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Relationship between Communication Skills and Patient's Aggressive Behavior among Nursing at Diwaniyah Teaching Hospital

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Abstract
Communication skills are essential for building effective relationships, whether in professional They enable individuals to exchange ideas, feelings, and information in a clear and respectful manner that leads to understanding and cooperation its human interaction so this study started with objectives: To determine the level of communication skills among nurses at AL Diwaniyah Teaching Hospital, to determine the association between nurses 'demographic data and nurses' communication skill and to explore the relationship between nurses' communication abilities and patient aggressive behavior and determination of the level of the patient aggressive behavior according to the nursing staff work place
Methodology: A quantitative descriptive approach was used. Random sample of 291 nurses were chosen from those working morning and evening shifts at Al-Diwaniyah Teaching Hospital. A data was collected using questionnaire. An exploratory study was conducted among 30 nurses outside the sample between December 9 to December 10, 2025. The Cronbach's alpha coefficient was 0.72, and the questionnaire was subjected to validity confirmation by experts within a period of two weeks.
Results: The study, conduct at Al-Diwaniyah Teaching Hospital from September 1st, 2025, to April 1st 2026, revealed that the level of communication skills was moderate. The results indicated evidence of a relationship between demographic variables and communication skills. The results indicated that 69.1% of participants had been exposed to aggressive behavior. The Person correlation coefficient between communication skills and exposure to aggressive behavior was (), indicating a very weak relationship between the two variables.
Conclusion: The study results indicate a moderate relationship between communication skills and aggressive patient behavior ($r = -.481^{**}$, p-value ≤ 0.01). It is recommended to enhance specialized training, create a favorable work environment, and study job stability indicators to ensure employee safety and improve service quality.

Keywords: communication skills, aggressive behavior, nursing staff, workplace safety

1. Introduction

Nurse-patient relationship is considered to be the cornerstone of quality healthcare. The focal point of this relationship is the power of effective communication, which serves as the key to establishing trust, understanding, and mutual respect between patients and nurses. Effective communication, which is so titled from the Latin word communicare for "to share or impart knowledge" (Webster's New Collegiate Dictionary), is a key element in facilitating the transmission of information in an effective, respectful, and comprehensible manner. Nurses, as being the most effective communicators within the health care system, apply verbal and non-verbal forms of communication—such as speaking, listening, writing, and body language—to deliver complete, empathetic, and effective care (Huamán et al., 2022).

Communication skill is an aspect of promoting treatment compliance, patient satisfaction, and overall health outcomes. Communication transcends the transmission of information to become a tool of diagnostic character that provides guidance on identifying problems and crafting appropriate interventions (Kleinman, 2004; McCabe & Priebe, 2004; McGuire et al., 2001). With the urgency of the healthcare environment, nurses must improve their communicative skills in responding to complex and variable interactions. Good communication results in better relationships between patients and nurses, and has a direct impact on patient satisfaction and health outcomes (Papagiannis, 2010).

But with the need for communication comes a big challenge: workplace violence. Health workers, particularly nurses, are among the most exposed people to be assaulted by visitors or patients (Jackson et al., 2002; Winstanley & Whittington, 2004). Aggressive behavior can cause physical and emotional harm, such as stress and burnout, damaging the nurse-patient relationship. Research like Inoue et al. (2006) and Richter & Berger (2006) observe the profound impact of violence on health professionals, strongly advocating for empowering nurses with skills to manage such behavior effectively.

The prevalence of aggression in the health care setting is on the rise, and nurses are often at the center of aggressions. A study carried out by Budd (2001) and McKenna & Upson (2004) indicates that nurses are most likely to be victims of aggression in the workplace. The effect of aggression reaches far beyond the individual to healthcare organizations as a whole. According to an analysis provided by Papadopoulos et al. (2012), nurse-patient communication is vital in evoking aggressive behavior and highlights the necessity of improving communication and de-escalation techniques.

1.1 Research Problem

The healthcare setting, interactions between patients and healthcare professionals are critical to achieving desired health outcomes. However, aggressive behavior from some patients can negatively impact the quality of healthcare provided. Aggressive behavior can manifest itself in various forms, such as verbal threats, physical assault, or other abusive behavior toward healthcare professionals. WHO (2019) indicated that attacks on health workers in Iraq increased after 2014, reaching a 40% increase until 2019. According to Auda (2023) study reported that 48% of Iraqi physicians and health workers experienced aggression behavior from patients or their companions. These attacks have a direct impact on the decision of these employees to migrate for job or take extended leaves of absence. training in communication skills boosts staff members' self-assurance in handling hostility. Nevertheless, the limited quantity of research concentrating on reducing aggression, the low design quality of the studies, and the absence of actively controlled trials limit the applicability of the findings. These results highlight the need for more study with an emphasis on carefully planned trials in the future (Baby et al., 2018).

1.2 Study Objectives

- To determine the level of communication skills among nurses at Al- Diwaniyah Teaching Hospital.
- To determine the association between nurses ' demographic data and their communication skill at AL- Diwaniyah Teaching Hospital.
- To explore the relationship between nurses' communication skills and patient aggressive behavior at Al- Diwaniyah Teaching Hospital.
- To determine the level of the patient aggressive behavior according to the nursing staff work place.

1.3 Research questions

- What is the level of the level of communication skills among nurses at Diwaniyah Teaching Hospital?
- Is there the association between nurses ‘demographic data and nurses' communication abilities at Diwaniyah Teaching Hospital?
- Is there the relationship between nurses' communication skill and patient aggressive behavior at Diwaniyah Teaching Hospital?
- What is the level of patients' aggressive behavior according to the nursing staff's workplace?

2. Literature Review

2.1 Communication skills

The noun communication was first introduced in the Middle English period (1150–1500). The word communication derived from Latin. The word comes from the Latin commūnicātiō, but is broadly understood as “the transmission or exchange of information, knowledge, or ideas, by speech, writing, or mechanical or electronic media” (Oxford English Dictionary, n.d.).

Since ancient times, communication has played a cornerstone in facilitating human interaction in social, scientific, and political spheres. In the medical realm, its importance has become increasingly evident as an essential element of healthcare delivery (McGowan & O'Dea, 2022).

Mastery expressing oneself verbally and nonverbally, and nurturing a deep sense of empathy with patients through active listening. the vital role these skills enhances effective interaction between nurses and patients, contributing to heightened patient satisfaction and improved treatment outcomes. (Lindig et all., 2024).

Communication skills among nurses Demonstrate a set of abilities that allow nurses to interact effectively with patients, and are Demonstrated in Delivering Information Distinctly and Precisely to

ensure that the information is comprehended, using clear body language to leave a more comfortable and confident impression, Engaged Listening, Demonstrate Compassion to enhance and support emotionally, and adapting the communication style based on the patient's condition (Mehralian et al., 2023).

The spotlight has always been on Interpersonal Skills and their measures for their Crucial Role, as these skills can be Evaluated through a questionnaire containing a series of questions, or evaluated through standardized assessments through observation and monitoring, or through case studies and role-playing scenarios (O'Hagan et al., 2014).

2.2 Aggressive Patient

An aggressive patient in Iraq is an individual who exhibits verbal or physical behavior that is intended to harm or intimidate others. This behavior can range from verbal threats and insults to physical attacks. Aggressive behavior can be caused by a variety of factors) Al-Saffar & Al-Dabagh., 2019) (Ali & Al-Dabagh, 2020(. Patient aggression toward nurses is a serious problem that can have negative consequences for both nurses and patients. It is defined as any intentional act or threat of physical or verbal harm directed toward a nurse by a patient. Aggression can range from verbal abuse and threats to physical assault. (National Nurses United, 2023)

Verbal Aggression:
• Shouting, swearing, or using abusive language
• Making threats or insult
• Accusing or blaming team members
• Demanding unreasonable or inappropriate care

Physical Aggression:
• Hitting, kicking, or grabbing
• Throwing objects
• Spitting or biting
* Attempting to damage property or equipment
(American Psychological Association, WHO, National Nurses United, 2023

3. Study Methodology

3.1 Study Design

This study uses a quantitative descriptive design to explore the relationship between communication skills and aggressive behavior in patients. This design relies on quantitative research methods that collect and analyze digital or statistical data to describe, interpret, predict, or control the phenomena under study.

3.2 Study Population

The study population consists of nurses who directly encounter problems in their workplace. This study targets all nurses working at Al-Diwaniyah Teaching Hospital in Iraq. Total number of nurses in the study population is 1,056, distributed over the 16 departments in the hospital, including a variety of medical and surgical units (Mohammad Ghalib, 2024). AL Diwaniyah Teaching Hospital was selected since it is a significant health provider in the region and has a diverse population, which offers wide-ranging opportunities for data collection.

3.3 Study Sample

The study sample is random simple sample, since it provides researchers with the option of choosing study participants for their Time، Statistical error ease of calculation، without bias study randomly ، and effort saving, Increased reliability, Statistical analysis ease and good representation of the population (Bhardwaj, 2019).

The sample was 282 male and female nurses in Al-Diwaniyah Teaching Hospital, out of the total population of 1054 nurses who are spread all over various departments of the hospital. The sample size was determined using Stephen Thompson's method, which happens to be one of the most eminent techniques that trade-off simplicity with accuracy in sample size estimation

$$n = \frac{N \times P(1-P)}{|(N-1)(d^2/z^2)| + p(1-P)}$$

$$n = \frac{1053 \times 0.5(1-0.5)}{(1053-1)(0.05^2/1.96^2) + 0.5(1-0.5)}$$

$$n = 282$$

The inclusion criteria were that the participants must be 18 to 60 years old, have an educational qualification ranging from diploma to doctorate, and must have at least one year of service. Priority was given to the sampling Selection at random to minimize bias.

3.4 Study Instrument

The study instrument is questionnaire according to global scale was developed (Marhamati, et al,2016) and it contains three contracts. The study instrument consists of three sections، distributed as follows:

3.5 Face Validity

The validity of the study questionnaire was evaluated by seven experts specializing in field that related with topics. The experts thoroughly reviewed the questionnaire items to assess their clarity and

relevance in addressing the research objectives. The evaluation process extended over two weeks from 11November 2024 to 24 November2024, during which the experts provided detailed feedback. Based on the experts' suggestions, specific items were revised to enhance their accuracy and alignment with the study's objectives.

3.6 Pilot study Results (Internal Consistency)

The questionnaire was analyzed using SPSS version 21 to evaluate internal consistency through a pilot study conducted on a sample of 30 nurses outside the study sample. After reviewing the results, item (Ag6) of aggressive behavior was removed as it was found to negatively affect the overall reliability of the tool. Following the removal of this item, Cronbach's Alpha increased to 0.72, which falls within the acceptable for internal consistency (Sekaran & Bougie, 2016).

4. Research Findings

4.1 Sample Demographics Characteristics

Table (1) Sample demographics characteristics

Variables	Type	Frequency	Percent
Gender	Male	165	56.7
	Female	126	43.3
Age Group	21-30	224	77.0
	31-40	36	12.4
	41-50	27	9.3
	51-60	4	1.4
Educational Level	Diploma	187	64.3
	Bachelor's	97	33.3
	Master's	7	2.4
Years of Service	1-5	209	71.8
	6-11	38	13.1
	12-17	22	7.6
	18-23	13	4.5
	24 And more	9	3.1
Training	No	127	43.6
	Yes	164	56.4
Workplace	Emergency	87	29.9
	Psychiatric	7	2.4
	Neurologic	21	7.2
	Gastroenterology Unit	24	8.2
	Dialysis	9	3.1
	Diabetes Center	2	.70
	Intensive Care Unit	50	17.2
	Other	91	31.3
Exposure to Aggressive Behavior	No	90	30.9
	Yes	201	69.1

The study sample comprises 291 individuals, demonstrating notable diversity in demographic and professional characteristics. Males dominate the sample at 56.7%, compared to 43.3% females, which may reflect a male-dominated work environment, particularly in practical fields such as healthcare. Regarding educational qualifications, individuals holding diplomas represent the highest proportion (64.3%), while those with master's degrees' account for only 2.4%. This indicates the institution's reliance on technical staff, with limited inclusion of highly qualified personnel, potentially impacting the execution of complex tasks or the development of institutional policies. In terms of professional experience, employees with short-term service (1–5 years) constitute the majority (71.8%), whereas those with extensive experience (24 years or more) represent a minimal 3.1%. This disparity suggests potential high employee turnover rates or the institution's recent establishment. Despite 56.4% of the sample having received specialized training, exposure to aggressive behavior remains prevalent (69.1%). This contradiction underscores the need to enhance training quality, particularly in conflict management skills, especially in high pressure departments such as emergency (29.9%), which report significantly higher rates compared to others like the diabetes center (0.7%). Exposure to aggressive behavior emerges as the most prominent feature of the sample (69.1%), linked to interconnected factors such as employment in high stress departments and limited advanced academic qualifications, which may hinder the development of preventive mechanisms. These findings emphasize the necessity of strengthening specialized training programs, fostering supportive work environments, and investigating factors influencing job stability to ensure worker safety and improve service quality.

4.2 Descriptive Analysis

Table (2) Descriptive Analysis Mean, stander deviation, level of measurement for participants agreement of Communication skills and Aggressive behaviors

ITEMS	strongly disagree		disagree		not sure		agree		strongly agree		M	S. D	Eva.
	F	%	F	%	F	%	F	%	F	%			
Communication skills													
Greeting patients plays a crucial role in establishing a positive relationship.	1	0.3	1	0.3	4	1.4	134	46	151	51.9	4.48	.58341	H
It is not necessary for nurses to introduce themselves to patients personally.	13	4.5	53	18.2	38	13.1	150	51.5	37	12.7	3.49	1.06795	M
It is appropriate for nurses to ask for the patient's name and address them by it to build rapport.	3	1	39	13.4	39	13.4	142	48.8	68	23.4	3.80	.97987	H
Explaining the nurse's role to the patient is not always necessary.	15	5.2	61	21	51	17.5	130	44.7	34	11.7	2.63	1.09490	M
Nurses can use verbal techniques to mitigate patients' reactions.	1	0.3	9	3.1	21	7.2	170	58.4	90	30.9	4.16	.71458	H
Non-verbal techniques (e.g., eye contact, facial expressions, posture) are not necessarily effective in calming patients.	20	6.9	91	31.3	71	24.4	83	28.5	26	8.9	2.98	1.11099	M
Nurses visiting patients without being asked to do so is unnecessary.	38	13.1	114	39.2	54	18.6	60	20.6	25	8.6	3.27	1.18031	M
It is important for nurses to answer patients' questions and reassure them about their condition.	3	1	15	5.2	15	5.2	149	51.2	1-9	37.5	4.18	.83171	H
Nurses do not always need to ask patients for their opinion about their illness or problem.	19	6.5	96	33	65	22.3	91	31.3	20	6.9	3.01	1.08750	M
Nurses should encourage patients to explain their issues in their own words.	3	1	17	5.8	32	11	183	47.4	101	34.7	4.08	.88215	H
Understanding and accepting patients' feelings is important, even if their behavior seems unjustified.	5	1.7	13	4.5	25	8.6	153	52.6	95	32.6	4.09	.85925	H
It is not always necessary for nurses to inquire about the patient's medical history in every case.	38	13.1	123	42.3	43	14.8	67	23	20	6.9	3.31	1.16399	M
The nurse examines the patient's medication and health status.	3	1	13	4.5	26	8.9	122	41.9	127	43.6	4.22	.86509	H
It is essential for nurses to document the onset and severity of the patient's symptoms.	8	2.7	25	8.6	40	13.7	192	44.3	89	30.6	3.91	1.01515	H
Providing guidance is not always the nurse's necessary medical responsibility.	19	6.5	83	28.5	55	18.9	101	34.7	33	11.3	2.84	1.15180	M
Summarizing the interaction and asking follow-up questions is important for nurses.	4	1.4	29	10	61	21	142	48.8	55	18.9	3.73	.92504	H
Showing respect and attention from the nurse is effective in building a good relationship with the patient.	7	2.4	10	3.4	9	3.1	113	38.8	152	52.2	4.35	.88716	H
Maintaining patient confidentiality at all times is not always necessary.	92	31.6	110	37.8	29	10	42	14.4	18	6.2	3.74	1.22005	H
Nurses must obtain the patient's consent before any treatment and ensure gender segregation.	9	3.1	38	13.1	31	10.7	111	38.1	102	35.1	3.89	1.11800	H
Nurses being honest in every step enhances the patient's trust.	1	0.3	10	3.4	13	4.5	132	45.4	135	46.4	4.34	.75045	H
Providing spiritual care is not among the nurse's responsibilities.	34	11.7	84	28.9	77	26.5	65	22.3	31	10.7	2.91	1.18446	M
Trust between nurses and patients significantly strengthens their relationship.	4	1.4	10	3.4	15	5.2	134	46	128	44	4.27	.82306	H

Discrimination among patients by nursing staff harms the relationship and reduces trust.	11	3.8	15	5.2	32	11	123	42.3	110	37.8	4.05	1.01748	H
Preemptive calming of patients by nurses is critically important.	2	7	12	4.1	14	4.8	145	49.8	110	37.8	4.25	.78605	H
											Over all mean: 3.57		M
													Aggressive behaviors
I frequently encounter patients who exhibit aggressive behavior.	2	7	36	12.4	42	14.4	138	47.4	73	25.1	3.83	.96384	H
Verbal aggression from patients is common in my daily work.	1	0.3	60	20.6	42	14.4	128	44	60	20.6	3.63	1.03909	H
I have experienced or witnessed physical assault by patients during my shifts.	31	10.7	92	31.6	46	15.8	77	26.5	45	15.5	3.04	1.27634	M
Patients' aggressive behavior negatively impacts my job satisfaction.	4	1.4	47	16.2	33	11.3	125	43	82	28.2	3.80	1.06323	H
The communication techniques I use are effective in dealing with aggressive patients or their companions.	4	1.4	23	7.9	79	27.1	142	48.8	43	14.8	3.67	.87027	H
I receive adequate support from management when handling aggressive patients.	32	11	47	16.2	60	20.6	93	32	59	20.4	3.34	1.27257	M
I feel concerned about my safety when dealing with aggressive patients or their companions.	10	3.4	34	11.7	42	14.4	143	49.1	62	21.3	3.73	1.03239	H
Patients' aggressive behavior adversely affects the quality of care I can provide.	9	3.1	35	12	34	11.7	123	42.3	90	30.9	3.85	1.08154	H
Additional resources (e.g., staff, training) are needed to better manage aggressive behavior from patients or their companions.	7	2.4	12	4.1	51	17.5	132	45.4	89	30.6	3.97	.93002	H
											Over all mean: 3.65		M

The overall mean score for communication skills (3.57) demonstrated a moderate level of agreement among nurses on the importance of communication skills. Key elements, such as greeting patients, answering questions, and showing respect, achieved high scores. However, other aspects, such as self-presentation and symptom documentation, showed an average level, suggesting the importance of increased training on standard practices.

In contrast, the overall mean score for aggressive behavior (3.65) indicated that nursing staff frequently experience aggressive behavior, impacting their job satisfaction and service delivery. Assessments showed a lack of institutional support and resources, suggesting a need for improved training and institutional support for dealing with aggressive behavior.

Table (3) T-Test for sex and Communication Skill

Variable	Group	Mean	St. Dev.	T-Test value	df	Sig.
Sex	Male	3.02	.255	2.810	289	.005
	Female	3.89	.211			

* Statistically significant @ p-value ≤ 0.05

P. value = 0.05, T-test value= 2.810 degree of freedom = 289) statistically significant difference between males and females in communication skills. The difference between males and females indicating that gender is a significant factor in communication skills. The results show that the differences favor females, as they enjoy higher levels of emotional support than males.

Table (4) ANOVA for Age Groups and Communication Skills (n= 291)

Variable	Group	Mean	St. Dev.	F	df	Sig.
Age	21-30	3.29	.189	3.451	287	0.017
	31-40	3.39	.310			
	41-50	3.75	.195			
	51-60	3.83	.160			

* Statistically significant @ p-value ≤ 0.05

The result indicated statistically significant (P. value 0.017, F 3.451 df 287) difference between age groups in communication skills.

Table (5) ANOVA Test for the Impact of Years of Experience on Communication Skills

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	3.842	4	0.961	3.451	0.009
Within Groups	79.650	286	0.279		
Total	83.492	290			

* Statistically significant @ p-value ≤ 0.05

The ANOVA test results indicated that there is statistically significant difference in communication skills among participants with different years of professional experience (P. value = 0.009, F = 3.541). This suggests that an increase in years of experience necessarily correlate with improved communication skills.

Table (6) T-Test for Training and Communication Skills (n=291)

	F	Sig.	t	df	Sig(2-tailed)
Equal variances assumed	.092	.762	-1.515	288	.131
Equal variances not assumed			-1.511	266.158	.132

* Statistically significant @ p-value ≤ 0.05

Results from the T-Test indicated that training did not have a significant impact on communication skills (P. value = 0.762). This raised questions about the effectiveness of current training programs, as they did not align with the actual needs of participants or did not utilize modern, interactive, and practical teaching methods. It was also possible that the training received by participants had been more theoretical than practical, which limited its real-world impact on communication skills.

Table (7) ANOVA for Workplace and Communication Skills (n=291)

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.415	7	.202	1.998	.055
Within Groups	28.635	283	.101		

* Statistically significant @ p-value ≤ 0.05

Regarding the effect of workplace environment on communication skills, results from the ANOVA test showed no significant differences between different work environments (P. value = 0.05). However, this value is close to the accepted threshold (0.05), suggesting a weak potential influence of the work environment on communication. This could indicate that certain work environments provide more opportunities for effective communication than others, but the effect is not strong enough to be statistically significant. One possible explanation is the presence of a unified communication culture across all departments or standardized communication systems that apply to all employees regardless of their workplace

Although it is expected that exposure to aggressive behavior could affect communication skills, the study results showed no significant differences between those who experienced aggressive behavior and those who did not (P. value = 0.192). This might have suggested that participants had been able to adapt to such conditions without their communication skills being affected. Another possibility was that the level of aggressive behavior in the workplace had not been high enough to have a noticeable impact. Additionally, individuals might have developed personal strategies to handle such situations without compromising their ability to communicate effectively.

Chart (1) Frequencies variables for Exposure Aggressive Behavior

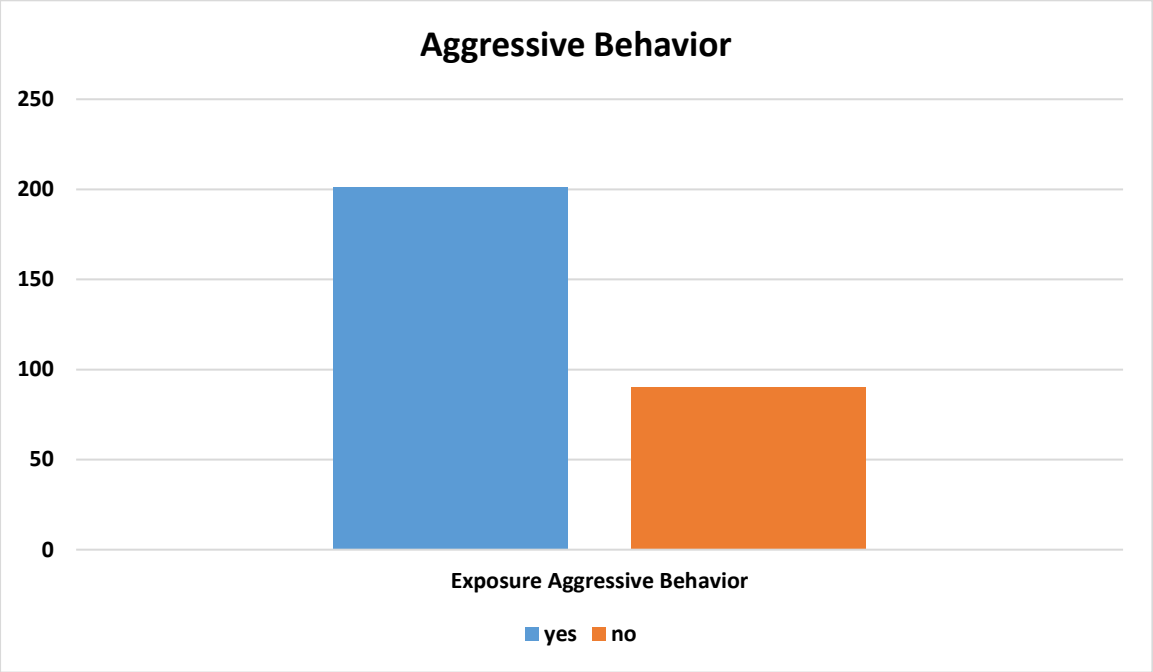

Table (8) Frequencies variables for Exposure Aggressive Behavior

Aggressive Behavior Exposure	Frequency	Percent
No	90	30.9%
Yes	201	69.1%

The results indicated that 69.1% of participants were exposed to aggressive behavior, while 30.9% were not.
• This high percentage suggested that aggression was a prevalent issue within the studied population, potentially influenced by environmental, familial, or social factors.

These findings highlighted the need to investigate the underlying causes of aggression and explore possible interventions to reduce exposure.

Chart (2) Frequencies variables for type of exposure

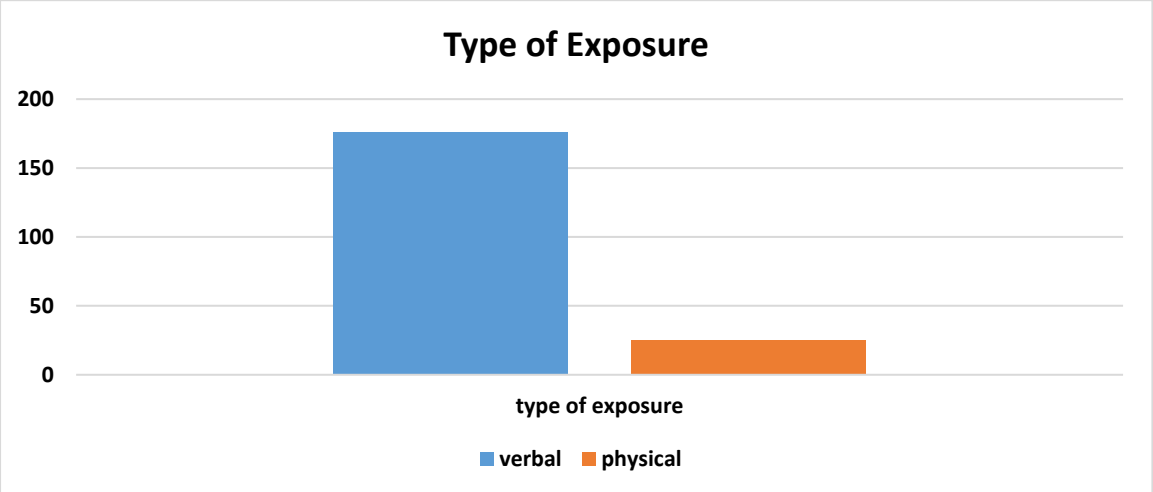

Table (9) Frequencies variables for type of exposure

	Frequency	**Percent**
verbal	176	53.8
physical	25	7.6
Total	201	61.5

• Verbal exposure was significantly higher (53.8%) than physical exposure (7.6%).

Table (10) The Pearson correlation coefficient between Communication Skills and Aggressive Behavior

		MEAN Aggressive Behavior	MEAN COMMUNICATION SKILL
MEAN Aggressive Behavior	Pearson Correlation	1	-.481**
	Sig. (2-tailed)		.000
	N	291	290
MEAN COMMUNICATION SKILLs	Pearson Correlation	-.481**	1
	Sig. (2-tailed)	.000	
	N	290	290

** Statistically significant @ p-value ≤ 0.01

The table of the Pearson correlation coefficient between the variables: The Pearson correlation coefficient between communication Skills and Aggressive Behavior is (r = -.481**, p-value ≤ 0.01) this result, conclude that there is a moderate strong negative relationship between communication skills and exposure to aggressive behavior.

5. Discussion

that there was statistical relationship between communication skills and exposure to aggressive behavior moderate strong negative relationship These results contradicted the study by Laschinger et al. (2019), which found that skilled communication reduced aggression by 30%. One possible explanation was that communication alone may not have been sufficient to reduce exposure to aggressive behavior, or that aggression had become normalized. In other words, nurses' habit of receiving aggressive behavior may have been considered a routine part of their day while communicating with patients. It was possible that the training provided to nurses was not sufficient or may not have been appropriate to effectively confront aggressive behavior. Training alone was not considered sufficient to significantly change aggressive behavior if it did not include integrated strategies that addressed how to deal with aggressive situations while balancing the development of communication skills and coping strategies for stress and pressure in the work environment

6. Conclusion

Study sought to evaluate the level of communication skills among nurses in Al-Diwaniyah Teaching Hospital and how these are associated with exposure to aggressive patient behavior. The results showed that communication skills were average and that there was a moderate strong negative relationship association between skills and exposure to aggressive behavior.

The study also revealed that the training given to the nurses did not lead to increased communication skills, which supports the need to develop training courses for practical application. The study also found that nurses in emergency and intensive care units are most prone to offensive behavior, which requires improvement in occupational protection measures and psychological support in these units alone.

Based on these results, improving communication skills sufficient to reduce violence against nurses. Systematic measures, and developing viable training programs, which ensure a safer and more efficient working environment for nurses, are required.

7. Recommendations

The Ministry of Health Offer mandatory specialized training programs for nurses on effective communication skills, such as managing aggressive patients, understanding behaviors, and choosing appropriate methods to deal with them

Ministries of Higher Education and Nursing Colleges and Institutes Introduce efficient communication skills in the curriculum of health institutes and colleges, using simulation techniques to train the students to handle real situations that they are going to encounter

To Nurses Management at Al Diwaniyah Teaching Hospital, Create and implement a definitive protocol of how to deal with aggressive patient behaviors that will be included in hospital policy and updated regularly based on research outcomes.

To Al Diwaniyah Teaching Hospital Include effective communication skills as part of

performance appraisal criteria so that nursing staff are evaluated and encouraged to develop these skills as part of their annual assessment and instituting a system of regular assessment of communication skills as part of quality and institutional accreditation criteria.

Al Diwaniyah Teaching Hospital has to contemplate using security personnel at risk areas, installing CCTV cameras, and adopting emergency response measures so that protection for nursing personnel can be allowed. Intervention earlier in violent conditions can prevent worsening and protect Nursing care providers.

To Al Diwaniyah Teaching Hospital Enhancing Mechanisms for Reporting aggressive, it is possible to create simple and quick mechanisms for reporting incidents of violence in hospitals, and to take decisive steps to safeguard the rights of nurses.

Raising Awareness among Patients and Their Relatives, there is a need to initiate awareness campaigns at healthcare facilities to sensitize families and patients about the importance of positive and respectful communication with nurses, in favor of a positive and teamwork-promoting healthcare atmosphere.

8. Limitations

Study was limited to studying the communication skills of nurses and their relationship with the aggressive behavior of patients in Al Diwaniyah Teaching Hospital And it focused on the measurable aspect of communication skills ,However, it did not address other potential influencing factors, such as cultural, psychological and environmental factors ,future studies could explore these additional variables and expand their scope to include a sample of different healthcare facilities, enhancing the generalizability of the results.

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