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Effect of Limit Setting Technique Program for Psychiatric Nurses on their Knowledge, Opinions and Practices: A Quasi-Experimental Study

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Abstract
Background: Effective and therapeutic limit setting techniques should be endeavors to patients' safety and nurses' professionalism; it should be utilized in a collaborative, cooperative and supportive context of a therapeutic relationship. The limit setting has its salutary and profitable uses that nurses should avail and exploit. **Aim:** The study aimed to assessing the impact of a training program regarding limit-setting techniques on psychiatric nurses' knowledge and attitudes as well as patients' perceived practices. **Method:** All nurses working in the mental health hospital enrolled in the study (N= 80), as well as convenient patients that were willing to participate in the study (N=86). To collect data for the present study, three open- ended structured questionnaires**. Results:** Statistical significant differences were noticed between nurses' knowledge, opinions and practices scores regarding the use of the limit setting techniques with psychiatric patients before and after the program. **Conclusion:** Significant differences were found between pretest and posttest scores about nurses' information as well as their considerations in applying limit setting. **Recommendations:** Further training programs regarding therapeutic communication skills are also recommended for the better implication of this training program.

Keywords: Limit setting, Psychiatric nurses, Knowledge & Practices

Introduction
Although previous literature discussed limit setting as an approved therapeutic technique, as well as a disciplinary approach **(Dubin & Ning, 2008)** and other studies revealed it as an alternative for restraint and seclusion **(Vatne & Fagermoen, 2007);** there is a salient scarcity in the researches discussing and evaluating the use of this technique with psychiatric patients.

Limit setting is a therapeutic professional approach that requires efficient, skilled and experienced nurses to utilize. In the psychiatric setting, it is a style of communication of boundaries and expectations within the relationship between nurses and patients. Literature represented that the utilization of boundaries provides a structured communicative environment, a sense of caring, and enhance patients' feeling of security; these factors are vital in the maintenance of the therapeutic professional relationship between the patient and the staff and consequently, minimize manipulative and inappropriate behaviors of patients. "Limit setting set parameters for acceptable behavior and provides patient with the best chance to change their behavior**" (Sharrock & Rickard, 2002).**

"The limit setting additionally protects the mental health nurse from burnout" **(Bernstein-Yamashiro, Noam, 2013; Langley & Klooper, 2005),** maintaining personal stability; hence promoting a quality relationship. Importantly, to keep suitable limits, psychiatric/mental health nurses must solely do things in the relationship they are comfortable with. **"**Healthy limitations are an essential aspect of self-care in all factors of our lives" **(Nelson, 2016)**. "This is an important because it indicates that properly-set restrictions can help someone find more fulfillment and less stress in their work life, which accounts for a large part of a working person's day-to-day responsibilities and stress" **(Selva, 2018).**

Thus, this research intended to provide a clinically tailored training program for psychiatric nurses about limit setting techniques to improve their level of knowledge and opinions as well as their clinical practices as perceived by psychotic patients.

Significance of the study:
Utilization of limit setting technique helps to integrate and aliment the nurse- patient relationship in more therapeutically as well as restorative process, moreover; it can defend the patients from tensed behavior and enhance their feelings of safety and containment.

Aim of the study
This study aimed to assess the impact of a training program regarding limit-setting techniques on psychiatric nurses' knowledge and opinions as well as practices perceived by psychiatric patients.

Research hypothesis:
There will be no significant differences between pretest and posttest scores concerning nurses'

opinions and practices regarding the use of limit setting technique with psychiatric patients.

Subjects & Methods

Participants and Procedures

A one-group pretest- posttest quasi-experimental design was utilized to attain its aim. This research was conducted in Port Said for mental health hospital. Prior starting this research study, the researcher delineated the program content based on the review of literature **(Maguire, Daffern, Martin, 2014; Maguire, 2011; Varcarolis, Halter, 2009; Vatne & Holmes, 2006).** Posteriorly, the researcher sought for a jury embraces experts and pundits in psychiatric nursing as well as psychiatric medicine to evaluate the program content, thereafter, modifications were done and approval was possessed. The total number of working nurses is 88 nurses, divided into three daily shifts. The study subjects included 80 nurses who agreed to be enrolled in the study through three stages (pretest, posttest and follow-up - after 1 month). Pretest phase is applied through distributing tools to nurses and collecting it after completion. The application of the program started in January 2017 and ended in March 2017, including 2 sessions per week for 120 minutes, with a total number of 10 sessions. All nurses were encouraged to comply with attendance in which the researcher harmonized with them the most suitable time to achieve the highest utilization of the program. Before starting the program, written consent was obtained from all the participants accompanying that with an explanation of the study purpose. Thereafter, the researcher started the first session of the program with a presentation of the pretest study results and consequently allowed attendees for group discussion and inquires. Initial sessions (2-6) included the theoretical sections regarding the definition of limit setting, its significance, indications/ behaviors necessitate applying this technique, assorted styles of limit setting technique, and the significant principles as well as steps followed in the application. At the end of each session, to guarantee the immutability of the program content, the researcher provided the participants with leaflet abridges/ brochures regarding the session content. Each theoretical session was followed by a practical session (role play) owing to the revision for better understanding. Further sessions (7-10) strived for the practical application of the steps of limit setting technique, the researcher adopted role-play strategy of teaching to achieve the highest level of performance with the participation of nurses, roles were interchanged between the researcher and the participants each time to facilitate conception and assimilation. By the end of the program, the researcher thanked the participant, and appreciated their compliance with the training; moreover, intensify the prominence of using limit-setting techniques therapeutically when needed. Subsequently, the researcher asserted nurses' appreciated participation in the follow up assessment. Eventually, the researcher sought for evaluating the effectiveness of this program equitably in more thorough practice and realistic evaluation, so psychiatric patients were surveyed for assessing their information and opinions regarding limit-setting technique in the follow- up phase of the program- to ensure the use of nurses for this technique. Eighty six psychiatric patients from different inpatient departments agreed to participate in the follow- up phase of the study, while 2 patients refused to participate.

Tools of Data Collection

Tools for psychiatric nurses:

A structured questionnaire to gather data regarding nurses such as, age, sex, and the unit was dopted from **(EL-Sayad, 2017).**

A semi structured open- ended questionnaire regarding information about limit setting. It encompasses questions assessing nurses' knowledge such as identification, causes for and curative outcomes of limit setting technique **(Elsayad, 2017)**.

Nurses' opinions questionnaire regarding limit-setting technique. It contains 25 statements answered with (yes= 3, no= 2, I do not know=1). The higher total scores indicate higher acceptable perceptions the nurses have towards the use of limit setting. **(Elsayad, 2017)**.

Tools for psychiatric patients

A structured questionnaire related to patients' demographic and clinical data was used in this study such as, age, sex, educational level, diagnosis, length of hospitalization and family history of mental illness.

A semi structured open questionnaire regarding limit-setting technique. It included thirteen open questions assessing patients' awareness regarding limit setting such as its therapeutic causes and nurses' style of application. Furthermore, the tool included one question concerning patients' feelings accompanied nurses' application for limit setting **(Elsayad, 2017)**.

The reliability and validity of tools:

Face and content validity of the tools for clarity, comprehensiveness, and relevance was assessed by a board of five experts in psychiatric nursing with more than ten years of experience in the field. The Reliability of the tools were assessed through Cronbach's alpha test, concerning nurses' knowledge questionnaire the Cronbach's alpha was α= 0.86, while nurses' opinions scale was α= 0.82. On the other hand, psychiatric patients' awareness questionnaire was also reliable at an acceptable level (the Cronbach's alpha =0.89).

Pilot study:
A pilot study was conducted on 8 nurses and 10 patients to test the clarity and applicability of the tools. No modifications were required and this sample was excluded from the study.

Data Analysis
By the utilization of IBM SPSS Statistics version 20, descriptive analysis of all variables and data measured by number, percentages and means, values. Moreover, ANOVA test was used to represent whether the studied nurses' knowledge and opinions differ in their mean scores pretest and posttest as well as in the follow-up phases. Statistical significance was set on P < .05 while highly statistical significance was set on P <.01.

Ethical Considerations
Prior to starting this study an ethical approval was obtained from the General Secretariat of Mental Health Research Unit, Cairo as well as the administrative authorities in Port-Said mental health hospital. As regards the participants, a written consent was obtained from them after explaining the purpose of the study as well as data collection procedures. Participants were also ensured about the confidentiality and anonymity of their information and their rights to participate or refuse/ withdraw anytime during the research period.

Results

Table (1): Demographic characteristics and clinical experiences of the studied psychiatric nurses.

Socio-Demographic characteristics and clinical data	Frequency N= (80)	%
Age (in years)		
< 20	3	3.6
20-30	62	74.7
30-40	11	13.3
>40	4	4.8
Sex		
Male	26	31.3
Female	54	65.1
Level of education		
Secondary nursing school	21	25.3
Technical institute for nursing	54	65.1
Faculty of nursing	5	6.0
Years of experience		
1-3	27	32.5
3-5	12	14.5
5-7	21	25.3
>7	20	24.1
Ward		
Male free	29	34.9
Male private	9	10.8
Female free	21	25.3
Female private	9	10.8
Addiction	12	14.5
Training in psychiatric nursing		
Yes	80	100.0
No	0	0.0
Place of training		
School/ Faculty	4	4.8
Hospital	72	86.7
Others	4	4.8
Skills training " e.g. communication, restraint and limit setting technique"		
Yes	2	2.4
No	78	94.0

Table (2): Comparison among nurses' information scores pre-program, post-program and in follow- up. N= (80)

Items related to limit setting	Pretest	Posttest	Follow- Up
	N (%)	N (%)	N (%)
Identification of limit setting			
Accurate identification	9(11.2)	80 (100.0)	79(98.7)
Inaccurate identification	55(68.8)	0(0.0)	1(1.3)
Do not know	16(20.0)	0 (0.0)	0(0.0)
Purposes for use of limit setting			
Accurate purposes	64 (80.0)	79(98.7)	78(97.5)
Inaccurate purposes	16(20.0)	1(1.3)	2(2.5)
Do not know	0(0.0)	0(0.0)	0(0.0)
Patients' behaviors need limit setting			
Accurate answer	80(100.0)	80(100.0)	80(100.0)
Inaccurate answer	0(0.0)	0(0.0)	0(0.0)
Do not know	0(0.0)	0(0.0)	0(0.0)
Style s of application of limit setting			
Appropriate style	23(28.7)	80(100.0)	80(100.0)
Inappropriate style	57 (71.3)	0(0.0)	0(0.0)
Do not know	0(0.0)	0(0.0)	0(0.0)
Consequences of applying limit setting with patients			
Positive	22(26.5)	80(100.0)	65(81.2)
Negative	11(13.3)	0(0.0)	3(3.8)
No outcomes/ no effects	31(37.3)	0(0.0)	12(15.0)
Do not know	16(19.3)	0(0.0)	0(0.0)

Table (4): Significance between pretest and posttest psychiatric nurses' information about limit setting.

Items related to limit setting	t-paired	Sig.
Definition or description of limit setting	8.253	0.001**
Reasons for use of limit setting	0.257	0.798
Behaviors need limit setting	-0.647	0.520
The primary style of application of limit setting	9.444	0.000**
Outcomes of using limit setting with patients	9.252	0.000**

*** Highly Statistically highly significant (P>0.01)*

Table (5): Significance between pretest and posttest psychiatric nurses' opinions regarding considerations about limit setting technique

Items	t-paired	Sig.
Considerations to regard before application of limit setting		
This technique should be used with all patients who do not follow instructions	3.225	0.002*
This technique is preferred to be used with violent patients	28.501	0.000**
It hinders establishing a therapeutic relationship with patients	-2.357	0.021*
It can be used to punish patients for their unacceptable behaviors	0.630	0.530
It reduces violent and unacceptable behaviors	9.718	0.000*
It is essentially used in order to ensure patients' safety	18.718	0.000*
It should not be used, as it make patients feel dropped/ humiliated	4.494	0.000*
Limits is for therapy and not for revenge or punishment	47.481	0.000*
Patient is not a part of the process of application, the nurse is only the responsible	-3.431	0.001*
It increases patients aggression and violence	-0.523	0.603
It make patient perceive nurse as careless and not compassionate	6.344	0.000*

Items	t-paired	Sig.
Considerations to regard during application of limit setting		
It must be applied in front of other patients in order to teach them in the same time	-2.908	0.005*
The use of authoritarian style is the best in application of limit setting	-3.877	0.000*
The goal of limit setting should be identified to patients	11.704	0.000*
There should be an approved guidelines for its application	35.333	0.000*
All medical staff should participate in its application	16.933	0.000*
Limits must be consistent with policy and reflect the philosophy of the hospital and the unit.	22.729	0.000*
Teamwork and consistency is essential.	9.847	0.000*
Explaining clearly what behavior is inappropriate and what is expected of the person is essential.	15.190	0.000*
The nurse should give a brief rationale to patients without entering into extensive debate, agreement or rationalization.	6.179	0.000*
Limits are not negotiable.	23.405	0.000*
The consequences of the inappropriate behaviors should be explained to patients when applying limit setting.	11.684	0.000*
Use of threats can be effective in committing patients with the new appropriate behaviors	-17.776	0.000*
Nurse should offer alternative actions or behaviors that guide patients to behave appropriately	11.864	0.000*
Limits should be clearly and simply stated in a nonpunitive/non-condemning manner.	16.653	0.000*

*** Highly Statistically highly significant (P>0.01)*

Table (6): Demographic and clinical characteristics of the studied psychiatric patients.

Socio-Demographic characteristics and clinical data	Frequency N= (86)	%
Age (in years)		
< 20	3	3.5
20-25	19	22.1
25-30	12	13.9
30-35	19	22.1
35-40	17	19.8
>40	16	18.6
Sex		
Male	38	44.1
Female	48	55.9
Diagnosis		
Schizophrenia	34	39.5
Major depression	32	37.2
Mania	5	5.8
Addiction	15	17.5
Length of hospitalization (months)		
1-3months	0	0.0
3-6 months	31	36.0
6-9 months	9	10.5
9-12 moths	39	45.4
More than one year	7	8.1
Number of previous hospitalization		
Once	3	3.5
Two times	15	17.4
Three times	18	20.9
Four times	26	30.3
More than 5 times	24	27.9

Table (7): Psychiatric patients' information/opinions about limit setting technique in the follow-up phase of the program

Items related to limit setting	Frequency N=(86)	%
Patients' information/ experiences with limit setting		
Yes	72	83.7
No	14	16.3
Answers of patients who had information/ experiences with limit setting	**Frequency N= (72)**	**%**
Sources of information/ experience		
Own experience	56	77.8
Observing others experiences	16	22.2
Last experience with limit setting		
Hours	5	6.9
1-2 days	15	20.9
3-4 days	7	9.7
4-6 days	6	8.3
Week	20	27.8
More than one week	19	26.4
Reasons of that experiences		
Refusal of food	0	0.0
Excitement	3	4.2
Verbal abuse of other patients	47	65.2
Physical abuse with other patients	18	25.0
Violence towards nurse	4	5.6
Nurses' style of application		
Belittlement	0	0.0
Platitudes	3	4.2
Solutions with options/ alternatives	23	31.9
Assertive communication	34	47.2
Defining consequences of unacceptable behaviors	8	11.1
Threatening or violent behaviors	4	5.6
Patients' satisfaction with this technique		
Yes	66	91.7
No	6	8.3
Reasons for patients' dissatisfaction with application of limit setting (N= 6)		
It was ineffective	0	0.0
It implies nurses' brusqueness	4	66.7
It is used as punishment	2	33.3
Patients' opinions about therapeutic effect of limit setting on improving behaviors		
Negative effect	10	13.8
Positive effect	33	45.8
Sometimes had positive effect and sometimes not	29	40.4
do not know	0	0.0

Table (8): Cont. Psychiatric patients' information/opinions about limit setting technique in the follow-up phase of the program

Items related to limit setting	Frequency N=(72)	%
Patients' opinions about preferring other style of application		
Yes	8	11.1
No	64	88.9
Patients' suggestions for improving use of limit setting technique		
Nurse should use empathetic style/ appropriate communication/ non-threatening	2	2.7
Nurse should clarify the reason for using it with me	17	23.6
Nurse should apply it in one- to one interaction	25	34.8
Nurse should provide other alternative	2	2.7
No suggestions	26	36.2

Items related to limit setting	Frequency N=(72)	%
Patients' opinions regarding importance of applying limit setting in clinical		
Very important	72	100.0
Slightly important	0	0.0
Not important	0	0.0
Do not know	0	0.0
Patients' opinions regarding types of behaviors need limit setting		
Aggressive	34	47.2
Inappropriate as sexual	7	9.7
Excitement	21	29.2
Deviated from hospital policy	10	13.9
do not know	0	0.0
Patients' feelings towards use of limit setting		
Humiliation	1	1.4
Sadness	3	4.2
Despair	0	0.0
Injustice	0	0.0
Fear and insecurity	2	2.7
Anger	0	0.0
Security	38	52.8
Comfort	2	2.7
No feelings to mention (Neutral)	26	36.2

Descriptive/ comparative & significant results related to psychiatric nurses:

Demographics of the studied nurses were illustrated in the **table (1).** As clear from the table almost two thirds of the nurses (74.7%) were aged between 20 to 30 years old. about training programs, 97.5% of nurses admitted that they did not receive any professional program related to nursing skills (e.g. communication skills, limit setting technique).

Concerning the present study, **table (2)** revealed the comparison of nurses' information about limit setting technique pretest, posttest and follow- up, the studied nurses defined limit setting after completing the program and at the follow up as either an application of therapy or a style of communication. Regarding reasons for limit- setting technique, the majority of nurses (87.5%) tend to apply it to decrease clients' unacceptable behaviors, while at the follow up assessment; most nurses reported that it protects the patients. Looking at the behaviors that evoke the use of this technique, the highest scores of nurses' responses obtained during the post program (47.5%) goes to the sexual behaviors compared to 16.2% of nurses' responses at the follow up phase.

Assertive verbal communication is the preferred style to use when applying limit-setting technique, as reported by nurses in both posttest and follow up test (88.8% and 92.5 respectively). All nurses in post program phase (100.0%) mentioned that applying this technique has positive outcomes on patients, compared to 81.2% of nurses at the follow- up phase of the program.

Table (3): Presents nurses' opinions regarding the use of the limit setting technique; nurses' responses are classified under two major categories; first, includes items to be considered prior to the use of limit setting and second observances to be followed during the application of limit setting. Concerning the first category, all the participants after program and in the follow up (100%) reported that limit setting is followed to ensure patients' security and as a therapy not for revenge or punishment. On the other hand, the majority of nurses in the posttest and follow up test (93.8% and 97.5 respectively) articulated that limit - setting must be utilized with each patient who do not follow rules and regulations.

With the reference to the second theme, the table illustrated that 100.0% of participants in both posttest and follow up phases stated that all healthcare teams should be included in its application; and nurses also have to provide patients with substitutional acceptable behaviors to comply. The table also conceptualized that 80% of nurses in the pretest proclaimed that the use of intimidations can be beneficial in obliges the patients with the acceptable actions; this result compared to 0.0% of responses in posttest. In addition, 58.8% of nurses in pretest claimed that being authoritarian in communicating this technique is more efficient as compared to 6.2% of responses in posttest.

As regard **table (4):** it reflects that there were no statistically significant differences between pretest and posttest scores about to nurses' knowledge concerning reasons to apply limit setting and behaviors require its application (P= 1.000, 0.798 and

0.520 respectively). Lately, **table (5**) aimed to illustrate the pretest and posttest scores of nurses' opinions regarding the use of limit setting. It revealed statistically significant differences between nurses' perspectives before and after applying for the program.

Descriptive results of psychiatric patients' feedback regarding nurses' use of limit setting technique:

Table (6): Revealed demographic characteristics of the surveyed patients, as clear from the table 22.1% of patients were aged between 30-35 years old, while more than half were females (55.9%). Moreover, more than one third of the studied patients (39.5%) had schizophrenia compared to 17.5% diagnosed with drug abuse.

In respect to **table seven**: which discloses results about psychiatric patients' information and opinions adjacent to nurses' use of limit setting, the results showed that most of the patients (83.7%) had experience with limit setting and 77.8% of them depicted it as their own experience. About one quarter of the patients (27.8%) stated that this experience from a week ago, followed by 26.4% stated to experienced it for more than one week.

More than half of the psychiatric patients (65.2%) reported that nurses used limit setting because of their or other patients' verbal violence, followed by physical abuse with others and violence towards the nurses (25.0% and 5.6% respectively). Otherwise, 47.2% of patients declared that nurses used assertive communication in setting limits, while 11.1% of patients proclaimed that defining the consequences of their unacceptable behaviors were stated distinctly by nurses during setting limits for their inadmissible behaviors and attitudes. Results also showed that the majority of patients (91.7%) were satisfied with nurses' use of limit setting as well as ennobled and appreciated its positive therapeutic effect (45.8%) and ranked it as a very important technique in therapy (100.0%).

Looking at patients' opinions about behaviors need limit setting, the highest percent goes to aggressive behaviors, followed by excitement and deviated behaviors from hospital policies (e.g. noncompliance with medication, non-participation in activity therapy) as well as sexual hints or acts (47.2%, 29.2%, 13.9%, 9.7% respectively). Lastly, half of the studied psychiatric patients (52.8%) pronounced that they felt secure when the nurses set limit for them while clarifying the acceptable and unacceptable acts and attitudes. On the other hand, 36.2% of patients reported that they did not have a particular feeling to mention during the nurses' limit setting process.

Discussion

The effective and therapeutic limit setting techniques must endeavor to patients' safety as well as nurses' professionalism; it should be utilized in a collaborative, cooperative and supportive context of a therapeutic relationship. Limit setting has its salutary and profitable uses that nurses should avail and exploit. Previous study results conducted by the researcher **(El-Sayad, 2017)** revealed that nurses had insufficient knowledge and negative attitudes and misconceptions regarding the application of limit setting, thus there were an indispensable need for this study to provide a comprehensive training program for nurses in order to boost and promote nurses' information as well as practices. As regard this study's results, the researcher may claim that this limit-setting program had a positive impact on the psychiatric nurses' knowledge, opinions as well as practices. This result is consistent with the study of **Sharrock & Rickard** in 2002 which aimed to produce a practical framework for limit setting to assist psychiatric nurses in dealing with aggressive patients.

Regarding nurses' knowledge about limit setting technique, posttest results as well as follow up results showed noteworthy improvement. Nurses defined limit-setting technique as either an application of therapy or a style of therapeutic communication, nurses gained knowledge and profit experiences after the use of this technique. Nurses in pretest and posttest reported that limit setting reduce unacceptable behaviors that is why there were no significant differences observed, moreover, nurses expected that patients' aggressive and sexual behaviors oblige nurses to use limit setting, which solidified through the training program.

Nurses' opinions regarding the primary style of application changed from use of threatening technique (pretest) to use of assertive communication technique (posttest and follow up), this is because they reconnoitered after utilizing limit setting with patients that it is the most officious and salutary style to use. On the same context, nurses conceived that use of limit setting with psychiatric patients may have no beneficial outcomes in the pretest assessment, but after the program, they reported that it has a positive therapeutic outcome. Consequently, at the follow up phase, some nurses conveyed that it has no effect, they expounded that some patients' behaviors particularly in the acute phase of illness are intractable, obstinate and unpredictable, further, patients' negativism is a considerable symptom that may influence this result. This result is in accordance with the study results of **Neale & Rosenheck, 2000** who concluded that limit setting is a frequent and potentially important aspect of assertive treatment.

Statistical significant differences observed in the pretest and posttest results concerning nurses' opinions about considerations of limit setting, indeed this training program expand nurses' comprehension and perception as well as rectified their misconceptions about this exigency therapeutic tool. One of the noteworthy results of this study is that some nurses indicated that use of limit setting may increase patients' aggressive behavior because some as manic patients refuse limits on their behaviors and consequently may perceive nurses as careless. For this, it was foreseeable that some nurses altered the assertive style of communication with the authoritarian style, as well as the use of reassurance with use of threats (observed at follow up).

One of the most considerable and noticeable results, is patients' information about limit setting technique through their interaction with nurses. More than three quarters of patients after the program said that they had their own experience with this technique, as compared to a quarter of patients before this program. This was a worthy motivating result, which can be used as an indicator for the effectiveness of this program. Patients stated that nurses informed them assertively about limits and consequences of their inadmissible behaviors; and accordingly they were satisfied with nurses' use of this technique in therapy. In this context, one patient in the addiction department stated " I feel grateful for this technique, it teaches me how to set limits for me and others, I think to have alternatives and be informed about consequences can direct my behaviors to the best" On the other hand, some patients proclaimed that limit setting occasionally has positive outcome and mutate their unacceptable behaviors. This significant result is in line with the study of **Lancee, Gallop, McCay & Toner, (1995)** who examined the effect of nurses' use of limit setting on patients' level of hostility, and concluded that using limit setting can be valuable in decreasing patients' aggressive or violent behaviors.

In the same respect, this study results also showed that most of the studied psychiatric patients ranked nurses' use of limit setting as a very important technique of therapy and started to feel secured and comfortable, as they become informed about what is acceptable and what is not (as patients said) as well as both alternatives and consequences of their behaviors and attitudes. However, few patients not preferred nurses' use of limit setting, one patient said "I want her to let me do what I want wherever and whenever I want; that is my right to refuse medication or activities". Moreover, another patient said "if she wants me to stop my hostile communication with others, she should send them away from me; they are insane and I am not even sick". However, this study result is not consistent with the results of **Rosenheck & Neale (2004)** as they mentioned in their study that the utilization of limit setting techniques and strategies do not appear to prevent adverse outcomes.

Conclusion

Based on this quasi-experimental research, this training program was advantageous, profitable and beneficial for the improvement in nurses' knowledge and opinions regarding the use of limit setting technique with psychiatric patients. Significant differences were found between pretest and posttest scores about nurses' information as well as their considerations in applying limit setting. The researcher may claim that this training is newly developed for psychiatric nurses recruited in Port-said mental health hospital.

Implications of the study& Recommendations

Further studies and research concerning the development of a guideline manual for limit setting technique is recommended to be generalized and disseminated to all health care providers. Furthermore, a training program regarding therapeutic communication skills is also recommended for the better implication of this training program.

Conflict of Interest

No conflict of interest

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None

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