

Original Article

Experience and Attitude of Psychiatric Nurses toward Inpatient Aggression in a Nigerian Psychiatric Hospital

Olabisi Oluwaseyi Isaiah, RN, MSc, MPH

Lecturer II, Department of Nursing Science, BOWEN University, Iwo, Nigeria

Ajibade Bayo Lawal, RN, PhD

Assistant Professor of Nursing / Department of Nursing Science, LAUTECH, Osogbo, Nigeria

Ajao Olayinka Oluseyi, RN, MSc

Lecturer II, Department of Nursing Science, Osun State University, Osogbo, Nigeria

Ejidokun Adeolu, RN, MSc

Lecturer II, Department of Nursing, National Open University, Abuja, Nigeria

Oriola Oluwamuyiwa O. RN, RPN

Clinical Instructor, Federal Neuro Psychiatric Hospital Yaba, Lagos, Nigeria

Correspondence: Olabisi Oluwaseyi Isaiah: Department of Nursing Science, BOWEN University Teaching Hospital, P. O Box 15, Ogbomosho, Oyo State. Olabisiseyi55@gmail.com

Abstract

Background: Patient aggressive behaviour is a global problem in clinical practice but more prevalent in psychiatric setting resulting in physical and psychological harms to staffs. The psychiatric nurses attitude towards the client aggression influence their approach to its management. We therefore studied the experience and attitude of psychiatric nurses towards clients' aggression.

Methods: A cross-sectional survey design was adopted for the study. The Attitudes Towards Aggression Scale (ATAS) consisting of 47 items was used to assess attitudes towards aggression among 170 psychiatric nurses using systematic sampling technique in a Nigerian psychiatric hospital. One-way Analysis of Variance (ANOVA) and independent t- test were performed to determine the differences between the ATAS components and nurses individual characteristics. Mean scores of components and standard deviation of means were also calculated. Chi square was also used to determine the association between the frequency of inpatient aggression and the individual characteristics' of nurses.

Result: The experience of inpatient aggression against psychiatric nurses is 94.7% and about 20% had experienced it more than six times in past 12 months prior to the period of this study. Psychiatric nurses perceived aggression as violent or harmful, normal, functional and offensive reaction more than intrusive, destructive, communicative or as a protective. Male nurses emphasized the inpatient aggression as normal more than the female psychiatric nurses. The frequency of inpatient aggression is predicted by the age, marital status, cadre and year of experience.

Conclusions: There is a high rate of inpatient aggression against psychiatric nurses in Nigerian psychiatric hospital and a fair negative attitude toward in patient aggression. Therefore more in service training on the reason for inpatient aggression and how to react to threatening situations should be organized for psychiatric nurses especially the female nurses.

keywords: inpatient; attitude; violence; experience

Introduction

Patient aggressive behaviour is a global problem in clinical practice but more prevalent in psychiatric setting resulting in physical and psychological harms to staff, relatives and other patients (Antonius et al., 2010; Lepiešová et al., 2015; McCann, Baird, & Muir-Cochrane, 2014; Ulrich, et al., 2018). Nurses are more likely to be confronted with the aggressive behaviour of patients among health care professionals because they have the longest direct contact with the patients in the course of care (Al-Awawdeh, 2014; Lepiešová et al., 2015). As a result of constant inpatients' violent experience, studies have shown that nurses viewed the occurrence as normal and not preventable (Bock, 2011; Spencer, Stone, & McMillan, 2010).

Inpatient aggression against nurses can take on many forms, varying from verbal aggression in the form of uttered threats and abusive language, to actual physical damage including assault and involving an explicit or implicit challenge to the safety, well-being or health (Bock, 2011; Schablon, et al., 2018). Both physical and non-physical in patient aggression or violence against health care workers is a major problem affecting their health and productivity. Moreover, the consequences of aggression in the health sector have a significant impact on the effectiveness of health systems, especially in developing countries (Kitaneh & Hamdan, 2012).

Aggression are associated with burnout, job dissatisfaction, increased rates of missed workdays, emotional exhaustion, post traumatic stress disorder symptoms, anger, anxiety, sadness, frustration, helplessness, shame, guilt, and self-blame among nurses (Abdellah & Salama, 2017; Higazee & Rayan, 2017; Phillips, 2016). A study has reported the death of health care professionals due to aggression and violence perpetrated by patients (Oyelade & Ayandiran, 2018). The negative impact of patient aggression on nurses has also been reported to increase level of stress, turnover, low level of job satisfaction and poor quality of care rendered (Lepiešová et al., 2015). It has also been reported that nurses are 4 times susceptible to workplace violence than doctors in a Nigerian psychiatric hospital (Ukpong, et al., 2011).

Proper management of aggression by nurses however does not depends on only professional skills but the nurses attitude towards the client aggression (Jansen, 2005; McCann et al., 2014). The attitude aspect of health professional characteristics towards client aggression may influence their response to the patient's behaviour and can affect the way they manage it (Antonius et al., 2010; Jansen, 2005; McCann et al., 2014). Positive and negative attitude may influence the adoption of person centered approaches and the use of containment measures respectively (McCann et al., 2014). Individual characteristics of nurses in terms of years spend in practice, the ward of practice, gender, level of education among others have been discovered to influence the attitude of nurses towards the aggression (Antonius et al., 2010; Bock, 2011).

Limited data is available on nurses' attitude about the in-patient aggression in Nigerian psychiatric hospital and little is known about the influence of nurses' background and prevalence of aggression on their attitude. Hence, this study aimed to 1. Assess the attitude of nurses towards in patient aggression; 2) describe the experience of inpatient aggression against nurses; 3. Explore the influence of sociodemographic characteristics on nurse's attitude.

Methods

Design, sample and procedure: Cross sectional descriptive research design was used to collect data from psychiatric nurses on their inpatient violent experience and attitude. Systematic sampling technique was used to select 170 registered psychiatric nurses from a total of 314 registered psychiatric nurses employed at Federal Neuro psychiatric hospital, Yaba, Lagos in South West area of Nigeria. The patients in the hospitals are managed for different mental disorders ranging from schizophrenia, mood disorders, substance related disorders and others. The patients came from different ethnic groups across the country. Official permission for the study was obtained from the administration of the hospital after reviewing ethical aspects of the study. The purpose of the study was explained to the participants and a signed informed consent on the voluntary nature of the study was obtained. The participants were informed of their right to refuse participation in the

study with no repercussions before the distribution of the questionnaires. One of the researchers distributes the questionnaires to every other nurse on duty and collected the completed questionnaires. The other questionnaires (in sealed envelopes) were left with the supervisors of the departments who had been trained on the distribution of the questionnaire to give to every second nurse that works in other shifts to complete.

Instrument : The Attitudes Towards Aggression Scale (ATAS) was used to gather data on the psychiatric nurses attitudes towards aggression (Al-Awawdeh, 2014). This 47-item scale comprises statements concerning different aspects of aggression. Every statement is given a Likert type scale ranging from strongly agree (value 5), to strongly disagree (value 1).

The ATAS consists of eight aggression- related components including offensive attitude (seeing aggression as unpleasant, hurtful and unacceptable behavior); functional attitude (considering aggression as an opportunity to focus on the patient conditions); communicative attitude (aggression as a signal resulting from a patient's powerlessness aimed at enhancing a therapeutic relationship); violent reaction attitude (viewing aggression as an assault reaction); destructive attitude (in the form of actual harmful acts); normal reaction attitude (viewing aggression as a normal reaction from the patient because of his mental condition); protective attitude (the defense of physical and emotional space) and intrusive attitude (viewing aggression as the expression to damage or injure others). Earlier studies using the ATAS have reported the internal consistency of the instrument (Al-Awawdeh, 2014; Laiho et al., 2014). The Cronbach's alpha in the present study was 0.79.

Statistical Analysis: The statistical analysis was performed using the SPSS version 23 software. One-way Analysis of Variance (ANOVA) and independent t- test were performed to determine the differences between the ATAS components and nurses individual characteristics. Mean scores of components and standard deviation of means were also calculated. Chi square was also used to determine the association between the frequency of inpatient aggression and the individual characteristics' of nurses.

Results

The findings reveals that most of the participating nurses were less than 30 years of age (39.4%) and one hundred and five (61.8%) of the respondents are female. The ethnic characteristics of the nurses reveals that only (6.5%) of them are of Hausa and majority (62.4%) are from Yoruba ethnic group. More than half (57.6%) of the respondents are married. The finding also reveals that 94.7% had experienced inpatient aggression and about 20% had experienced aggression more than six times in the past one year.

The mean scores for the sample on each of the eight subscales of the ATAS indicated that psychiatric nurses considered inpatient aggression to be highly violent and harmful; 19.86 (± 5.58), and normal; 17.05 (± 4.18), least communicative; 3.59 (± 1.06), protective; 3.55 (± 1.54), destructive; 4.15 (± 1.14), and intrusive; 5.29 (± 2.00) (table 3).

The Normal ($F=3.426$, $df=2$, $p=0.035$), functional ($F=3.882$, $df=2$, $p=0.022$) and intrusive ($F=7.80$, $df=2$, $p=0.001$) component of the attitudinal scale were associated with the religion of the respondents; However, this result is not significant because there is overlapping of the mean and confidence interval (see table 4).

The Violent or harmful ($F=3.034$, $df=5$, $p=0.012$), Functional ($F=3.159$, $df=5$, $p=0.009$) and offensive ($F=1.323$, $df=5$, $p=0.041$) component were associated with the cadre of nurses. However, the clinical relevance of this finding is arguable, as the means are quite congruent and the range for violent from 21.09 to 16.05, functional from 12.14 to 8.25 and offensive from 10.45 to 9.19 have overlapping confidence intervals (see table 5 and 6). Only normal component of attitude was associated with the sex of the respondents (t-test =2.476, $df=168$, $p=0.014$) and this is consistent with the mean range of 18.05 to 16.43 and the 95% confidence interval of 0.33 to 2.89. Therefore, male psychiatric nurses are more likely view the inpatient aggression as a normal attitude compared with female nurses. The functional ($F=2.52$, $df=5$, $p<0.032$) and communicative ($F=3.35$, $df=5$, $p=0.007$) component were associated with respondent's working experience however, there are overlapping between the range of the mean and the 95% confidence interval. The Normal

($F=4.154$, $df=3$, $p<0.007$), Functional ($F=3.196$, $df=3$, $p=0.025$), destructive ($F=3.144$, $df=3$, $p=0.027$), and protective ($F=2.905$, $df=3$, $p=0.036$) were associated with age of the respondents. The findings are not consistent with the mean and the confidence interval.

None of the nurses individual characteristics (years of experience, age, sex, religion, cadre) was

significant with nurses being a victim of inpatient aggression or not (see table 5). However, the age ($X^2=64.96$, $df=9$, $p=0.000$), ethnic group ($X^2=13.52$, $df=6$, $p=0.035$) marital status ($X^2=58.565$, $df=9$, $p=0.000$), cadre ($X^2=108.64$, $df=15$, $p=0.000$) and years of experience ($X^2=74.686$, $df=15$, $p=0.000$) were significant to the frequency of inpatient aggression against nurses (table 6).

Table 1 Background variables of 170 psychiatric nurses who filled in the attitudes towards aggression scale (ATAS)

Age	N	%
<30	67	39.4
30 -39	42	24.7
40 -49	34	20
>50	27	15.9
Gender		
Male	65	38.2
Female	105	61.8
Religion		
Christianity	110	64.7
Islam	58	34.1
Others	2	1.2
Tribe		
Yoruba	106	62.4
Igbo	53	31.2
Hausa	11	6.5
Marital status		
Single	64	37.6
Married	98	57.6
Divorced	3	1.8
Widow	5	2.9
Cadre		
NO II	46	27.1
NOI	36	21.1
SNO	30	17.6
ACNO	16	9.4
CNO	22	12.9
AND	20	11.8
Years of experience		
<6	48	28.2
6 – 10	44	25.9
11 – 15	25	14.7
16 – 20	15	8.8
21 – 25	14	8.2
>25	24	14.1

Table 2: The means and standard deviations for ATAS subscales

ATAS Component	Mean	Standard deviation
Normal	17.05	4.18
Violent	19.86	5.24
Functional	10.84	4.23
Offensive	9.79	2.13
Communicative	3.59	1.06
Destructive	4.15	1.14
Protective	3.55	1.54
Intrusive	5.29	2.00

Table 3: Variance in background variables of 170 psychiatric nurses who filled in the attitudes towards aggression scale (ATAS)

Age	Sum of squares	Df	Mean square	F	Sig
ATAS component:	205.916	3	68.639	4.154	0.007
Normal					
Violent	103.627	3	34.542	1.262	0.289
Functional	164.963	3	54.988	3.196	0.025
Offensive	5.737	3	1.912	0.417	0.741
Communicative	7.583	3	2.528	2.313	0.078
Destructive	11.829	3	3.943	3.144	0.027
Protective	19.959	3	6.653	2.905	0.036
Intrusive	18.488	3	6.163	1.596	0.192
Religion					
Normal	116.208	2	58.104	3.426	0.035
Violent	112.59	2	56.30	2.073	0.129
Functional	134.24	2	67.121	3.882	0.022
Communicative	1.408	2	0.704	0.627	0.536
Destructive	3.04	2	1.522	1.172	0.312
Protective	13.185	2	6.592	2.845	0.061
Intrusive	56.32	2	28.16	7.80	0.001
Tribe					
Normal	37.89	2	18.94	1.087	0.340
Violent	142.486	2	71.243	2.640	0.074
Functional	54.583	2	27.29	1.536	0.218
Offensive	4.859	2	2.429	0.532	0.588
Communicative	3.241	2	0.527	0.402	0.670
Destructive	1.054	2	0.527	0.402	0.670
Protective	2.497	2	1.249	0.524	0.593
Intrusive	21.102	2	10.551	2.761	0.066

Marital status						
Normal	37.69	3	12.56	0.716	0.543	
Violent	312.94	3	104.315	3.99	0.009	
Functional	218.20	3	72.73	4.300	0.006	
Offensive	12.79	3	4.27	0.94	0.423	
Communicative	7.43	3	2.48	2.27	0.083	
Destructive	2.88	3	0.96	0.73	0.53	
Protective	13.25	3	4.42	1.89	0.132	
Intrusive	21.54	3	7.18	1.87	0.137	
Cadre						
Normal	157.991	5	31.598	1.857	0.105	
Violent	393.59	5	78.718	3.034	0.105	
Functional	263.403	5	53.08	3.159	0.009	
Offensive	29.747	5	5.949	1.323	0.257	
Communicative	12.336	5	2.56	2.378	0.041	
Destructive	6.56	5	1.312	1.008	0.415	
Protective	14.91	5	2.98	1.27	0.28	
Intrusive	27.27	5	5.46	1.42	0.221	
Years of Experience						
Normal	139.05	5	27.8	1.623	0.157	
Violent	290.197	5	58.04	2.18	0.058	
Functional	215.501	5	43.1	2.52	0.032	
Offensive	29.50	5	5.90	1.312	0.261	
Communicative	17.513	5	3.50	3.35	0.007	
Destructive	7.758	5	1.55	1.199	0.312	
Protective	9.93	5	1.99	0.835	0.527	
Intrusive	10.395	5	2.079	0.525	0.75	
Gender	Mean difference	Df	T	sig		
Normal	1.618	168	2.496	0.014		
Violent	0.18	168	0.215	0.830		
Functional	0.44	168	0.660	0.510		
Offensive	0.24	168	0.716	0.465		
Communicative	-0.16	168	-0.99	0.325		
Destructive	-0.17	168	-0.96	0.338		
Protective	-0.01	168	-0.057	0.954		
Intrusive	-0.53	168	-1.70	0.092		

One-Way Analysis of Variance (ANOVA) and t-test were used.

Table 4: The attitudes towards aggression scale (ATAS) component scores (mean, SD) and their confidence intervals related to background variables.

AGE		N	Mean	SD	95%
Normal	<30	67	16.16	3.71	15.26-17.07
	30-39	42	17.14	3.90	15.92-18.36
	40-49	34	19.12	4.78	17.45-20.79
	>50	27	16.52	4.20	14.86-18.18
	Total	170	17.05	4.18	16.42-17.69
Violent	<30	67	20.67	5.23	19.40-21.95
	30-39	42	19.79	4.86	18.27-21.30
	40-49	19.47	4.87	17.77	17.77-21.17
	>50	27	18.44	6.17	16.00-20.89
	Total	170	19.86	5.24	19.06-20.65
Functional	<30	67	11.42	4.69	10.27-12.56
	30-39	42	11.67	4.83	10.16-13.17
	40-49	34	19.47	4.87	9.11-11.25
	>50	27	18.44	6.17	16.00-20.89
	Total	170	19.86	5.24	19.06-20.65
Offensive	<30	67	9.66	2.03	9.16-10.15
	30-39	42	10.00	2.48	9.23-10.77
	40-49	34	9.88	2.04	9.17-10.60
	>50	27	9.48	1.97	8.70-10.26
	Total	170	9.76	2.13	9.44-10.08
Communicative	<30	67	3.36	1.04	3.10-3.61
	30-39	42	3.70	0.99	3.37-4.00
	40-49	34	3.91	1.11	3.52-4.30
	>50	27	3.63	1.04	3.22-4.04
	Total	170	3.59	1.06	3.43-3.75
Destructive	<30	67	4.37	1.07	4.11-4.63
	30-39	42	4.26	1.04	3.93-4.59
	40-49	34	3.68	1.09	3.30-4.10
	>50	27	4.04	1.37	3.49-4.58
	Total	170	4.15	1.14	3.98-4.33
Protective	<30	67	3.73	1.60	3.48-4.12
	30-39	42	3.90	1.83	3.33-4.48
	40-49	34	3.12	1.09	2.74-3.50
	>50	27	3.07	1.14	2.62-3.52
	Total	170	3.54	1.54	3.31-3.78
Intrusive	<30	67	2.21	0.25	4.98-6.06
	30-39	42	1.88	0.95	4.68-5.80
	40-49	34	1.64	0.28	4.93-6.07
	>50	27	1.80	0.35	3.88-5.30
	Total	170	1.98	0.15	4.99-5.59
Religion					
Normal	Christianity	110	16.59	3.87	15.86-17.32

	Islam	58	18.07	4.59	16.86-19.28
	Others	2	13.00	0.00	13.00-13.00
Violent	Christianity	110	19.95	5.10	18.96-20.90
	Islam	58	19.45	5.46	18.01-20.89
	Others	2	19.86	5.24	19.06-20.65
Functional	Christianity	110	11.49	4.59	10.62-12.36
	Islam	58	9.62	3.22	8.77-10.48
	Others	2	10.00	0.00	10.00-10.00
	Total	170	10.84	4.23	10.19-11.47
Offensive	Christianity	110	9.99	2.17	9.58-10.4
	Islam	58	9.34	2.05	8.80-9.88
	Others	2	9.00	0.00	9.00-9.00
	Total	170	9.76	2.13	9.44-10.08
Communicative	Christianity	110	3.55	1.05	3.36-3.75
	Islam	58	3.69	1.08	3.41-3.97
	Others	2	3.00	1.00	3.00-3.00
	Total	170	3.59	1.06	3.43-3.75
Destructive	Christianity	110	3.55	1.05	3.98-4.42
	Islam	58	4.10	1.10	3.81-4.39
	Others	2	3.00	0.00	3.00-3.00
	Total	170	4.15	1.14	3.98-4.33
Protective	Christianity	110	3.73	1.67	3.41-4.04
	Islam	58	3.26	1.21	2.94-3.58
	Others	2	2.00	0.00	2.00-2.00
	Total	170	3.55	1.54	3.31-3.78
Intrusive	Christianity	110	5.70	2.12	5.30-5.59
	Islam	58	4.60	1.41	4.23-4.97
	Others	2	3.00	0.00	3.00-3.00
	Total	170	5.29	1.98	4.95-5.59
Tribe					
Normal	Yoruba	106	17.13	4.24	16.31-17.94
	Igbo	53	17.26	4.10	16.13-18.39
	Hausa	11	15.27	3.62	12.70-17.84
	Total	170	17.05	4.17	16.42-17.69
Violent	Yoruba	106	19.71	5.03	18.74-20.68
	Igbo	53	20.77	5.43	19.27-22.27
	Hausa	11	16.90	5.58	13.18-20.64
	Total	170	19.86	5.24	19.06-20.65
Functional	Yoruba	106	10.78	4.29	9.96-11.61
	Igbo	53	11.33	4.03	10.27-12.45
	Hausa	11	8.91	4.30	6.02-11.80
	Total	170	10.84	4.23	10.20-11.48
Offensive	Yoruba	106	9.69	2.19	9.27-10.11
	Igbo	53	9.98	1.84	9.47-10.49
	Hausa	11	9.36	2.83	7.46-11.27
	Total	170	9.76	2.13	9.44-10.08

Communicative	Yoruba	106	3.49	1.03	3.29-3.68
	Igbo	53	3.79	1.49	3.48-4.10
	Hausa	11	3.63	0.81	3.09-4.18
	Total	170	3.59	1.06	3.43-3.75
Destructive	Yoruba	106	4.18	1.09	3.96-4.39
	Igbo	53	4.06	1.29	3.70-4.41
	Hausa	11	4.36	0.81	3.82-4.91
	Total	170	4.15	1.14	3.98-4.26
Protective	Yoruba	106	3.56	1.49	3.28-3.85
	Igbo	53	3.60	1.69	3.14-4.07
	Hausa	11	3.09	1.22	2.27-3.91
	Total	170	3.54	1.53	3.31-3.78
Intrusive	Yoruba	106	5.26	1.91	4.90-5.63
	Igbo	53	5.60	2.12	5.02-6.19
	Hausa	11	4.09	1.38	3.17-5.01
	Total	170	5.29	1.98	4.99-5.59
Marital status					
Normal	Single	64	16.53	3.91	15.55-17.51
	Married	98	17.38	4.32	16.51-18.24
	Divorced	3	18.67	4.62	7.19-30.14
	Widowed	5	16.40	4.77	10.47-22.33
	Total	170	17.05	4.18	16.42-17.69
Violent	Single	64	21.39	5.25	11.04-13.43
	Married	98	18.93	4.82	9.30-10.78
	Divorced	3	15.00	3.46	4.79-10.53
	Widowed	5	10.40	3.58	5.96-14.84
	Total	170	19.80	5.24	10.19-11.47
Functional	Single	64	12.23	4.78	11.04-13.43
	Married	98	10.04	3.67	9.30-10.78
	Divorced	3	7.67	1.15	4.80-10.54
	Widowed	5	10.40	3.58	5.96-14.84
	Total	170	10.84	4.23	10.20-11.48
Offensive	Single	64	10.01	1.93	9.53-10.50
	Married	98	9.56	2.30	9.10-10.02
	Divorced	3	11.00	0.00	11.00-11.00
	Widowed	5	9.60	1.34	7.93-11.27
	Total	170	9.75	2.13	9.44-10.08
Communicative	Single	64	3.45	1.10	3.18-3.73
	Married	98	3.64	1.00	3.44-3.84
	Divorced	3	5.00	0.00	5.00-5.00
	Widowed	5	9.60	1.34	0.600-1.93
	Total	170	3.59	1.06	0.081-3.43
Destructive	Single	64	4.25	1.05	3.98-4.51
	Married	98	4.13	1.20	3.89-4.37
	Divorced	3	3.67	0.58	2.23-5.10
	Widowed	5	3.60	1.34	1.93-5.26
	Total	170	4.15	1.14	3.98-4.32

Protective	Single	64	3.86	1.72	3.43-4.29
	Married	98	3.41	1.43	3.12-3.69
	Divorced	3	2.67	0.58	1.23-4.10
	Widowed	5	2.80	1.10	1.44-4.16
	Total	170	3.55	1.54	3.31-3.78
Intrusive	Single	64	5.67	2.20	5.12-6.22
	Married	98	5.10	1.82	4.74-5.47
	Divorced	3	5.67	1.15	2.80-8.53
	Widowed	5	4.00	1.41	2.24-5.76
	Total	170	5.29	1.98	4.10-5.59
Cadre Normal	NOI	46	15.96	3.25	14.99-16.92
	NOII	36	17.06	4.37	15.58-18.54
	SNO	30	18.17	4.60	16.45-19.89
	ACNO	16	19.00	4.35	16.45-19.89
	CNO	22	16.72	5.08	14.47-18.98
	ADN	20	16.70	3.28	15.17-18.23
	Total	170	17.05	4.17	16.42-17.69
	Violent	NOI	46	20.52	4.96
	NOII	36	20.80	5.38	18.98-22.63
	SNO	30	19.90	5.31	17.91-21.88
	ACNO	16	18.81	4.59	16.37-21.88
	CNO	22	21.09	5.41	18.69-23.49
	ADN	20	16.05	5.24	19.06-20.65
Functional	NOI	46	11.85	4.62	10.28-13.02
	NOII	36	12.14	5.29	10.35-13.93
	SNO	30	10.53	3.89	9.08-11.99
	ACNO	16	9.31	2.86	7.78-10.84
	CNO	22	10.86	3.22	9.43-12.29
	AND	20	8.25	1.37	7.61-8.89
	Total	170	10.84	4.23	10.20-11.48
Offensive	NOI	46	10.00	2.25	9.33-10.67
	NOII	36	9.53	2.04	8.83-10.22
	SNO	30	9.90	1.68	9.14-10.66
	ACNO	16	9.19	2.42	8.29-10.08
	CNO	22	9.45	2.02	9.58-11.53
	AND	20	9.10	2.03	8.15-10.05
	Total	170	9.76	2.13	9.44-10.08
Communicative	NOII	46	3.52	1.24	3.15-3.89
	NOI	36	3.28	0.61	3.07-4.23
	SNO	30	3.83	1.05	3.44-4.23
	ACNO	16	4.19	1.28	3.51-4.87
	CNO	22	3.72	1.12	3.51-4.87
	AND	20	4.05	1.23	3.47-4.63
	Total	170	3.59	1.05	3.43-3.75
Destructive	NOII	46	4.26	1.18	3.91-4.61

	NOI	36	4.44	0.88	4.15-4.74
	SNO	30	4.00	1.08	3.59-4.40
	ACNO	16	3.84	1.12	3.34-4.53
	CNO	22	3.93	1.41	3.28-4.53
	AND	20	4.05	1.23	3.47-4.63
	Total	170	4.15	1.14	3.98-4.33
Protective	NOII	46	3.76	1.73	3.25-4.27
	NOI	36	3.92	1.73	3.33-4.50
	SNO	30	3.23	1.43	2.69-3.76
	ACNO	16	3.56	1.50	2.76-4.36
	CNO	22	3.13	1.31	2.55-3.72
	AND	20	3.30	0.92	2.87-3.73
	Total	170	3.54	1.54	3.31-3.78
Intrusive	NOII	46	5.67	2.28	4.99-6.35
	NOI	36	5.53	2.12	4.81-6.24
	SNO	30	5.23	1.85	4.54-5.94
	ACNO	16	5.12	1.54	4.30-5.94
	CNO	22	5.18	1.84	34.37-5.99
	AND	20	4.35	1.35	3.72-4.98
	Total	170	5.29	1.97	4.99-5.59

Table 5. Association among the sociodemographic variables and the psychiatric experience of inpatient aggression.

Age	Experienced	Not experienced	X2	DF	Sig
<30	64(39.8)	3(33.3)	3.729	3	0.292
30-39	38(23.6)	4(44.4)			
40-49	34(21.1)	0(0.00)			
>50	25(15.5)	2(22.2)			
Gender					
Male	60(37.3)	5(55.6)	1.207	1	0.305
Female	101(62.7)	4(44.4)			
Religion					
Christianity	104(64.6)	6(66.7)	0.119	2	0.942
Islam	55(34.2)	3(33.3)			
Others	2(1.2)	0(0.00)			
Tribe					
Yoruba	101(62.7)	5(55.6)	0.401	2	0.818
Igbo	50(31.1)	3(33.3)			
Hausa	10(6.2)	1(11.1)			
Marital status					
Single	61(37.9)	3(33.3)	2.379	3	0.498
Married	93(57.8)	5(55.6)			
Divorced	3(1.9)	0(0.00)			
Widowed	4(2.5)	1(11.1)			
Cadre					
NOI	43(26.7)	3(33.3)	2.294	5	0.807

NOII	33(20.5)	3(33.3)			
SNO	29(18.0)	1(1.11)			
ACNO	15(9.3)	1(11.1)			
CNO	22(13.7)	0(0.00)			
AND	19(11.8)	1(11.1)			
Years of experience					
<6	43(26.7)	5(55.6)	8.518	5	0.130
6-10	43(26.7)	1(11.1)			
11-15	22(13.7)	3(33.3)			
16-20	15(9.3)	0(0.00)			
21-25	14(8.7)	0(0.00)			
>25	24(14.9)	0(0.00)			

Table 6: Association among the frequency of inpatient aggression and the sociodemographic variables

Age	1-2	3-4	5-6	>6	X2	Df	Sig
<30	40(66.7)	20(41.7)	4(20.0)	0.00)	64.96	9	0.000
30-39	12(20.0)	9(18.8)	10(50.0)	7(21.2)			
40-49	7(11.7)	12(25.0)	4(20.0)	11(33.3)			
>50	1(1.7)	7(14.6)	1(10.0)	15(45.5)			
Gender							
Male	29(48.3)	16(33.3)	4(20.0)	11(33.3)	6.23	3	0.101
Female	31(51.7)	32(66.7)	16(80.0)	22(66.7)			
Religion							
Christianity	40(66.7)	31(64.6)	14(70.0)	19(57.6)	8.322	6	0.215
Islam	20(33.3)	17(35.4)	6(30.0)	12(36.4)			
Others	0(0.0)	0(0.0)	0(0.0)	2(6.1)			
Tribe							
Yoruba	39(65.0)	33(68.8)	15(75)	14(42.4)	13.52	6	0.035
Igbo	18(30.0)	14(29.2)	2(10.0)	16(48.5)			
Hausa	3(5.0)	1(2.1)	3(15)	3(9.1)			
Marital status							
Single	41(68.3)	13(27.1)	5(25.0)	2(6.1)	58.56	9	0.000
Married	18(30.0)	35(72.9)	15(75)	25(75.8)			
Divorced	1(1.7)	0(0.00)	0(0.00)	2(6.1)			
Widowed	0(0.00)	0(0.00)	0(0.00)	4(12.1)			
Cadre							
NOI	33(55.0)	9(18.8)	1(5.0)	0(0.00)	108.644	15	0.000
NOII	12(20.0)	15(31.2)	5(25.0)	1(3.0)			
SNO	12(20.0)	6(12.5)	4(20.0)	7(21.2)			
ACNO	2(3.3)	6(12.5)	6(30.0)	1(3.0)			
CNO	0(0.00)	11(22.9)	0(0.00)	11(33.3)			
ADN	1(1.7)	1(2.1)	4(20.0)	13(39.4)			
Years of experience							
<6	27(45)	10(20.8)	3(15)	3(9.1)	74.686	15	0.000

6-10	18(30)	18(37.5)	3(15)	4(12.1)
11-15	9(15.0)	3(6.2)	9(45.0)	1(3.0)
16-20	5(8.3)	4(8.3)	1(5.0)	5(15.2)
21-25	0(0.0)	7(14.6)	1(5.0)	6(18.2)
>26	1(1.7)	6(12.5)	3(15.0)	14(42.4)

Discussion

This study found that psychiatric nurses are often confronted with patient aggression. Within the period of 12 months prior to the time of carrying out this study, up to 94.7% of psychiatric nurses had experienced patient aggression and about 20% had experienced it more than six times. Nurses are on the frontline of the health care system and have the closest contact with patients; thus they are at greatest risk of being abused in the hospital environment (Samir, et al., 2012). A study has reported that nurses are 4 times more susceptible to workplace violence than doctors in a Nigerian psychiatric hospital (Ukpong et al., 2011).

Psychiatric nurses in Nigeria perceived aggression as violent or harmful, normal, functional and offensive reaction more than intrusive, destructive, communicative or as a protective. This result is in line with the studies on aggression among nurses working in mental health hospital in Palestine by Al- Awawdeh (2014) and his colleagues and a study among psychiatric nurses in Neitherland by James and Isa (James, Isa, & Oud, 2011). This study is however in contrast with the findings of Jansen, Dassen, Burgerhof and Middel (2006) that attitude towards aggression among psychiatric nurses is essentially protective and communicative.

There are variations in psychiatric nurses attitude towards aggression, this position could be explained by religion, age, working experience, sex and their cadres. Seeing aggression as having normal, intrusive and functional dimensions were related to religion; Offensive, harmful and functional reaction were related to the cadre of nurses; aggression as functional and communicative reaction were related to the working experience and the normal, functional, destructives and protective were associated with the age of the respondents. However, the findings could not be explained by any variable rather it seems to reflect the individual ways of thinking

and opinion of the psychiatric nurses about aggression.

The differences by sex of the nurses are significant to the normal component of attitude towards the aggression scale. Male nurses emphasized the harmful component of aggression unlike their female counterpart. Male nurses were more likely to experience violence and aggressive 'splitting' behaviours (James et al., 2011) thus, they tend to view the occurrence as normal and not preventable (Bock, 2011; Spencer et al., 2010). This study also found that years of experience, age, sex, religion, and cadre of nurses do not influence the prevalence of patient aggression on nurses. This finding is in line with the study by Lepioseva and his colleague who also reported that age, years of work experience, and level of education do not influence the experience of patient aggression (Lepiešová et al., 2015).

The frequency of inpatient aggression is predicted by the age, marital status, cadre and year of experience by nurses. A study by Schablon and Wendeler (2018) has showed that the risk of violent attack against nurses decreases with age and men are often experienced inpatient aggression than female. Nurses with over 10 years of professional experience reported higher numbers of episodes of inpatient aggression (James et al., 2011)

Conclusion

We conclude that there is a high rate of inpatient aggression against psychiatric nurses in Nigerian psychiatric hospital and it affects the majority of psychiatric nurses. Psychiatric nurses perceived aggression as Violent or harmful, normal, functional and offensive reaction more than intrusive, destructive, communicative or as a protective. Male nurses emphasized the inpatient aggression as normal more than the female psychiatric nurses. Therefore more in service

training on the purpose of inpatient aggression and how to react to threatening situations should be organized for psychiatric nurses especially the female nurses.

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