 25%. More than 1.3 million people die each year as a result of aggression.^(26,27) In Egypt, aggression in acute inpatients psychiatric wards affects the safety of other patients and the effectiveness of treatment. The result of many studies reported that, there is a wide variation in reported rates of in acute psychiatric wards; risk of aggression among patients diagnosed with schizophrenic disorders 80.6%, followed by bipolar disorder 7.3%^(28, 29) Nursing staff s statistics show that between 75% and 100% of nursing staff on psychiatric units have been affected by a patient's aggressive behavior at different stage in their management process, additionally, aggression in psychiatric hospitals threatens the physical and psychological safety for the aggressive patient, nursing staff, other patients and all care givers, it is an emergent and escalating situation at inpatients psychiatric units. Finally, aggression in the health care settings considered as a dilemma and establishes a very significant area for nursing research⁽³⁰⁻³²⁾

Aim of the study

To investigate the effectiveness of self-awareness program based on emotional intelligence on aggressive behavior of psychiatric hospital patients.

Research hypothesis:

Aggression levels in patients with psychiatric disorders will improve after implementation of self-awareness program based on emotional intelligence

II. MATERIALS AND METHOD**Materials:****❖ Research design:**

- Quasi-experimental design (one group pre test post test design) was used in this study

❖ Research setting:

This study was conducted at the **inpatients psychiatric department** in Psychiatry, Neurology and Neurosurgery Center. This center is affiliated to Tanta University Hospital, Gharbeia governorate, Egypt. The center contain different departments (Psychiatry, Neurology and Neurosurgery) it provides psychiatric and neurosurgery services as the electroconvulsive therapy, labs, diagnostic Radiology, the intensive care department, the neurological diseases inpatient department, the Department of Neurological and Psychological diseases for the Children, **inpatient male and female psychiatric department**, and the Addiction department. The center provides health care services to Gharbya, Menofia, and KafrElsheikh governorates. It works 7 days/week, 24hrs/day.

❖ Subjects:

A purposive sample of 41 patients (26 males / 15 females) from the previous setting who fulfill the following criteria; newly admitted patients (1st week of admission) and meeting criteria of aggressive patient according to aggression questionnaire, their age above 18 years , duration of illness not less than six months and free from substance abuse disorders

The EPI- INFO software was used to estimate the sample size of this study, which revealed a sample size of 41 patients from 134 patients (88 males / 46 females) This number of patients with psychiatric disorders who meeting the inclusion criteria and meeting criteria of aggressive patient according to aggression questionnaire: (26 males / 15 females)

Tools of the study

Three tools were used for data collection for this study.

Tool I: **Aggression questionnaire Buss and Perry** it consist of two parts

Part one: Aggression questionnaire Buss and Perry (1992).⁽³³⁾

This questionnaire was developed by Buss and Perry (1992). It is self-reported measures that assess four aspects of human aggression (physical aggression, verbal aggression, anger, hostility). The questionnaire has twenty-nine (29) items. It consisted of four subscales that assess, it contains (9) items for "Physical aggression", (5) items for "verbal aggression", (7) items for "anger" and (8) items for "hostility". Subjects were asked to answer on a 3-point likert scale format which ranged from 1 (Extremely uncharacteristic of me), 2 (somewhat characteristic of me) to 3 (Extremely characteristic of me). **The total score was calculated and classified as follow;**

- mild aggression 29-44
- moderate 45-74
- severe level of aggression 75-87

Part two:-Personal and clinical data questionnaires

This part is developed by the researchers, it contain; Personal data as age, sex, occupation, income, educational level, and marital status, it also includes clinical characteristics of the patients as; diagnosis, type of admission and frequency of hospitalization.

Tool 11: Bar- on Emotional Quotient – Inventory: ⁽³⁴⁾

The inventory was developed by Bar –on (2000). It was used to measure emotional intelligence. It consists of 40 items, covers (5) subscales: interpersonal (9 items, intrapersonal (9 items) stress management (8 item), adaptability (7 items), general mood(7 items). Answered on three point likert scale, always, usually to never .Scoring: always=3, usually =2, never=1.

Total Scoring System:

Score ranged from 40-120 with 120 indicating the highest possible score.

Low emotional intelligence: 40-58

Mild emotional intelligence: 59- 79

Moderate emotional intelligence: 80- 98

High emotional intelligence: 99- 120

Tool 111: Emotional Self-Awareness Scale (ESAS). ⁽³⁵⁾

This tool was developed by Killian, (2012). It is a questionnaire which assesses self-awareness (identifying emotions, self-reflection), social awareness (empathy), self-management (managing emotions, adaptability, motivation, self-regard, self-efficacy), and social skills (Networking, mentoring, and influence) that consisted of 33 items through five subscales; namely recognition, Identification, Communication, Contextualisation and Decision-Making.

The patients were asked to answer on a 5-point likert scale ranging from zero to five (0 = Never, 1 = Very Little, 2 = Sometimes, 3 = Often, 4 = A lot).

Subscales range from 0 to 40. Total scale ranges from 0 – 132. Highest score indicate high emotional awareness

Methods:

1. Before starting any step in the study, an official letter was addressed from the faculty of nursing, Tanta University, an official permission was granted from the director of The Psychiatry, neurology and neurosurgery center, at Tanta University.

2. Ethical Consideration

- Consent was obtained from the clients after explanation of the aim of the study.
- Privacy and confidentiality was assured. Clients were reassured that the obtained information is confidential and used only for purpose of the study.
- Clients' rights to withdraw from the study at any phase were respected.

1. The study tools were submitted to a jury composed of five experts in psychiatric nursing field in Tanta University to test content validity. Modification was done according to their comments

2. Reliability of the tools was measured by test–re-test for testing the internal consistency of the tools. The tools revealed strongly reliable at 0.84 tool (1), 0.87 tool (2) and (r. = 0.822) tool (3).

3. Pilot study:

A pilot study was undertaken after the development of the tools and before starting the data collection. It was conducted on (10) patients using tools (1), (2), (3) The purpose of the pilot study was to test the applicability, feasibility and clarity of the tools. In addition, it served to estimate the approximate time required for interviewing the patients as well as to find

out any problems that might interfere with data collection. After obtaining the result of the pilot study, the necessary modifications of tools as (added questions & revised) were done accordingly. Those patients were excluded from the actual study to assure stability of the result.

4. Actual study

Once the official permission was obtained from the principal person, and the other authorized personnel from the previous setting, the researcher started the data collection. All of the authorized personnel provided the needed information about the study from the researcher. All patients who fit in the inclusion criteria were approached by the investigator to fill the questionnaires according to the following steps: The investigator started data collection by introducing herself to the participant. Oral informed consent was obtained from each participant. Then a brief description of the purpose of the study and the type of questionnaire required to fill was given to each participant.

- Data collected were done through interviewing with the patients in hospital. The researcher started to collect the data from patients (two days/ per week). The process of data collection took a period of six months from January to June 2018. The total number of patients was 41 divided into separate 8 groups

-Implementation of the study passed into passed into four phases (assessment phase, planning phase, implementation phase and evaluation phase).

- **Assessment phase:**

All the study subjects (41 clients) were divided randomly into small groups, each group composed of 5 to 6 clients (8 groups).

- A pre-test was performed on all the selected subjects, using the three study tools which applied through individual interview.

- **planning phase:**

The researcher developed the educational program based on the results of the assessment phase, literature review, priorities, goals and expected outcome criteria. In this phase setting goals /outcomes of the program and develops an evaluative strategy.

- Implementation phase**

The training program aimed at enhancing the self-awareness based on emotional intelligence for psychiatric patients. This training program has a set of specific objectives for each of the 10 sessions.

This was achieved through several teaching methods such as: lectures interweaved with group discussion, brainstorming, and examples from real life, modeling, role playing / behavioral rehearsal, getting participants' feedback, providing corrective feedback, and assigning homework.

- The researcher collected the data during the morning shift (two groups per day from 10 AM to 11 or 11.30 AM to one group and from 12PM to 1 or 1.30 PM to another group). Ten sessions were applied and each session took about 60-90 minutes 3 weeks for each group. The implementation of the program sessions was achieved within 6 months.

The enhancing self-awareness through psycho-educational program based on emotional intelligence for patients with psychiatric disorders implemented as the following:

Session 1: Greeting: The aim of this session introduction and orientation. It achieved through: Greet participants as they arrive the researcher welcomes the patients and introduces her-self with the patients and explains the nature and purpose of the study. **Session 2:- concept of aggression:** Brainstorming and brief explanation about concept of aggression, forms, causes and risk factors and help the patients become able to define concept of aggression and its related concepts and elucidate its distinctiveness and relation between aggression and anger, violence and hostility. Encourage the patients to describe how can perceive the stressful situations and cope with it.

Session 3:- Self-Awareness and Self-Monitoring

Define and discuss self-awareness and self-monitoring, describing training objectives, explaining self-awareness skill, expressing necessities of training and learning self-awareness, elucidating training and learning methods and grouping patients.

Session 4:- : define Emotion; Help patients to define an emotion and recognize different types of emotion in life. Help patients to recognize their abilities and deficiencies in an abstract and creative way and help them to recognize their interests and specialty and future goals.

Session5:- Express emotion: Encourage patients to express their emotional feelings confidently, honestly and spontaneously and examine the relationship between automatic thoughts, emotions and behavior through practical behavior.

Session 6: emotional self-control : Train the patients how manage their anger and control their emotion through changing the status, relaxation and emotional keys, teaching the method of emotional problem solving skills, expression of emotions in appropriate and controlled manner.

Session7:-Relaxation and stress relief: Training about interpersonal and social relationships and coping with stress and draw comparison between conditions of relaxation and stress and talk about their differences. Teach the clients relaxation techniques as, deep breathing exercises, negative and passive progressive relaxation, visualization for relaxation and meditation and redirection for negative thoughts.

Session 8:- Training communicational skills: teach patients several activities such as, active listening and responding skills, how to communicate with other politely and respect the opinion of other. Be able to know mode or types of communication as, verbal and nonverbal communication.

Session 9: Training self-assertive skills: help the patient to define the concept of assertiveness and the characteristics of the assertively person, identify the components of verbal and non-verbal assurance , identify the weakness of self, identify signs and examples of low assertiveness level, clarify the reasons why individuals do not assert themselves and distinct between assertiveness, passiveness and aggression

Session 10: The final session, the researcher presented summary about the previous sessions and evaluated of the sessions via reapplication of tool I, tool II and tool III.

Evaluation phase :The last phase in which the researcher assess the achievement of the aim of the study and the effectiveness of the program through by reapplying tool I, Tool II and Tool III Immediately after implementation of the program

III. STATISTICAL ANALYSIS

The collected data were organized, tabulated and statistically analyzed using SPSS version 20

Descriptive statistics:

- Frequency and percentage distribution to analyze the demographical variables
- Mean and standard deviation to assess the burnout level scores

Correlation statistics:

- Statistical (T - Test) is used to compare the pre and post test scores for statistical analysis.

IV. THE RESULTS

Table 1 represents general Characteristics of studied patients the results show that the majority of the patients were males with a mean age of 34.54 ± 7.19 (ranged between 21- 45), more than one third of the patients were from rural areas, 34.1% have secondary educational level, more than half of the patients (68.3%) were worker with insufficient monthly income, more than half of the patients were married and 58.5 of diagnoses were schizophrenia. More than half of the patients (65.9 %) admitted to hospital for the first time.

Table 2 shows distribution of Studied Patients level of Aggression, Emotional intelligence and Self-awareness by Total score. The results reveal that two third of the patients had high level of aggression (60.97%), while most of them (73.17%), had mild level of emotional intelligence and 70.73% of the patients had mild level of emotional Self-awareness levels

Table 3 shows comparison between the levels of aggression, emotional self-awareness and emotional intelligence before and after intervention of the program. The results clarify that the total aggression score decreased post intervention with mean score of 86.78 ± 12.50 before intervention compared with 33.88 ± 7.10 after implementation of the program with highly positive statistically significance deference between pre post results p-value (0.001), the highest response was in physical aggression domain the mean score was 32.76 ± 7.08 before intervention compared by 13.32 ± 3.91 after intervention $p=0.0001$. In relation to the total scores of emotional intelligence the results indicate improvement of patient's level of emotional intelligence post intervention of the program, the mean score before the program was 40.80 ± 5.73 while it became 103.80 ± 10.84 post the intervention with highly statistically significance deference between pre post results p-value (0.001). Regarding emotional self-awareness the results show high improvement in total mean score after intervention as once can notice the mean score before intervention was 46.02 ± 10.28 while it was 131.22 ± 18.72 post intervention with highly statistically significance deference between pre post results p-value (0.001).

Table 4 clarifies correlation between ages, educational level, aggression, emotional intelligence and self-awareness by total scores, the results display that there is negative correlation between educational level and level of aggression (as the more decrease level of education the more increase aggression). Also the table shows a negative correlation between age, emotional intelligence and self-awareness (as increase in the age leads to decrease emotional intelligence and self-awareness, while there is a significant positive correlation between the age and aggression (this means that increase in age leads to increase aggression).

Table 4 shows that there is a significant negative correlation between emotional intelligence, self-awareness and the level of aggression (this is explained as increase in emotional intelligence and self-awareness level leads to more decrease in level of aggression in patients with psychiatric diseases).

Table (1): General Characteristics of studied patients

Variables	Number (n=41)	%
Age in years:		
20-<30	10	24.4
30-<40	20	48.8
≥40	11	26.8
Range	21-45	
Mean±SD	34.54±7.19	
Sex:		
Males	26	63.4
Females	15	36.6
Residence:		
Rural	27	58.5
Urban	17	41.5
Educational level:		
Illiterate	6	14.6
Primary	12	29.3
Secondary	14	34.1
University	9	22.0
Job:		
Not working	13	31.7
Working	28	68.3
Monthly income:		
Insufficient	23	56.1
Sufficient	18	43.9
Marital status		
Single	17	41.5

Married	21	51.2
Widow	3	7.3
Type of hospital admission:		
Voluntary	20	48.8
In voluntary	21	51.2
Diagnosis:		
Schizophrenia	24	58.5
Depression	8	19.5
Mania	9	22.0
Frequency of hospital admissions:		
Once	27	65.9
More than once	14	34.1

Table 2: Distribution of Studied Patients level of Aggression, Emotional intelligence and Self-awareness by Total score

Total score	Mild		Moderate		High	
	No	%	No	%	No	%
Aggression levels	2	4.87 %	14	34.14%	25	60.97%
Emotional intelligence levels	30	73.17%	8	19.51%	3	7.31%
Self-awareness levels	29	70.73%	10	24.39%	2	4.87 %

Table (3): Comparison between the levels of aggression, emotional self-awareness and emotional intelligence before and after intervention of the program

Variables	Before intervention	After intervention	T	P
Aggression scale:				
Anger	23.37±5.48	9.24±2.97	17.939	0.001
Hostility	27.29±6.77	9.73±2.71	19.939	0.001
Verbal aggression	20.39±4.77	8.51±2.86	17.607	0.001
Physical aggression	32.76±7.08	13.32±3.91	23.314	0.001
Total aggression score	86.78±12.50	33.88±7.10	44.305	0.001
Emotional intelligence:				
Interpersonal	9.15±2.67	22.07±4.91	18.228	0.001
Intrapersonal	7.56±1.90	22.98±4.77	21.539	0.001
Stress management	8.88±3.05	21.93±4.40	16.140	0.001
Adaptability	7.68±2.45	25.27±5.04	19.572	0.001
General mood	8.29±3.25	19.80±4.47	16.358	0.001
Total emotional intelligence score	40.80±5.73	103.80±10.84	28.921	0.001
Emotional self-awareness:				
Recognition	9.51±3.59	25.31±5.64	15.679	0.001
Identification	10.24±4.22	22.48±7.36	11.854	0.001
Communication	8.41±2.75	28.22±6.81	17.467	0.001
Contextualization	9.29±3.16	30.22±10.41	13.270	0.001
Decision making	8.56±2.90	24.68±6.68	16.889	0.001
Total self-awareness score	46.02±10.28	131.22±18.72	37.769	0.001

Table (4): Person's correlation between aggression and emotional intelligence and self-awareness total scores differences

Variables	Aggression score			
	Pre		Post	
	r	p	R	P
Emotional intelligence score	0.204	0.200	- 0.413	0.007**
Self-awareness score	0.055	0.733	- 0.318	0.024*

* Significant

** Highly Significant

V. DISCUSSION

Aggression in psychiatric hospitals considered as a major workplace problems for the nurses, who is the most prone members of the hospital staff to patient's aggression and the nurse must take responsibility of many concerns when take care of aggressive clients. Aggression represent major professional problem for psychiatric nurse. So, Education and training designed to teach nurses the necessary various strategies in an attempt to eliminate the problem in prevent and manage the aggressive behavior. In recent years, various researches have shown a significant increase in aggression, these data propose the importance of implementing programs to deal with aggressive behavior in psychiatric settings^(36,37). Therefore this study aimed to investigate the effectiveness of self-awareness program based on emotional intelligence on aggressive behavior of psychiatric hospital patients.

Regarding the clinical characteristic of the patients, the result of the current study also showed that the aggressive behavior more common among patients with schizophrenia followed by Mania which combined with involuntary admission, the first time of admissions and heavy smokers patients. This result congruent with *Sabry and Nagy et al, 2016*⁽³²⁾ who found increased risk of aggression in patients with schizophrenia and bipolar disorder who admitted involuntary. This may be due to the aggressive behavior is the main symptoms of schizophrenic patients may be due to hallucination especially when the patient coerced for admission, and smoking can lead to nervousness, anger and aggression. This result also matched with *Zaki, Abd El- Kader, Fahmy, Abd El-Aziz and Abo EL-Magd, 2013*⁽⁶⁾ who reported incidences of aggression were 42% in schizophrenia, 35% in major depression followed by 14% of mania also, *Ketelsen et al. 2007*⁽³⁸⁾ & *Troisi et al. 2003*⁽³⁹⁾ they founded that there were significantly higher rates of aggression between involuntarily admitted patients and who had more recurrent previous admissions.

Regarding to the effect of psycho-educational intervention on aggression, emotional self-awareness and emotional intelligence of studied patients, The result illustrated that the mean of total aggression score reduced after implementation of the program while the mean scores of emotional self-awareness and emotional intelligence increased post the intervention with highly statically significant relation between the result before and after the implementation of the educational program. This result may explained by the patients become mindfulness about themselves regarding present time behavior and future decision making, also, when the patients have sufficient self-awareness it promote relaxation and awareness about themselves and when going angry, at the first step they become aware of anger in their inside and accept it, then try to handle and cope with that aggression as the patients learned on educational program sessions (emotional self-control and relaxation and stress relief).

This result consistent with *Kamla & Raj 2007*⁽⁴⁰⁾ who founded that emotional intelligence and self-regulation skills are effective in decreasing the aggressive behavior in patients with psychiatric disorders. Although many studies show that emotional interventions reduce aggressive behavior in patients with psychiatric disorder as *Castillo, Salguero, Fernández-Berrocal, and Balluerka, 2013*⁽¹³⁾ & *Cook et al., 2000*⁽⁴¹⁾. This finding also consistent with *Salvoy (2011)*⁽⁴²⁾ who stated that increase emotional intelligence affect on monitoring individuals and other people's emotion, enhancing the ability to use the information to guide and control people thinking and behaviors. They also recommend that emotion intelligence and self-awareness approaches and programs should be used to manage and control aggressive behavior in patients with psychiatric disorders.

Regarding total emotional intelligence score, the results report improvement of the level of emotional intelligence aft implementation of the educational program. this may be due to the effect of the educational activates of the program in improving the ability to analyze the causes, factors or stimuli that generate negative emotions, also increase the awareness of negative consequences of such emotions (for the person who feels those emotions and for others), and learn several ways to cope positively with negative emotions (e.g., through positive dialog, symbolization, stress management techniques and emotional awareness for example, in the activity called "emotional perception," participants watch videos and answer questions about the causes and consequences of the emotions of the case characters). This result consistent with *Di Fabio and Kenny, 2011*⁽¹¹⁾ and *Brackett et al., 2010*⁽¹⁷⁾ in both results have shown that the program significantly promoted an increase in EI (emotional attention, clarity, and repair), which was continued at follow-up. Also *Castillo et al., 2013*⁽¹³⁾, *Garaigordobil, 2008*⁽²⁸⁾ their results focused in the same stream that have shown the positive effect of educational programs to increase emotional intelligence skills.

Regarding the relation between self-awareness and aggression, the results confirmed that the negative statistical correlation between the level of self-awareness and level of aggression (this means that increasing of self-awareness lead to decreasing in aggression level). This may be explained by, when improving self-awareness and ability to identify points of strength and weakness and abilities that help the patient to control his negative emotions and failure all of this leading to lower levels of aggression and create new ways of coping with negative situation and experiences . These results were consistent with the predictions derived from the theory of self-awareness which applied to aggression.

These results come in the same line with *Hatami, Ghahremani, Kaveh, & Keshavarzi*, (2016)⁽³¹⁾ who confirmed that the level of aggression decreased after implemented self-awareness training program. In this regard, *Mohammadiary, & Sarabi, D 2012*, (2012⁽⁴³⁾) , *Shirazi K, 2013*⁽⁴⁴⁾ and *Ghafari and Ahadi, 2007*⁽⁴⁵⁾ revealed that self-awareness and aggression management could significantly diminish the level of aggression in patients with psychiatric disorders .

VI. CONCLUSIONS

Based on the findings of the present study, it can be concluded that two third of the patients have high level of aggression ,while most of them have mild level of emotional intelligence and most of the patients have mild level of emotional Self-awareness. The mean total score of aggression decreased post intervention of educational program, also, the level of emotional intelligence and self-awareness improved after intervention. There is a negative significant relation between patient's level of aggression and level of self-awareness and emotional intelligence.

VII. RECOMMENDATIONS

Following recommendations are yielded from the result of this study:

- Offer the training program to psychiatric nurses regarding management of aggression is the key element in reducing risk and increasing safety for patients and nurses.
- Reinforce the preventive measure regarding aggression management through hospital policies.
- Further research is required to study the effect of implementing intervention programs to decrease and improve level of aggression and emotional intelligence
- Increase the awareness of health care givers with the importance of self- awareness and emotional intelligence in managing aggression through the periodic workshops and training sessions

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