

# Nurses' Knowledge towards Psychiatric Patients with an Aggressive Behaviors at Khartoum Psychiatric Hospitals

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## Abstract

**Background:** Mental illness has become more common than many other diseases such as heart disease, cancer or diabetes.

**Objectives:** The present study aimed to assess knowledge towards Psychiatric Patients with an Aggressive Behaviors at Khartoum Psychiatric Hospitals.

### **Materials and methods:**

Descriptive cross sectional hospital based design was used to conduct this study at a Psychiatric Hospital in Khartoum. The target population consisted of 60 nurses employed at the Khartoum Psychiatric Hospital. Structured questionnaires were distributed to the participants for data collection. Data analysis was done using a Statistical Package for Social Science, version 24, and nominal as well as ordinal data was analyzed using descriptive analysis.

**Results:** The study found that nurses were more likely to be exposed to physical aggression followed by verbal and sexual aggression. Overall, the findings revealed that nurses had an adequate knowledge of managing aggressive psychiatric patients.

**Conclusion:** The results of the study have indicated that nurses have adequate knowledge of psychiatric patient aggression and its management. Nurses should be given proper training to enhance their competencies in aggression management.

**Keywords:** *Knowledge, Psychiatric, Khartoum psychotic hospital*

## 1.1.Introduction:

Mental illness is becoming more common than many other illnesses such as heart disease cancer and diabetes. Patient aggression or violence against psychiatric nurses is a global problem. (Ministry of Health, 2008) These nurses therefore face the following major challenges of provide nursing care to aggressive psychotic patients. Nurses serve as the frontline care providers in a nation's health care system.

Nurse is necessary acquire the knowledge and skills necessary to manage aggressive patients with mental disorders without getting hurt in the process. To do this, we need to educate psychiatric nurses. They are also trained to understand mental illness and how it affects their behavior. (Ministry of Health, 2008)

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Mental illness has a significant impact on individual and collective health. Disability more serious than physical illness. Physical ailments include, among others risk of injury, cardiovascular disease, and HIV (human immunodeficiency virus) major contributors to disease burden (Corrigall *et al.*, 2007). However, according to World Health Organization (2004), 5 of the 10 leading causes of disability in the world, it's a mental illness. These include major depression, schizophrenia, Bipolar disorder, panic disorder, alcohol use disorder. This highlights the burden incurred due to mental illness in psychiatric services.

Attacks on mentally ill patients are seen as a major challenge nationally and internationally. Chen *et al.*, (2005), reported those nurses' experiences of aggression or patient violence is an internationally anticipated occupational hazard. From a survey of mental health and learning disabilities in patient wards, nurses were consistently higher, with up to 86% of nurses being affected by violence and aggression patient behavior. Duxbury and Wright (2011) and American Psychiatric Nurses Association (2007) adds that patient aggression in healthcare settings raises safety concerns for both patients and staff. Workplace violence in healthcare is seen as it is an epidemic by different authors because it has been reported in almost every country in the world (Kennedy *et al.*, 2009). In a study conducted by Inoue *et al.* (2006) study at two hospitals in Japan to assess the psychological impact of verbal abuse or violence by patients on nurses working in psychiatric departments and to identify factors related to their impact. Findings from this study revealed that exposure to aggressive behavior could lead to long term psychological effects, such as burnout and psychological distress of nurses, which would ultimately affect the quality of care provided to patients (Inoue *et al.*, 2006). Also Papadopoulos *et al.*, (2012) assert that violence and aggression cause a negative effect on staff performance including a high rate of absenteeism, high stress levels and low staff morale. In a South African study conducted by Kennedy and Julie (2013) on nurses' experience and understanding of workplace violence in trauma and emergency departments, the authors allude to nurses experiencing physical threats, verbal abuse, psychological and imminent violence on a regular basis. These authors also assert that nurses tended to normalize abusive behavior as it was perceived „to come with territory. The present study aimed to assess

level of knowledge towards Psychiatric Patients with an Aggressive Behaviors at Khartoum Psychiatric Hospitals.

## **MATERIALS AND METHODS:**

### **1.2.1. RESEARCH DESIGN**

The study design was a quantitative descriptive cross sectional hospital study.

### **STUDY AREA**

This study was conducted in Khartoum psychotic hospital.

### **1.2.2. STUDY POPULATION**

The population chosen for this study includes registered nurses as well as nursing unit managers working in Khartoum psychiatric hospital.

### **1.2.3. SELECTION CRITERIA**

#### **1.2.4.1. Inclusion criteria:**

The inclusion criteria for those eligible for the study was include male and female registered nurses and nursing unit managers who have worked in Khartoum psychiatric hospital.

#### **1.2.4.2. Exclusion criteria:**

Those who were not agree to participate in the study and those who are not found at the time of data collection.

### **1.2.4. SAMPLE SIZE AND SAMPLING TECHNIQUES**

The sample size was taken conviencely as 60 nursing in Khartoum psychiatric hospital.

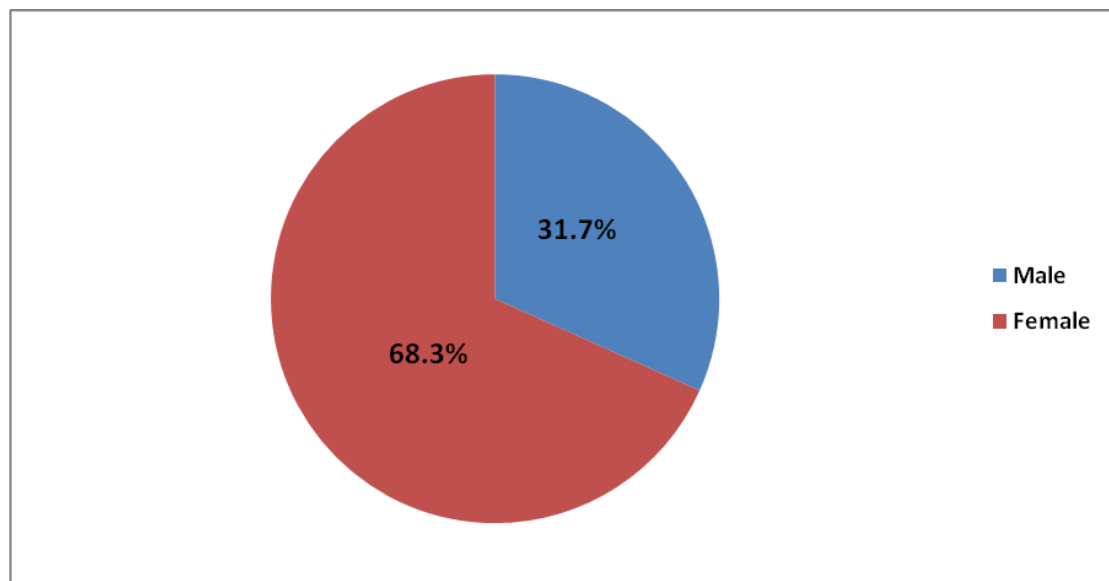
### **1.2.5.6. DATA COLLECTION**

Data collection is the precise, systematic gathering of information relevant to the research purpose or the specific objectives (Burns *et al.*, 2013). According to Polit and Beck (2008), a data collection plan for quantitative studies should yield accurate, valid and meaningful data that are maximally effective in answering research questions. The researcher used a self-designed, structured questionnaire, consisting of 30 closed ended questions, to collect data. Brink *et al.* (2012) define questionnaires as a self-report instrument where the participants respond to given questions. The questionnaire was developed by the researcher.

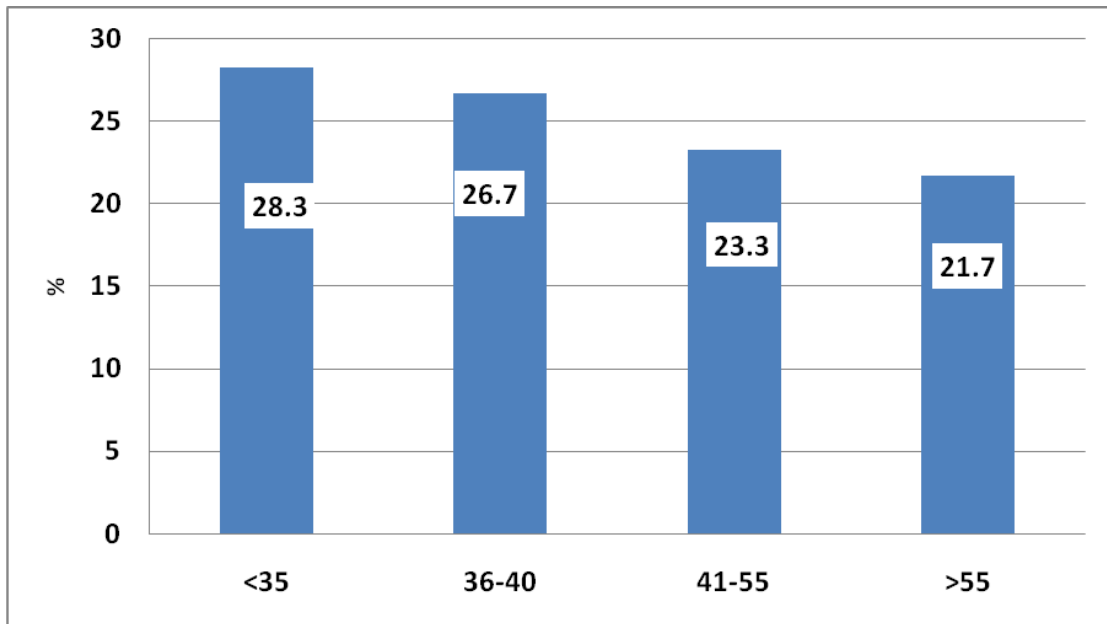
### 1.2.5.8. Data analysis:

Descriptive statistics are used to describe and synthesize data. This helps to set the stage for the understanding of quantitative research evidence (Polit and Beck, 2012). The data was arranged into frequency distribution that is described by Polit and Beck (2012) as a systematic arrangement of values from the lowest to the highest value, together with the number of times each value was obtained.

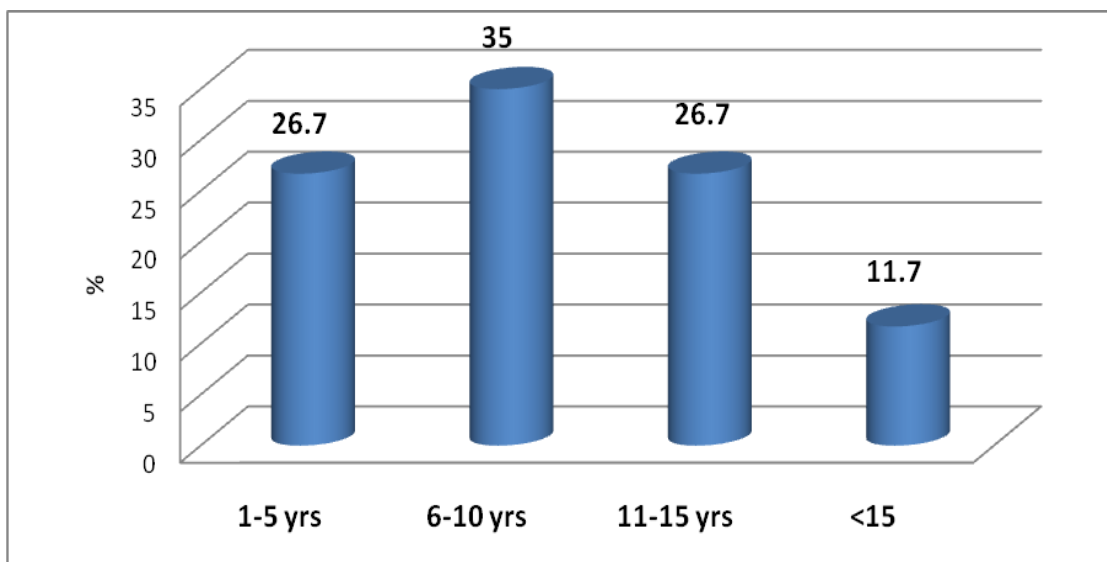
### 1.3. Study findings:



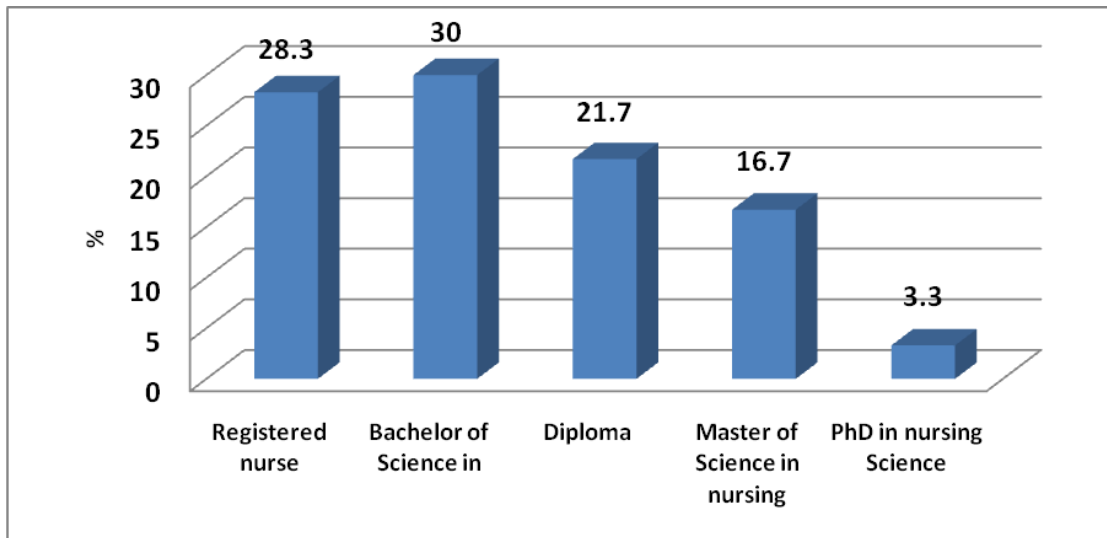
**Fig.1:** Distribution of nurses according to gender (n=60)



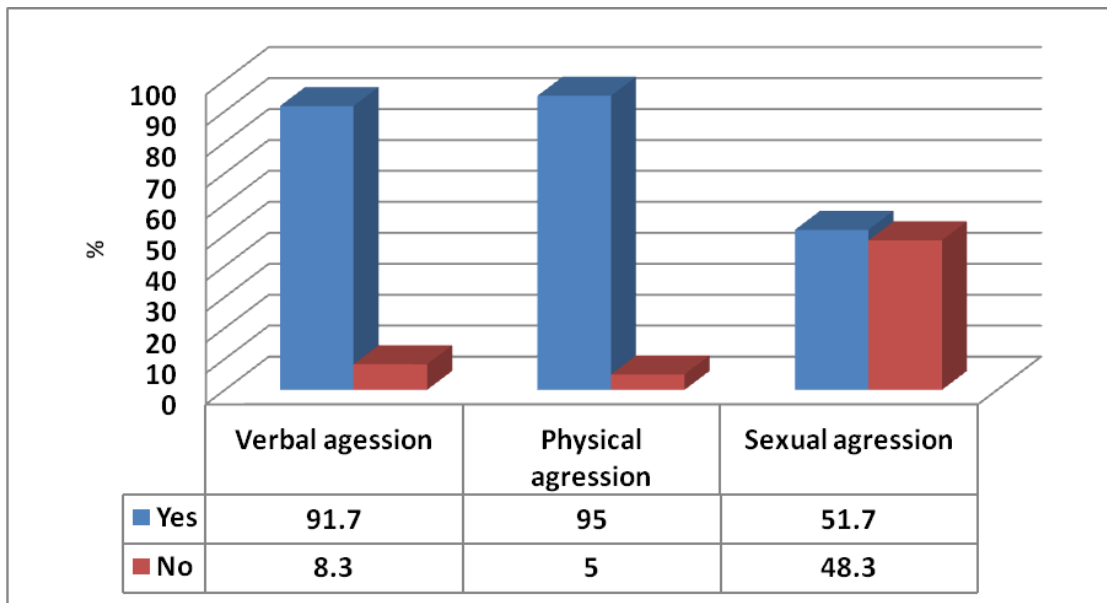
**Fig.2:** Distribution of nurses according to age group (n=60)



**Fig.3:** Distribution of nurses according to years of experience (n=60)



**Fig.4:** Distribution of nurses by education level (n=60)



**Fig.5:** Distribution of nurses by type of aggression (n=60)

**Table 1:** Overall knowledge of nurses towards psychiatric patients with an aggressive behavior in terms of causes of regression at Khartoum Psychiatric Hospitals

Causes	Adequate		Poor	
	No.	%	No.	%
Psychiatric diagnosis/mental illness	47	78.3	13	21.7
Lack of communication among staff and patients	37	61.7	23	38.3
Provocation either by staff or fellow patients	36	60.0	24	40.0
Strained staff-patient relationship	34	56.7	26	43.3
Ward environment they are kept in	44	73.3	16	26.7

<b>Total Score 100</b>	<b>198</b>	<b>66</b>	<b>102</b>	<b>34</b>
<b>Mean total Sub-Score (Mean± SE)</b>	<b>6.7 (±.1)</b>			

**Table 2:** Overall knowledge of nurses towards psychiatric patients with an aggressive behavior in terms of environmental factors of regression at Khartoum Psychiatric Hospitals

<b>Environmental factors</b>	<b>Adequate</b>		<b>Poor</b>	
	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>
Ward atmosphere can contribute to patient aggression	40	66.7	20	33.3
Overcrowding	29	48.3	31	51.7
Physical and social environment contribute to patient aggression	38	63.3	22	36.7

Unfamiliar environment	38	63.3	22	36.7
Long waiting times	45	75.0	15	25.0
Lack of privacy	41	68.3	19	31.7
<b>Total Score 100</b>	<b>231</b>	<b>64.2</b>	<b>129</b>	<b>35.8</b>
<b>Mean total Sub-Score (Mean± SE)</b>	<b>7.1 (±.2)</b>			

**Table 3:** Overall knowledge of nurses towards psychiatric patients with an aggressive behavior in terms of signs of regression at Khartoum Psychiatric Hospitals

Signs of aggression	Adequate		Poor	
	No.	%	No.	%
When patient becomes loud and agitated	36	60.0	24	40.0
When patient becomes restless and argumentative	38	63.3	22	36.7

When patient becomes demanding and difficult	41	68.3	19	31.7
Pupillary dilation	36	60.0	24	40.0
<b>Total Score 100</b>	<b>151</b>	<b>62.9</b>	<b>89</b>	<b>37.1</b>
<b>Mean total Sub-Score (Mean± SE)</b>	<b>5.5 (±.1)</b>			

**Table 4:** Overall knowledge of nurses towards psychiatric patients with an aggressive behavior in terms of patient factors causing aggression at Khartoum Psychiatric Hospitals

Patient factors	Adequate		Poor	
	No.	%	No.	%

Acute signs of illness	36	60.0	24	40.0
Drug intoxication or withdrawals	31	51.7	29	48.3
Previous history of aggression	30	50.0	30	50.0
Involuntary admission	37	61.7	23	38.3
Patients with substance induced psychosis	37	61.7	23	38.3
<b>Total Score 100</b>	<b>171</b>	<b>57</b>	<b>129</b>	<b>43</b>
<b>Mean total Sub-Score (Mean± SE)</b>	<b>7.1 (±.2)</b>			

**Table 5:** Overall knowledge of nurses towards psychiatric patients with an aggressive behavior in terms of factors preventing patient aggression at Khartoum Psychiatric Hospitals

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factors preventing patient	Adequate		Poor	
	No.	%	No.	%
Identify stressors that could cause aggression	40	66.7	20	33.3
Always listen to patients complaints	37	61.7	23	38.3
Always listen to patients complaints	31	51.7	29	48.3
Be able to assess the situation	32	53.3	28	46.7
Keep patient busy with ward program	37	61.7	23	38.3
Avoid escalation of aggression	37	61.7	23	38.3
<b>Total Score 100</b>	<b>214</b>	<b>59.4</b>	<b>146</b>	<b>40.6</b>
<b>Mean total Sub-Score (Mean± SE)</b>	<b>7.1 (±.2)</b>			

**Table 6:** Overall knowledge of nurses towards psychiatric patients with an aggressive behavior in terms of management aggression at Khartoum Psychiatric Hospitals

Management	Adequate		Poor	
	No.	%	No.	%
Administer prescribed medication	31	51.7	29	48.3
Maintain patient self-esteem and dignity	39	65.0	21	35.0
Call for help and assess the situation for safety	37	61.7	23	38.3
Stay calm	40	66.7	20	33.3
Talk in calm tone of voice	39	65.0	21	35.0
Remove audience or patient	37	61.7	23	38.3
Use of seclusion	35	58.3	25	41.7
Don't argue with patient	34	56.7	26	43.3
Use verbal and non-verbal communication	33	55.0	27	45.0
Negotiate with patient involved	37	61.7	23	38.3
Use of physical restraints	39	65.0	21	35.0
<b>Total Score 100</b>	<b>292</b>	<b>60.8</b>	<b>188</b>	<b>39.2</b>
<b>Mean total Sub-Score (Mean± SE)</b>	<b>15.3 (±.4)</b>			

**Table 7: Overall knowledge score of aggression**

Items	Mean	SE	%
Cause of aggression	6.7	.1	66.0
Environmental Factors	8.1	.2	64.2
Signs and symptoms	5.5	.1	62.9
Patient factors	7.1	.2	57.0
Prevention	8.4	.2	59.4
Management	15.3	.4	60.8
<b>Knowledge</b>	<b>59.6</b>	<b>1.4</b>	<b>61.7</b>

#### 1.4. DISCUSSION:

This descriptive cross-sectional hospital based study was conducted among 60 nurses in Khartoum psychiatric hospital. The present study aimed to assess level of knowledge towards Psychiatric Patients with an Aggressive Behaviors at Khartoum Psychiatric Hospitals.

The results of this study revealed that the majority of the participants were exposed to physical and verbal aggression respectively while more than half were exposed to sexual aggression. These findings are consistent with findings from other studies. In a study on mental health nurses' perceptions of patient aggression in clinical psychiatry, conducted by Jonker *et al.* (2008) in six closed and semi-closed in-patient wards at a hospital in the Netherlands, nurses reported being confronted with non-threatening verbal aggression, with 80% of them asserting to never or rarely being confronted with sexual aggression. A study on nurses' experiences and understanding of workplace violence in a trauma and emergency department in South Africa, by Kennedy and Julie (2013), found that participants were exposed mostly to verbal abuse, which they regarded as senseless to report. Participants reported that they dealt with the verbal abuse by using available resources, such as security personnel or back up from colleagues. These findings suggest that nurses are more likely to be exposed to verbal aggression than sexual aggression. This study showed that more than two-thirds of the participants their knowledge about causes of aggression was adequate (66%) with mean of 6.7 ( $\pm 1$ ).

According to Duxbury (2002), literature has focused on three different frameworks/models that incorporate explanations for the causes of patient aggression in health care from an individual's perspective. These are internal, external and situational models which have been incorporated into this study in order to test the knowledge of the participants in managing patient aggression. Duxbury *et al.* (2008) suggest that these models of causation of aggression greatly influence the current management practice of aggression.

On the other hand, in terms of knowledge about sign of regression, more than two thirds of the participants had adequate knowledge with mean of 5.5 ( $\pm 1$ ).

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This finding is consistent with Duxbury (2002) who asserts that a variety of mental illnesses have been associated with the incidences of aggression in the health care settings, with illnesses such as mania and schizophrenia being the most commonly reported. A study conducted in the United States of America by Swanson, Swartz and Vandom (2006) found that positive signs of schizophrenia, i.e. suspiciousness, persecutory delusions and auditory hallucinations, increase the chances of patients becoming aggressive or violent. Cornwell (2006) highlights that manic patients tend to display maladaptive behavior, such as aggression during periods of high energy levels, which are not tolerable. Van Wijk (2006) asserts that even though mania and schizophrenia have frequently been associated with the cause of aggression, other disorders should not be ruled out, since their association with aggression has not been studied.

In terms of patients' factors, more than half of the participants had adequate knowledge regarding psychiatric patients. These findings are consistent with the results of a comparative study of Egyptian and Saudi nurses, conducted by Dawood (2013), on the causes and management of psychiatric inpatient aggression and violence. Results from this study revealed the participants agreeing with the statement that poor communication and a restrictive environment contributed to patient aggression. In study by Meehan *et al.* (2006), patients suggested that staff listen to their concerns and respond with empathy. The findings of this study also revealed that participants regarded provocation by either staff or fellow patients; strained relationship between staff and patients; and the ward environment as contributory agents of patient aggression. These findings are consistent with the findings from the study by Duxbury *et al.* (2008), conducted with nurses in the United Kingdom and Switzerland on the management of aggression. Respondents from the UK stated that the ward environment where patients reside could cause aggression. However, the Swiss nurses disagreed with the statement. They believed that patients could be provoked by other people, even though the UK nurses were less certain about that.

In terms of factors preventing patient aggression nearly two-thirds of the participants had adequate knowledge. These findings are similar to a study by Duxbury *et al.* (2008) who purport that prevention of aggression involves the creation of a physical and social environment that minimizes stress and the triggers of

aggression. In addition, Irwin (2006) conducted a risk assessment which could provide a technique to predict aggression, based on the patient's previous behavior and known triggers, in order to prevent an outburst from happening. Furthermore, in a met analysis on the antecedents of violence and aggression within a psychiatric in-patient setting, Papadopoulos *et al.* (2012) added that it was important for nurses to understand the factors that increased the chances of patients becoming aggressive in order to improve their ability to predict and prevent the aggression. Johnson *et al.* (1997), as cited in Irwin (2006), asserted that nurses should show an interest in patients and a willingness to listen to their concerns. This would create an impression of understanding and caring which may prevent the feelings of powerlessness and the ensuing aggression. Furthermore, Paterson and Leadbetter (1999), in Irwin (2006), described strategies that could be used to defuse situations, such as distracting the patient at an early stage with recreational and social activities. Participants from the current study reported similar findings, such as keeping the patient busy with ward programmers and avoiding the escalation of aggression. More than two-thirds of the participants their knowledge in terms of management of psychiatric patients. The management of aggressive patients include, preventative measures, such as risk assessments; observation of the patient; interpersonal management of communication; listening skills; and the use of traditional methods, objectively with the patient's, as well as the nurse's well-being and safety as priorities (Duxbury *et al.* 2008). The findings from this study indicated that all the participants acknowledged that it was important to maintain the self-esteem and dignity of patients when managing aggression. They asserted that staff should assess the safety aspect, call for help from colleagues/security and administer prescribed medication in order to manage patient aggression. These findings are similar to the results of a study conducted in the UK and Switzerland by Duxbury *et al.* (2008) on the management of aggression and violence using the Management of Violence and Violence Attitude Scale in an acute psychiatric in-patient facility. The results showed that the use of medication was the most preferred method of managing aggression, with the Swiss nurses emphasizing the need for it to be used more often, compared to UK nurses who disagreed. On the other hand, both groups indicated that it was not necessary to use seclusion as an option to manage aggression. Secondly, the findings from this study

also revealed that most of the participants claimed that staying calm, speaking in a calm tone of voice and removing the patient or audience would help to manage an aggressive patient. Most participants in this study suggested the use of seclusion as a management option. Some also proposed not arguing with aggressive patients but rather using verbal or non-verbal communication to negotiate with the patient involved. Two-thirds advocated the use of physical restraints as a management of aggression option. This is consistent with the findings of a study conducted by Duxbury and Whittington (2005) on the perspectives of staff and patients about the causes of aggression and the way it was managed. The findings revealed that nurses preferred to use medication, seclusion and physical restraints in the management of aggression. However, the findings of a study by Martin and Daffern (2006), on clinicians' perceptions of personal safety and confidence to manage in patient aggression in a forensic psychiatric setting, revealed that personal knowledge, experience and skills, such as de-escalating skills when dealing with aggressive patients, have supported the confidence of psychiatric nurses. This shows that nurses without knowledge and skills of managing aggression would experience difficulties in executing their duties. Contrary to the findings of this current study, a study by Foster *et al.* (2007), on the prevalence, severity and management of aggressive behavior in an acute psychiatric ward at one of the hospitals in the United Kingdom, found that, in incidences of patient directed aggression, staff were more likely to talk or calmly lead the patient away from the conflict situation than use other containment measures, such as seclusion or restraints. This indicates that it is not always necessary to use seclusion or restraints when managing aggressive patients. In agreement with the findings of this current study, Duxbury (2002), cited in Foster *et al.* (2007), states that research highlights nurses using containment measures, such as seclusion and restraints, to manage patients' verbal aggressive behavior, however, this behavior can be controlled by less restrictive methods, such as time out and verbal contact. Paterson and Lead better (1999) and Lower *et al.* (2003), as cited Irwin (2006), suggest that removing the aggressor from the focus of conflict, limit setting, using a calm voice and listening to the individual are recommended ways of managing aggressive patients. The findings from this current study show that participants had a adequate knowledge of aggression and its management strategies.

### **Conclusion:**

The results of the study have indicated that nurses have adequate knowledge of psychiatric patient aggression and its management. Nurses should be given proper training to enhance their competencies in aggression management.

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