



Original research article

# Research into aggression in patients from the point of view of registered nurses in the Slovak Republic

Elena Janiczeková \*, Jana Lauková

Slovak Medical University in Bratislava, Faculty of Health Care in Banská Bystrica, Banská Bystrica, Slovak Republic

## Abstract

**Introduction:** Violence and aggression of patients towards nurses is encountered in nursing practice in all clinical disciplines. Aggression is conditioned by the multifactorial influence of the environment, the personality of the patient and the nurse. Compared to other health care professions, nurses are exposed to aggressive behaviour much more often.

**Objective:** The objective of the research was to determine whether nurses in the Slovak Republic (SR) are exposed to aggressive patient behaviour and which determinants most often condition aggressive patient behaviour.

**Methods:** A self-designed questionnaire with a high internal consistency Cronbach alpha coefficient (0.870) was used. The sample consisted of 439 nurses working in hospitals in nursing units. We used k proportions comparison test using Marascuilo procedure at the significance level  $p < 0.0001$ .

**Results:** 99.32% of nurses have experienced aggressive patient behaviour in all nursing units (the degree of experience is significant  $0.4897 > 0.0813$ ). Verbal aggression is statistically significantly higher than all other types of aggression (comparison test of two proportions;  $z = 13.9718$ ;  $z_{krit} = 2.3263$ ;  $p = 1.158 \cdot 10^{-44} \approx 0$ ). 87.70% of nurses are exposed to physical aggression ( $p = 7.316 \cdot 10^{-111} \approx 0$ ).

**Conclusions:** Nurses are the target of verbal and physical aggressive behaviour from patients. The most common determinants of patients' aggressive behaviour are abuse, pain, loss of self-sufficiency, the disease itself, and lack of information.

**Keywords:** Aggression; Aggressive behaviour; Aggressiveness; Determinants; Nurse

## Introduction

Violence is one of the most common manifestations of human rights violations of individuals, groups and society as a whole. The World Health Organization (WHO) defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation". There are two types of violence: physical, which involves the use or threat of physical force against individuals (beating, kicks, slaps, biting, stabbings, shootings, and shoves), and psychological violence, which includes verbal abuse, rude behaviour and disrespect (intimidation, bullying, harassment) (Cannavó et al., 2017). Compared to abroad, a minimal or almost no attention is paid to the occurrence and prevention of violence and aggression on nurses in the Slovak Republic (Lepiešová and Nemčeková, 2013). According to Jackson et al. (2002), the nursing profession is the most vulnerable group. Also, according to Hahn et al. (2013) and Kowalczyk and Krajewska-Kulak (2017), aggressive patient behaviour is more commonly aimed at nurses and other health care workers than doctors or oth-

er specialists. Pich et al. (2017) report that nurses around the world are exposed daily to physical and verbal aggression by patients, which has become part of their profession. Wells and Bowers (2002) argue that patient violence against nurses is no exception; it has always been there, whether we are talking about actual or potential risk. Aggressive behaviour negatively affects the quality of care provided, increases stress in nurses and contributes to changing their behaviour (Pekara and Trešlová, 2011). According to Lepiešová et al. (2015), aggressive behaviour contributes to reducing the mental and physical well-being of nurses, the motivation of nurses, and worsens their work environment and satisfaction with the work performed.

Based on the above facts, we examined:

- whether nurses are the target of aggressive patient behaviour;
- what types of aggressive behaviour nurses experience most often;
- the most common determinants that can cause aggressive behaviour in a patient;
- whether the nurse's approach can influence the patient's aggressive behaviour.

\* **Corresponding author:** Elena Janiczeková, Slovak Medical University in Bratislava, Faculty of Health Care in Banská Bystrica, Sládkovičova 21, 974 05 Banská Bystrica; e-mail: [elena.janiczekova@szu.sk](mailto:elena.janiczekova@szu.sk)  
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## Materials and methods

To obtain the necessary data, we used a retrospective method – a self-designed questionnaire. Using the questionnaire, we examined the issue of aggressive patient behaviour (the most common triggers of aggressive patient behaviour, nurses as an object of aggressive behaviour, the most common determinants causing aggressive patient behaviour, and what types of aggression nurses encountered most often in their practice).

The questionnaire was distributed online via the SKSaPA (Slovak Chamber of Nurses and Midwives, 2019) mailer to all nurses registered in the Slovak Republic.

The criteria for selecting the research sample were nurses working in standard departments and operating rooms.

450 registered nurses took part in the research, of which 439 met the criteria. 11 nurses working in psychiatric wards and drug addiction centres were excluded from the research. We conducted the research in the months of January to April 2020.

Most respondents were female – 96.36% (423), and 3.64% (16) of respondents were male. The youngest respondents were 4 women at the age of 22, the oldest respondent was 64 years old. The age of 44.42% (195) respondents was lower than the average age, and the age of 55.58% (244) of respondents was higher than the average age. Minimum practical experience – 1 year, maximum – 48 years.

The men's practical experience was statistically significantly shorter than the women's ( $z = -2.3973$ ;  $-2.3263$ ;  $p = 0.0083$ ) (Table 1).

**Table 1. Average age and practical experience of respondents**

Average age		Practical experience	
men	women	men	women
36.50 ± 9.16	43.71 ± 10.29 years	14.50 ± 10.75	21.82 ± 11.78
Total: 43.45 ± 10.33		Total: 21.55 ± 11.81	
Med (x): 45 years		z = -2.3973; -2.3263; p = 0.0083	
Med (x) – median. Testing statistics: (z) Mann–Whitney test, level of significance (α = 0.01).			

Table 2 shows the division of the respondents by their workplace.

**Table 2. Division of respondents by workplace**

Workplace	n	%
Surgical departments	185	42.14
Internal departments	128	29.16
Gynaecological departments	46	10.48
ICU and Anaesthesia & Intensive Units	22	5.01
Geriatric wards	12	2.73
Oncology departments	7	1.59
Operating rooms	39	8.89
<b>Total</b>	<b>439</b>	<b>100.00</b>

## Results

We found different intensities of patients' aggressive behaviour towards nurses. Only 4 respondents (0.91%) stated that they had not encountered any aggressiveness from patients at all, 29 respondents (6.61%) chose the "no" answer option, 158 respondents (35.99%) chose the "sometimes" answer option. 168 respondents (38.27%) had experience with aggression, and 80 respondents (18.22%) had clearly encountered aggression at their workplaces.

We also expressed the individual answers of the respondents using a score of 1–5. The average score was  $3.66 \pm 0.88$ . Using linear transformation, we also converted the score into a value of 0–100, the average value was  $66.576657 \pm 22.03$ . The value indicates that the degree of experience with patient aggression is significant. It was verified using a proportions comparison test.

We divided the respondents into three groups:

- respondents who had not been the target of aggressive behaviour: 7.52% (33);
- respondents who had sometimes been the target of aggressive behaviour: 35.99% (158);
- respondents who had been the target of aggressive behaviour: 56.49% (248).

The difference in the relative frequencies of these groups is statistically significant and is evident from the Marascuilo procedure for the comparison of k proportions ( $p < 0.0001$ ), presenting a comparison of the relative frequencies in pairs.

The percentage of respondents who had been the target of aggressive behaviour is statistically significantly higher than the percentage of respondents who had not been confronted with aggressive behaviour ( $0.4897 > 0.0813$ ), as well as the percentage of respondents who had only sometimes encountered aggression of patients ( $0.2050 > 0.0999$ ). Even the percentage of respondents only sometimes confronted with aggression is statistically significantly higher than the percentage of respondents who had not experienced aggressive behaviour of patients at all ( $0.2847 > 0.0793$ ). The nurses were confronted with aggression and aggressive patient behaviour to a significant degree (Table 3).

The percentage of respondents who reported health care workers to be the trigger for aggressive patient behaviour is statistically significantly lower than the smallest percentage of other responses (comparison test of two proportions;  $z = -3.6663$ ;  $z_{\text{krit}} = -2.3263$ ;  $p = 0.00012$ ). We consider this finding to be positive in terms of the professional approach of nurses to patients. The "Other causes" option was selected by 30 respondents, who reported that the trigger for aggressive behaviour was the patient's state of health. 32 respondents reported alcoholism and related difficulties (Table 4).

One hundred respondents reported various combinations of causes of aggressive behaviour: anaesthesia, delirium, drugs, medications, mental illness, poor mental state, fear,

**Table 3. Marascuilo procedure – aggressive behaviour in practice**

Options	<i>n</i>	%	Marascuilo procedure (α = 0.01)	Critical value	Significant
Not at all	4	0.91			
No	29	6.61			
Sometimes	158	35.99	<i>p</i> (yes) – <i>p</i> (sometimes)	0.0999	yes
Yes	<b>168</b>	<b>38.27</b>	<i>p</i> (yes) – <i>p</i> (no)	0.0813	yes
Certainly yes	80	18.22	<i>p</i> (sometimes) – <i>p</i> (no)	0.0793	yes
<b>Total</b>	<b>439</b>	<b>100.00</b>	Average score: 3.66 ± 0.88		
Testing statistics: Marascuilo procedure, level of significance (α = 0.01).					

**Table 4. Triggers of aggressive behaviour**

Options	<i>n</i>	%	Mann–Whitney test
Nurses	20	4.56	
Co-patients	91	20.73	
Other health care workers	31	7.06	$z = -3.6663$
Relatives	135	30.75	$z_{\text{krit}} = -2.3263$
Other causes	<b>162</b>	<b>36.90</b>	
<b>Total</b>	<b>439</b>	<b>100.00</b>	<b><math>p = 0.00012</math></b>
Testing statistics: (z) Mann–Whitney test, level of significance ( $\alpha = 0.01$ ).			

disorientation of patients, stress, changes in the environment, the patient's personality.

The Marascuilo procedure again points to the statistical significance of the difference in the relative frequencies of respondents' responses in pairs.

The percentage of respondents reporting that nurses can influence aggressive patient behaviour with their approach is statistically significantly lower than the percentage of respondents who had not experienced the situation ( $0.3531 > 0.0907$ ). The percentage of respondents who chose the option "sometimes" – nurse's approach provoked aggressive behaviour – is also lower ( $0.1503 > 0.0871$ ). The percentage of respondents who had not experienced the situation at all is also statistically significantly lower ( $0.2027 > 0.0991$ ) (Table 5).

**Table 5. Marascuilo procedure – aggressive patient behaviour influenced by nurses**

Options	<i>n</i>	%	Marascuilo procedure ( $\alpha = 0.01$ )	Value	Critical value	Significant
Not at all	35	7.97				
No	<b>186</b>	<b>42.37</b>	$p(\text{yes}) - p(\text{sometimes})$	0.1503	0.0871	yes
Sometimes	142	32.35	$p(\text{yes}) - p(\text{no})$	0.3531	0.0907	yes
Yes	65	14.81	$p(\text{sometimes}) - p(\text{no})$	0.2027	0.0991	yes
Certainly yes	11	2.50				
<b>Total</b>	<b>439</b>	<b>100.00</b>				
Testing statistics: Marascuilo procedure, level of significance ( $\alpha = 0.01$ ).						

We also examined what type of verbal aggression respondents encountered most often during their practice.

Invectives, as a verbal type of aggression, occur in the respondents' responses to a statistically significantly higher rate than all other types combined (comparison test of two proportions;  $z = 13.9718$ ;  $z_{\text{krit}} = 2.3263$ ;  $p = 1.158 \cdot 10^{-44} \approx 0$ ) (Table 6).

**Table 6. Type of verbal aggression**

Options	<i>n</i>	%	Mann–Whitney test
Invectives	<b>323</b>	<b>73.58</b>	
Threats	59	13.44	$z = 13.9718$
Humiliation	24	5.47	$z_{\text{krit}} = 2.3263$
Other form of verbal aggression	33	7.52	
<b>Total</b>	<b>439</b>	<b>100.00</b>	<b><math>p = 1.158 \cdot 10^{-44} \approx 0</math></b>
Testing statistics: (z) Mann–Whitney test, level of significance ( $\alpha = 0.01$ ).			

We also examined what type of physical aggression the nurses encountered most often during their practice.

385 respondents (87.70%) encountered the physical type of aggression – and some of them had experience with all of the types of aggression that we mentioned. Only three respondents reported other types of physical aggression (door slamming and damaging furniture by a patient).

In this case, too, the percentage of respondents who had been confronted with physical aggression significantly exceeds the percentage of respondents who had not experienced the physical type of aggression from patients (comparison test of two proportions;  $z = 22.3414$ ;  $z_{\text{krit}} = 2.3263$ ;  $p = 7.316 \cdot 10^{-111} \approx 0$ ).

Hand strikes, as the most common type of physical aggression of patients, occurred in the respondents' responses to a statistically significantly higher degree than all of the other types combined (comparison test of two proportions;  $z = 9.8301$ ;  $z_{\text{krit}} = 2.3263$ ;  $p = 4.176 \cdot 10^{-23} \approx 0$ ) (Table 7).

The most common determinants of patients' aggressive behaviour (as reported by the respondents) are abuse, pain, loss of self-sufficiency, the disease itself, and lack of information.

**Table 7. Type of physical aggression**

Options	<i>n</i>	%	Mann-Whitney test
Hand strike	<b>275</b>	<b>62.64</b>	$z = 9.8301$ $z_{\text{krit}} = 2.3263$ $p = 4.176 \cdot 10^{-23} \approx 0$
Attack with an object	66	15.03	
Use of bodily excretions	70	15.95	$z = 22.3414$ ; $z_{\text{krit}} = 2.3263$
Other types of physical aggression	3	7.52	
<b>Total</b>	<b>439</b>	<b>100.00</b>	$p = 7.316 \cdot 10^{-111} \approx 0$
Testing statistics: (z) Mann-Whitney test, level of significance ( $\alpha = 0.01$ ).			

## Discussion

By analyzing the obtained results and their evaluation, we found that Slovak nurses are the target of aggressive behaviour of patients to a statistically significant degree ( $0.4897 > 0.0813$ ). Nurses are most often in contact with patients, so they become the first so-called “valve” between doctors and patients. Viottini et al. (2020), in a retrospective observational study involving 10,970 healthcare professionals, compared individual healthcare professions at risk of aggressive patient behaviour. They found that nurses were the group most often confronted with the aggressive behaviour of patients (64.30%). In a quantitative cross-sectional study, Lepiesova et al. (2015) examined the experiences of nurses with aggression in selected hospitals in Slovakia. Out of a group of 1,042 nurses, up to 97.40% had faced aggressive patient behaviour in the last 12 months. The occurrence of aggressive behaviour of patients can be positively influenced by the new legal protection of healthcare professionals in the Slovak Republic, according to which the nurse has the status of a protected person (Act No. 316/2016). Furthermore, in a cross-sectional study by Kerr et al. (2017) – which examined the prevalence of aggression towards health care workers, up to 97% of respondents had experienced aggression from patients during their health careers. In their research conducted at psychiatric workplaces, Dimunová and Žemličková (2020) found personal experience with patient aggression in 97.20% of nurses. Although our research was conducted outside of psychiatric workplaces, we can report that the occurrence of aggression in other workplaces is comparable to the occurrence in psychiatric workplaces. In their research, Antonius et al. (2010) report that patients with mental illness are more aggressive. Up to 96% of respondents agree with this statement. The nurses in psychiatric wards expect aggressive patient behaviour. They are better trained in various forms of aggression compared to nurses in other workplaces – who do not receive the necessary attention in connection with aggressive patient behaviour and the problem is often marginalised.

We also identified the types of aggressive behaviour of patients that nurses encounter most often in their workplaces. We found that the nurses involved in the research have experience with both verbal and physical aggression. Verbal aggression occurs to a statistically significantly higher degree than all other types combined (comparison test of two proportions;  $z = 13.9718$ ;  $z_{\text{krit}} = 2.3263$ ;  $p = 1.158 \cdot 10^{-44} \approx 0$ ) (Table 6). Verbal aggression has been shown to be the most common form

of aggression of patients towards nurses in several studies of a similar nature. According to Dimunová and Žemličková (2020), up to 96.80% of nurses have experienced a verbal attack from patients.

In our research, up to 385 respondents had been confronted with the physical form of aggression – 87.70% (the most frequent answer was hand strike 62.64%). In a research sample of 447 nurses, Ahmed (2012) found that up to 39% of nurses had encountered hand strikes. Bordignon and Monteiro (2016) report up to 49% and urge nurses to be potentially prepared for an unexpected attack from patients. It is important to note that nurses who are committed to helping patients under all circumstances and conditions should make sure that patients do not physically assault them. Dimunová and Žemličková (2020) report physical aggression without the use of an offensive weapon in 83.10% cases. The use of an offensive weapon was reported by 22.80% of nurses.

In a study by Schablon et al. (2018), acts of physical aggression account for 58%. The most common are gripping, scratching and punching. Verbal attacks were stated by 61% of nurses – these attacks mainly involved insults and threats from patients. Also, in the research of Swan et al. (2014), verbal anger was experienced by up to 93% of health workers, and physical aggression by up to 65%. When analyzing the representation of individual roles, it was the nurses who experienced the largest number of aggressive incidents, compared to doctors. In a study by Lepiešová et al. (2015), nurses were most often confronted with verbal aggression from patients in the form of insults and reprimands. Jalil et al. (2017), in a study identifying the relationship between nurses' mental health and aggressive patient behaviour, found more aggressive manifestations of a verbal nature that were personally derogatory, targeted, and degrading. Kerr et al. (2017), in a cross-sectional study, report physical injury in 40% of nurses and mental injury in 82% of nurses. Verbal aggression correlated with physical aggression ( $r = 0.429$ ;  $p < 0.01$ ). Also, Viottini et al. (2020) report the highest risk of verbal aggression in a retrospective study (3.83). Šupinová et al. (2015) also point out cultural differences that may lead to a different model of behaviour.

We found that, among the most common determinants that cause aggressive behaviour in patients, 36.90% of respondents chose the “other” option. They reported: the patient's disease itself, addiction, fear and the hospital environment. Levenson (2009) agrees with these claims, stating that alcohol and addiction are most often associated with aggression. In our research, up to 96.12% of respondents mentioned intoxicants as the cause of aggressive patient behaviour. This has also been pointed out by Beck and Heinz (2013), who state that 49.90% of aggressive patients were dependent on alcohol and other substances. We can say that regular users of intoxicants are more aggressive, as evidenced by the results of other foreign studies as well as our own.

McClelland et al. (2001) include the hospital environment among the risk factors that may elicit aggressive behaviour. In the research we conducted, 30.75% of respondents think that relatives also have a negative impact on the patient. According to Boudreaux (2010), relatives can upset, confuse and manipulate patients – and then patients become aggressive. In the study ‘Experiences of healthcare workers with patients and visitors’, Hahn et al. (2013) state that patient and visitor violence is the most dangerous occupational risk that healthcare staff have to deal with. Heckemann et al. (2017) consider the aggression of patients and visitors in general hospitals as a global problem that causes human suffering and organizational costs.



In relation to whether the nurse's approach can influence the patient's aggressive behaviour, 49.66% of nurses agreed that their approach to patients could also trigger aggressive behaviour. Šupínová (2013) mentions the nurse's approach as the cause of aggressive patient behaviour in only 2.90% of nurses. Hollingworth (2005) argues that a nurse's poor approach to patients is one of the main triggers of aggression. The lack of time devoted to patients is also closely related to this problem. As many as 61.96% of respondents think that a lack of time devoted to the patient can lead to the patient's aggressive behaviour towards the nurse. What is striking, however, is that even though the nurses are aware of this negative fact, they are unable to influence it on their own – due to insufficient staffing and increasing responsibilities. Needless to say, there have been a lack of nurses in the Slovak Republic for a long time; nurses are overwhelmed and thus cannot pay enough attention to patients. The Slovak Chamber of Nurses and Midwives (SKS and PA) have pointed out the fact that thousands of nurses are missing in Slovakia. According to the data of the Ministry of Health of the Slovak Republic (SKSa-PA, 2019), approximately 3,500 nurses are currently missing in Slovakia. Patients often react aggressively to this fact, even though they realize that the situation needs to be addressed more comprehensively. Therefore, nurses are often unnecessarily the target of anger and aggressive behaviour. In terms of whether the nurse's mood can influence the patients aggressive behaviour, 71.30% of respondents rejected this statement (they had not experienced it during their practice). Hollingworth (2005) points out that nurses should control their emotions and not pass on their private problems to patients. Jalil et al. (2017) argue that emotions of nurses who were subjected to mild to severe physical aggression during their work were not adversely affected. It is important to realize that if such a situation occurs in practice, it is appropriate for the nurse to solve her/his problems and only then solve the patient's problems.

61.96% of respondents believe that the most frequent cause of aggressive behaviour is the patient's illness itself. The disease itself, as a cause of aggressive patient behaviour, has been reported in several studies of a similar nature (Considine et al., 2019; Edward et al., 2014; Šupínová, 2013). Fear and pain are closely related to the problem of the disease itself; 74.48% of respondents think that fear can cause aggressive behaviour in patients. 82.23% of respondents state that pain affects the patient's behaviour to a great extent. Harwood (2017) emphasizes that fear is a factor that can significantly stimulate the patient's aggression. Margari et al. (2014) claim that patients with pain are on average up to 50% more aggressive than patients without pain.

Other determinants of patients' aggressive behaviour include reluctance to adhere to a treatment regimen. This was stated by 54.90% of respondents, with 38.04% reporting a refusal of treatment. Šupínová (2013) found that, for 44.90% of respondents, the reluctance of patients to adapt to the treatment regimen is the most common trigger of violence. Compared to our research, only 25% of respondents report the patient's disease, and 10.30% the patient's refusal of treatment, as the trigger of aggression.

Loss of self-sufficiency can also cause aggressive behaviour in a patient. This is stated by as many as 77.23% of respondents.

However, only 5.01% of respondents are clearly convinced of this. Gallagher and Seedhouse (2002) point out that loss of self-sufficiency is closely related to loss of dignity. According to Rapčíková (2020), not only illness and its consequences, but also hospitalization, including many diagnostic and therapeutic procedures, are serious assaults on human dignity. Perceptions of dignity are also affected by the damage done to a person by significant stigmatization, radical surgery, or dying. All of these determinants may be associated with manifestations of aggressive behaviour. Furthermore, we found that up to 67.89% of respondents think that even a poorly informed patient can be aggressive. Act No. 576/2004 Coll. on Health Care, Services Related to the Provision of Health Care as amended, lays down the patient's right to information. In the performance of his/her profession, the nurse is obliged to respect the basic rights of the patient – the right to sufficient and comprehensible information. It also emerged from our research, that patient knowledge – as one of the factors determining aggressive behaviour – can be positively influenced by the nurse's approach. In the last question, we left room to list some situations that caused aggressive behaviour in patients. The respondents reported impatience, waiting for an examination or surgery, and waking up patients from anaesthesia (some patients behave aggressively). They also reported unfulfilled requirements and expectations of patients, pointless determination of conditions and lecturing of medical staff. We want nurses and patients to always find a compromise in their requirements, so that together they achieve the same goal for both parties: the highest possible level of health without any manifestations of aggression and aggressive behaviour.

## Conclusions

Aggression and aggressive patient behaviour are present in nursing practice. We statistically confirmed that even nurses, who do not work in psychiatric workplaces are exposed to aggressive patient behaviour. It was also confirmed that nurses are most exposed to verbal aggression from patients. The most frequent determinants of aggressive behaviour include abuse, pain, loss of self-sufficiency, the disease itself and, last but not least, insufficient patient knowledge. Nurses are not always able to prevent aggressive behaviour and are also not able to predict with certainty what can cause aggressive behaviour in a patient. The present research shows that violence and aggression are a problem in the nursing profession. The role of nurse managers is therefore to design effective preventive measures and the maximum adherence in practice. As a precautionary measure, we propose free legal, psychological-ethical education for nurses through e-learning courses and practical workshops – thus providing them with orientation in the aggravated situations that an aggressive and non-cooperative patient creates. We also propose that nurses are required to consistently record every incident with the patient in the documentation, and that problems should be solved not only with the management of the clinic or department, but also with the management of the hospital.

## Conflict of interests

The authors have no conflict of interests to declare.

## Výskum agresivity u pacientov z pohľadu registrovaných sestier v Slovenskej republike

### Súhrn

**Úvod:** S násilím a agresiou pacientov voči sestrám sa v ošetrovateľskej praxi stretávame vo všetkých klinických odboroch. Agresia je podmienená multifaktoriálne vplyvom prostredia, osobnosťou pacienta a sestry. Sestry sú v porovnaní s inými zdravotníckymi profesiami agresívnemu správaniu vystavené oveľa častejšie.

**Cieľ:** Cieľom výskumu bolo zistiť, či sú sestry v Slovenskej republike vystavené agresívnemu správaniu pacientov a ktoré determinanty najčastejšie podmieňujú agresívne správanie pacientov.

**Metódy:** Bol použitý dotazník vlastnej konštrukcie s vysokou internou konzistenciou Cronbach alfa koeficient – 0,870. Súbor tvorilo 439 sestier pracujúcich v nemocniciach na ošetrovacích jednotkách. Použili sme test zhody k podielov s Marascuilo procedúrou na hladine významnosti  $p < 0,0001$ .

**Výsledky:** Zistili sme, že 99,32 % sestier má skúsenosti s agresívnym správaním pacientov na všetkých ošetrovacích jednotkách (miera skúseností je významná  $0,4897 > 0,0813$ ). Slovný typ agresie je v štatisticky významne vyššej miere ako všetky ostatné typy spolu (test zhody dvoch podielov;  $z = 13,9718$ ;  $z_{krit} = 2,3263$ ;  $p = 1,158 \cdot 10^{-44} \approx 0$ ). Fyzickej agresii je vystavených 87,70 % sestier ( $p = 7,316 \cdot 10^{-111} \approx 0$ ).

**Záver:** Sestry sú terčom verbálneho a fyzického agresívneho správania pacientov. Najčastejšími determinantmi agresívneho správania pacientov sú abúzy, bolesť, strata sebestačnosti, samotné ochorenie a nedostatočná informovanosť.

**Kľúčové slová:** agresia; agresivita; agresívne správanie; determinanty; sestra

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