TRIGGERS AND MANAGEMENT OF AGGRESSION IN DEMENTIA PATIENTS

LAB UNIVERSITY OF APPLIED SCIENCES LTD
Bachelor of Health care, Nursing
Spring 2021
Author: Joy Saina

Abstract

Author(s)	Type of publication	Published
Saina Joy	Bachelor's thesis	Spring 2021
	Number of pages (34)	

Title of publication

Triggers and management of aggression in dementia patients.

Name of Degree

Bachelor of Health care, Nursing

Behavioral changes are very common in dementia clients due to the decline in cognitive, physical, and social abilities which worsen with the advance of dementia. Due to this decline, it leads to distress and aggression in dementia clients. Aggression in dementia clients also leads to job stress for nurses caring for these clients hence affecting the quality of care given. Therefore, the purpose of the thesis is to describe the triggers of aggression in dementia clients. The triggers will then be used to avoid and manage aggression when it occurs. The thesis findings will also be used in caring for dementia patients in nursing homes in case they present aggressive tendencies. The aim of the thesis is to find out the interventions on how to avoid and management aggression in dementia patients.

Online questionnaires were used as qualitative research method. The findings were analyzed using google forms analysis and excel spreadsheets.

Nurses faced physical aggression for instance punching, pushing, hitting and verbally for instance shouting, name-calling, abusive words. The triggers of aggression in dementia clients include noisy environments, poor eyesight, pain, urine infection. However, some nurses were not able to determine the cause of aggression. Nurses managed the aggression by leaving the clients alone to calm down, distracting clients with something they like, moving the client to a different room, asking for assistance from colleagues, and booking for doctor's health checkup. Nurses, on the other hand, had anxiety, fear of attending aggressive clients, and work stress.

Determining the triggers of aggression enabled nurses to handle aggressive patients effectively and prevented aggression from happening again. Other hand, nurses need training of how to handle aggressive patients. However, further research needs to be carried out in other nursing homes and in homecare to yield more findings and solutions.

Keywords: Dementia, Aggression, Triggers.

Abstract

Kirjoittaja Saina Joy	Julkaisutyyppi Kandidaatin tutkielma	Julkaistu Kevät 2021
	Sivujen määrä (34)	

Julkaisun otsikko

Dementiapotilaiden aggressiivisuuden laukaisijat ja hallinta.

Name of Degree

Bachelor of Health care, Nursing

Käyttäytymismuutokset ovat hyvin yleisiä dementiaasiakkailla johtuen kognitiivisten, fyysisten ja sosiaalisten kykyjen heikkenemisestä, joka pahenee dementian etenemisen myötä. Tämä johtaa ahdistukseen ja agressiivisuuteen dementia-asiakkailla. Dementia-asiakkaiden aggressiivisuus johtaa myös työstressiin heitä hoitaville sairaanhoitajille, puolestaan vaikuttaa annettavan hoidon laatuun. Siksi tutkielman tarkoituksena on määrittää dementiaasiakkaiden aggressiivisuuden laukaisijat. Opinnäytetyön tarkoituksena on kuvailla dementia-asiakkaiden agressiivisuutta laukaisevia tekijöitä. Opinnäytetyön tarkoituksena on selvittää, voidaanko aggressioiden aiheuttajat määrittää, voidaanko aggressiota hallita ja miten aggressio vaikuttaa hoitohenkilökuntaan. Online-kyselylomakkeita käytettiin kvalitatiivisena tutkimusmenetelmänä. Tulokset analysoitiin käyttämällä Google-lomakeanalyysiä ja Excel-laskentataulukoita.

Sairaanhoitajat kohtasivat fyysistä aggressiota, esimerkiksi lyömistä ja tönimistä. Suullista agressiota oli huutaminen, nimittely ja loukkaavat sanat. Dementiapotilaiden aggressiivisuuden laukaisijoita ovat meluisa ympäristö, huono näkö, kipu, virtsatartunta. Jotkut sairaanhoitajat eivät kuitenkaan pystyneet määrittämään aggressiivisuuden syytä. Sairaanhoitajat hallitsivat aggressiota jättämällä asiakkaat yksin rauhoittumaan, suuntaamalla asiakkaan huomion toisaalle, siirtämällä asiakkaan toiseen huoneeseen, pyytämällä apua kollegoilta ja varaamalla lääkärin terveystarkastuksen. Sairaanhoitajilla oli toisaalta ahdistusta, pelkoa osallistua aggressiivisiin asiakkaisiin ja työstressi.

Aggressiota aiheuttavien tekijöiden määrittäminen antoi sairaanhoitajille mahdollisuuden käsitellä aggressiivisia potilaita tehokkaasti ja estää aggressiota toistumasta. Toisaalta sairaanhoitajat tarvitsevat koulutusta aggressiivisten potilaiden käsittelemiseksi. Lisätutkimuksia on kuitenkin tehtävä muissa hoitokodeissa ja kotihoidossa, jotta saadaan enemmän löydöksiä ja ratkaisuja. Opinnäytetyön tuloksia käytetään myös dementiapotilaiden hoidossa hoitokodeissa, jos heillä on aggressiivisia taipumuksia.

Avainsanat: Dementia, aggressio, laukaisijat.

CONTENTS

1 INTRODUCTION

Behavioral changes in dementia patients are very common. The behavior in dementia patients may change due to environmental triggers for instance noise, changes in the brain due to sickness, the patient is having a discomfort or if a task is too difficult or complex for the patient. These behavioral changes can sometimes include aggression (Wharton et. al. 2018).

Furthermore, dementia patients are oftentimes unable to express themselves and their needs. This inability leads to distress and finally to aggression. They tend to feel like their aggression will make sure their needs are met. Behavior is communicative by patients who have lost ways of expressing themselves (Dettmore 2009; Wharton, & Ford 2014). When caring for dementia patients it is very common that one will experience aggressive phases. Evidence shows that nurses are four times likely to experience aggression from dementia patients and this has had an impact on the quality of care given. The aggressive phases can be very distressing for both the client and the nurses (Wharton, & Ford 2014). This aggression will consequentially affect the quality of care being given. For instance, nurses have resulted in using physical restraints, trauma for the nurses, increased healthcare cost (Kunik et.al. 2010). Client-nurse relationships are also negatively affected which may lead to abusive behavior towards the clients (Schnelli ym. 2020). For these reasons, it is important to determine the triggers of aggression, how to manage them when they occur, and this will prevent the recurrence of aggression.

Determination of triggers of aggression in dementia patients will be helpful for nurses in controlling the aggression and preventing it from occurring in the first place. The purpose of the thesis is to describe the triggers of aggression in dementia patients. The thesis aims to find out the interventions used to manage and avoid aggression in dementia patients. The thesis research was carried out in Attendo Taivallahti and Mehilainen Nursing. Data collection was done using online questionnaires which were analyzed using google forms and excels spreadsheet. The findings of the thesis will be used to answer the following research questions: “How determining the triggers of aggression have been used to manage aggression in dementia patients? How did the aggression affect the nursing staff?”

2 BACKGROUND RESEARCH ON AGGRESSION IN DEMENTIA.

2.1 Definition of Dementia and aggression

Dementia has been defined as a syndrome where the cognitive capacity of an individual deteriorates more than that of a normal, healthy individual. It interferes with an individual's decision-making, judgement, comprehension, orientation, memory, language and learning capacity. This in the end affects the social and emotional behavior of the person (WHO 2019).

Aggression has been defined as the intent of harming another individual who has no wish to be harmed (Jhangiani R. & Tarry H 2020). Aggression in dementia patients has been defined by (Wharton, Paulsonb, Macria and Dubinc 2018) as an action that is meant to threaten physical contact through hitting, biting, punching and other physical attacks that can cause injuries and harm to another person.

Aggression has also been defined as an act or behavior with the intention of causing harm to another person who has not caused any provocation. This behavior can be presented in many forms for instance name-calling, hitting, stabbing, or even killing (Allen & Anderson 2017). The study further states that aggression is observable behavior, not a feeling and it is intended.

2.2 Forms and stages of dementia

There are different forms of dementia depending on how it develops. According to WHO (2019), Alzheimer's is one of the most common and may lead to up to 60-70% of dementia cases. Vascular dementia is another form of dementia where abnormal proteins develop in nerve cells. Frontotemporal dementia develops when the frontal lobe of the brain starts to degenerate. Multiple forms of dementia can coexist at the same time (WHO, 2019).

Dementia develops in different stages. In the early stages, the individual will have mild forgetfulness. In the middle stage, the symptoms are clearer with forgetfulness being more distinct. Individuals begin to have difficulty in communication, they forget recent events and people's names, changes in behavior and they need assistance in daily activities. In later stages of dementia, an individual becomes fully dependent on others for care. They have trouble walking, memory problems are more severe, behavioral changes may advance to aggression (WHO 2019).

Middle to later stages in dementia, an individual will experience major behavioral changes which will be challenging for both the nurses and the patient. For a nurse to be able to manage the behavioral changes, triggers of the behavior change should be determined. For instance, take note of whether the aggression happens at a certain time, place, whether the environment contributes to the aggression and if the individual is experiencing discomfort (NHS 2014).

2.3 Causes of aggression in dementia.

Research has classified aggression according to the action carried. Physical aggression is when physical harm is caused through for instance punching, hitting, or stabbing another person. Verbal aggression is in cases where there is name-calling, abusive words, and shooting or screaming, therefore words are being used to harm another person. This type of aggression has been determined to be more prevalent in several studies (Lach et.al. 2016, Gimm et.al. 2018 and Castle 2013). There is also relational aggression otherwise known as social aggression. This is where the social life of an individual is interfered with. This can be made possible through spreading rumors, social neglect, invading one's personal space or even making offensive gestures (Krahé 2013).

Causes of aggressive behavior may include delirium, noise, changes in patient's environment, limited privacy or space, patient's needs not being met, challenges in communication, feeling of discomfort for instance when a nurse is helping with changing of clothes and excessive activity. Behavioral changes in dementia are not only limited to aggression but also depression and psychosis. Dementia patients are three times more likely to develop delirium than older patients without dementia. Delirium in these patients causes further impairment for instance in social reasoning, confusion while interacting with their environment and this leads to aggression (Wharton et. al. 2018).

Depression and premorbid aggressive personality have also been linked to causing aggression in later stages of dementia patients. The study further suggests that low testosterone levels may be a contributing factor to aggression (WHO 2019).

Dementia care center (2020) categorized the causes of dementia into two: physical and emotional causes. Physical causes included pain or illness; the individual already has difficulties with communicating so he might not be able to say when they are experiencing pain. Infections also contribute to change in behavior for instance urinary tract infection. Medication is another physical cause. Memantine is a dementia medication that is said to cause fatigue among other side effects, resulting in distress and aggression (Fimea 2020 and

Healthline 2020). The environment is a major physical cause of aggression. If the environment is too bright, noisy, dark, busy or if there is nothing to do in that environment it may trigger aggression. Dementia patients experience hallucinations and delusions (Wharton et. al. 2018) especially in Lewy-body dementia patients (WHO 2019). This might be scary for the patients thus triggering angry responses. Dementia patients may forget to eat; hence they get hungry but cannot express themselves which leads to aggression. The sensory perception of dementia patients diminishes over time. They will start experiencing a poor vision, hearing which will cause disorientation and aggression consequentially (Wharton et. al. 2018).

Emotional causes included loneliness and boredom where dementia patients felt isolated or when they were confined to their rooms. This frustrated them and they acted out. dementia patients are usually dependent on others to carry out a normal day-to-day routine. This limitation can cause frustration and lead to aggression. Loss of reality and control is another example of an emotional cause of aggression. These patients often do not understand what is going on around them and they end up getting angry. When they get angry, they may not be able to control how they react which may be through hitting, shouting or other aggressive acts (Dementia care center 2020).

Medication has also been said to cause aggression and agitation behavior when they are administered in high doses or if the patient is sensitive to them. For instance, psychotic medication can cause restlessness. Drug interaction may also occur especially for elderly patients with multiple medications which may impair renal functions. This may lead to aggression since patients are in discomfort (Wolf, Goldberg & Freedman 2018).

Aggression by dementia patients has been the reason for institutionalization. Occasionally, nursing home managers are usually apprehensive in admitting dementia patients with a history of aggression. Aggressive demented patients may be difficult to care for and nurses may opt to avoid or distance themselves from them. Often nurses may restrain demented clients or lock them in their room to avoid aggression and maintain the safety of other residents. This threatens the liberty of the client. (Wharton & Ford 2014). Wharton & Ford (2014) further stated that physical, chemical and medication restraints have been used to control aggressive dementia patients. However, these methods have been seen to be having ethical implications and some classes of medication have been said to cause further behavioral disruptions. As an example, given, some patients were prescribed psychotropic medications which had serious detrimental consequences (Wharton & Ford 2014).

Determining the triggers of aggression helps to find a solution (Alzheimer's society 2020). Information about the client should be used to determine the trigger of aggression and be used to manage it. Steps and questions that can be used in the management of aggression according to Alzheimer's society (2020) are shown in (Table 1).

Table 1: Determining triggers of aggression. (Alzheimer's society 2020).

Identify the problem	● Is it dementia that is causing aggression? ● Is it the presence of other residents? ● Is the patient in pain? ● Is the environment suitable? ● Does the patient get enough stimulation?
Situation	● When does the aggression happen? ● Does it always happen in the same place? ● Does it happen when a specific nurse is attending the resident? ● Who else is involved e.g., nurses, family, fellow residents? ● Note down everything that happened during the aggression phase
Residents behavior during the aggression	● Does the resident seem to be in pain? ● Is the resident fatigued, frustrated, scared or anxious? ● Do they seem delusional, depressed, or hallucinating?
Other possible causes	● Residents' fears and dislikes. ● A memory the provoked the aggression. ● Any changes in the recent days that might have led to aggression e.g., change in medication, environment.

2.4 Management of aggression

Several strategies have been used by nurses to avoid conflict and aggression for instance distraction, maintaining a routine, ignoring. Enmarker, Olsen, Hellzen (2011) came up with other strategies: a person-centered care plan, personalized services when doing morning hygiene, personalization of patient's room, privacy and dignity preservation, person-

centered interaction. These strategies reduced aggression by 60%. Behavioral interventions that are aimed at giving control to the dementia patient have also been used to decrease aggression for instance: music, pet therapy, simple hand tasks e.g., sorting and folding and exercise (Wharton & Ford 2014). These sensory stimulation techniques were said to reduce aggression by 25% to 54%. The stimulation should not be too much nor too little and should also involve psychosocial and cognitive stimulations. For instance, Dementia clients can be engaged in age-appropriate exercises, socially engaging activities, and games (Funmilayo & Kunik 2006).

The creation and planning of an individual care plan helped reduce aggression. The care plan states what the patient likes, dislikes, how they express anger. The care plan should also be documented so that other nurses know how the needs of the dementia client can be met therefore preventing aggression (Schnelli et.al. 2020). The study further states that caregiving activities should not be forced on the clients, rather they should be explained to the client and how it will benefit them. This reduced chances of agitation and aggression.

Non-Pharmacological interventions are usually a first-line approach to dealing with aggression in dementia patients and pharmacological interventions are introduced when these have failed. Short-term sedatives have been used by patients who pose safety concerns. Research states that a pharmacological approach should mainly be used when aggression is acute (Funmilayo & Kunik 2006).

Medication has also been used to calm an aggressive demented client. This poses an ethical issue since it is being seen as a chemical restraint. Antipsychotic medication has recently been overused on aggressive demented clients. This poses an ethical concern considering that these medications have been said to shorten life expectancy. These medications should be used to reduce symptoms and not as a short-term form of restraint (Weale et.al. 2009). Antipsychotic drugs like haloperidol, risperidone, olanzapine, and quetiapine have been reported to be effective in the management of aggression and relief of behavioral symptoms (Wharton & Ford 2014). However, these drugs have been said to have adverse effects that cause fall and fracture to the elderly, cerebral vascular diseases, weight gain and death. Moreover, the cost of these medications is also high. Haloperidol has been estimated to cost 15-50 euros per month depending on the dosage (Dettmore et.al. 2009) & (Funmilayo & Kunik 2006).

A multifaceted approach has been used to manage aggression by using pharmacological and non-pharmacological techniques. An algorithm was formulated by Dettmore et.al (2009) which can be used by nurses while caring for aggressive clients (Figure 1).

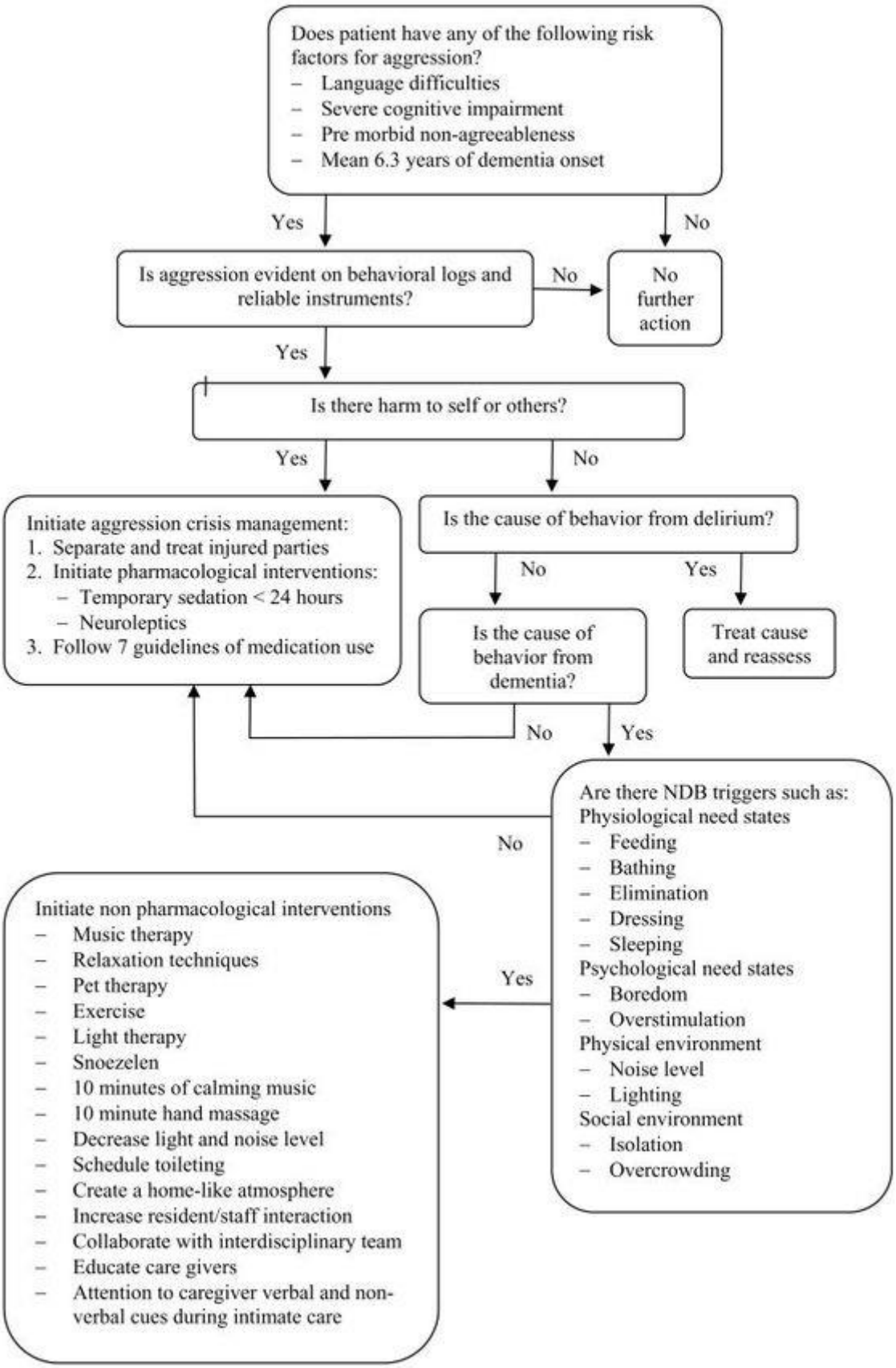

Figure 1: Management of aggression for dementia patients (Dettmore et.al. 2009).

An interdisciplinary effort is needed when caring for dementia patients. This may include nurses, social workers, family, nutritionists, and physiotherapists are involved. This way each profession can provide personalized care to the clients ensuring their needs are met in return reducing aggression and the burden on a nurse caring for the client. The duties are now shared across different professionals. Staff education also has an impact on the reduction of aggression in dementia clients. They were educated on how to provide personalized care to each client and how to communicate with clients at different stages of dementia. Making modifications to the environment also contributed to reducing aggression. Colors and visuals were used on the walls, the corridors were brightly lit, reduction of echo and sound distortion. Clients' families should always be involved in the care of the client. The family can provide good information concerning clients to help avoid aggression for instance client's personality, likes, dislikes and how they respond to frustration (Dickerson & Atri 2014).

2.5 Effects of aggression on nursing staff.

Resident to staff aggression (RSA) is common in nursing homes since they are always in close contact with the clients. Research showed that aggression mostly occurred while the client was receiving personal care and hygiene. The aggression occurred depending on how nurses and caregivers planned the personal hygiene, talked to the client and if the needs of the client were taken care of (Schnelli et.al. 2020). Aggression posed occupational stress to nurses and it has been counted as one of the safety concerns at work. For instance, physical injury, psychological stress, low job satisfaction, emotional stress e.g., anger, guilt and helplessness. This in return may cause neglect of care and reactive abuse. Aggression made it difficult to manage a client and complicated daily care.

Nurses have also reported on not having the opportunity to discuss the psychological effect of aggression at work and the lack of debriefing. They also reported not being able to know the health condition of their clients which made the clients behave aggressively (Brodaty et al. 2003). According to studies, nurses have therefore turned to use coping strategies in managing occupational stressors related to aggression. Some of the coping strategies include problem-focused technique e.g., consulting colleagues on how to handle a specific client and emotion-focused technique e.g., eliminating emotional discomfort (Rodney & Vic 2000).

Nurses need to be able to determine the triggers of aggression and use techniques to reduce aggression. Research has shown that dementia patients are less likely to impose aggression on nurses using techniques like smiling or using a relaxed demeanor,

approaching the client frontally or sideways within the client's visual field (Dettmore et.al. 2009).

3 DESCRIPTION OF COOPERATION PARTNERS.

Attendo Taivallahti is a service home located in Töölö, Helsinki. It was previously known as Mikeva before it changed to Attendo Taivallahti in 2016. It is home to 69 elderly residents with dementia and provides rehabilitation services to its residents. Care services are customized according to individual residents to ensure all residents needs are met hence a good life. The clients' age range between 60-93 as of April 2020. The employees work in three shifts: morning, evening, and night. The unit contains about 11 practical nurses and one registered nurse working per morning and evening shift. During the night there are only two nurses at the unit. There are also physiotherapists who provide fitness and rehabilitation services to the residents.

Mehiläinen mainiokoti Capella is home to 31 elderly residents. It is located in Kalasatama, Helsinki which is close to the sea hence providing a cozy atmosphere to the residents. The nursing home provides personalized care to the elderly residents, residents with memory disorder and rehabilitation services to all the residents. The residents' age range between 60-95 as of December 2020. Care to the residents is provided on a 24-hour basis where nurses work in three shifts: morning, evening, and night. There are 8 practical nurses and one registered nurse on morning shift, 6 practical nurses and one registered nurse on evening shift and 2 practical nurses on night shift. The nursing home also has an occupational therapist who organizes recreational activities for the residents twice a week.

4 THE PURPOSE AND AIM OF THE THESIS

The purpose of the thesis is to determine the triggers of aggression in dementia clients. The triggers will then be used to avoid and manage aggression when it occurs. The thesis findings will also be used in caring for dementia patients in nursing homes in case they present aggressive tendencies.

The aim of the thesis is to find out how aggression can be managed, avoided and the effects of aggression on nursing staff. The thesis will demonstrate how to identify the triggers of aggression on dementia patients and how aggression can be managed. Identifying the triggers of aggression will also help in preventing the reoccurrence of aggression. The thesis will also help determine whether the triggers of aggression can be eliminated, or the clients need to be moved to another institution that will be suitable for them. The thesis will also highlight the effects of aggression on nursing staff. This will determine whether the aggression has an impact on nurses' work or their emotions.

To meet the scope of the thesis, the following research questions were formulated:

"How determining the triggers of aggression have been used to manage aggression in dementia patients?

How did the aggression affect the nursing staff?"

5 THE RESEARCH METHOD.

In this thesis, a qualitative-based research method is used. Qualitative research has been used to collect information on human behavior and interaction. It provides non-numerical data and gives a chance for the participants to voice their experience, therefore participants have an active role in the study (Pathak, Jena, & Kalra. 2013). It enables researchers to understand issues from participants' perspective (Hennink, Hutter and Bailey, 2020). In the thesis, qualitative research will enable nurses to understand and identify the triggers, management of aggression and effects of aggression on nurses thus understanding the context of nurses' experience.

Qualitative research needs a small number of sample participants since it mainly focuses on non-probability sampling and aim to prevent saturation level unlike quantitative sampling which requires a large number of sample data. Qualitative research design cycle starts with formulating research questions then selecting a suitable research method to be used to collect data that will answer the research question. Qualitative research provides descriptive results which are used in answering the research question whereas quantitative research provides numerical data (Hennink, Hunter and Bailey, 2020).

The qualitative research method that was used was online questionnaires. Online questionnaires are relatively inexpensive in that they can be filled online and at any time hence no extra costs incurred. They are also readily available and can be accessed on different devices and at any time. Researcher can also access the responses instantly which makes it easy to analyse (Phellas, Bloch & Seale, 2011).

Questionnaires tend to give participants a sense of being anonymous. This enables them to express their thoughts fully unlike on interviews where participants will be reluctant to give any negative opinions to the interviewer (Codo, 2009; Phellas, Bloch & Seale, 2011).

Questionnaire should not be too long. Research has suggested that a questionnaire should have a maximum of 4 pages and should not take more than 30 minutes to complete. Long questionnaires make participants tired and loose interest hence providing unreliable results (Codo, 2009). The questionnaire form should also have a welcome message which explains what the questionnaire are about. The welcome message will encourage the participants to participate, and it will also increase the response rate (Phellas, Bloch & Seale, 2011).

The online questionnaire was answered by 15 nurses which included 10 nurses from Attendo Taivallahti and 5 nurses from Mehiläinen nursing home. A small number sampling

was chosen for the thesis since at some point results got to the saturation point whereby the results being given were redundant and gave repetitive results.

The questionnaire was created using Google forms (Appendix 1). Google forms ensures that the questionnaire is readily available at any time and can be accessed using any device with internet access. I sent the questionnaire link to the nurses in October 2020. The nurses needed to click the link, fill the questionnaire, and submit the form by clicking the submit form button. The questionnaire questions were created based on information from the background research and the research questions.

The questionnaires were anonymous where nurses did not need to add their personal information. Participation was voluntary and nurses could stop answering the questionnaire at any time. The questionnaire included both open and close-ended questions. The close-ended questions included yes-no questions and multiple-choice questions. The open-ended questions gave the nurses a chance to further explain their choice. The questionnaires were short to avoid tiring the nurses and took only a couple of minutes to answer (Codo, 2009).

6 QUALITATIVE ANALYSIS OF THE DATA COLLECTED.

Data was first collected using the questionnaires. The data was then arranged on excel table (table 2) and irrelevant information was left out. The sorting of relevant data was done with regards to the research questions. The results collected were reviewed to check if they answered the research questions. Graphs and pie charts were also used to visualize the results (figure 2 & 3).

Table 2: sample data from the questionnaires.

1. Have you experienced aggression from dementia residents while working?	If Yes, what form of aggression?	2. How often have you experienced aggression per week?	3. Did the aggression affect your work?	If Yes, How did it affect your work	4. Which of these do you think could have triggered clients' aggression	If others, What else could have triggered the aggression
Yes	Physical: punching, hitting, pushing or stabbing, Verbal: name calling, abusive words and shooting or screaming	0-5 times	Yes	I tended to neglect the client	Noisy environment, Presence of other residents	
Yes	Physical: punching, hitting, pushing or stabbing	6-10 times	Yes	I got stressed when I was assigned the aggressive client	Noisy environment, Dark room, Urine infection	

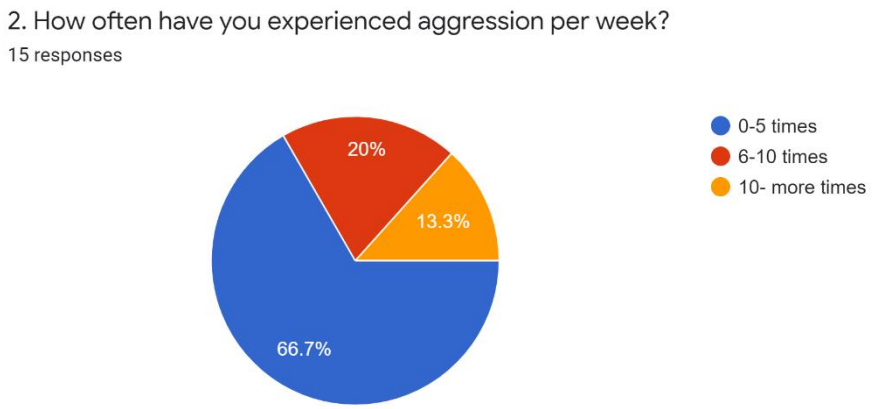

Figure 2: sample pie chart used in analysis of data.

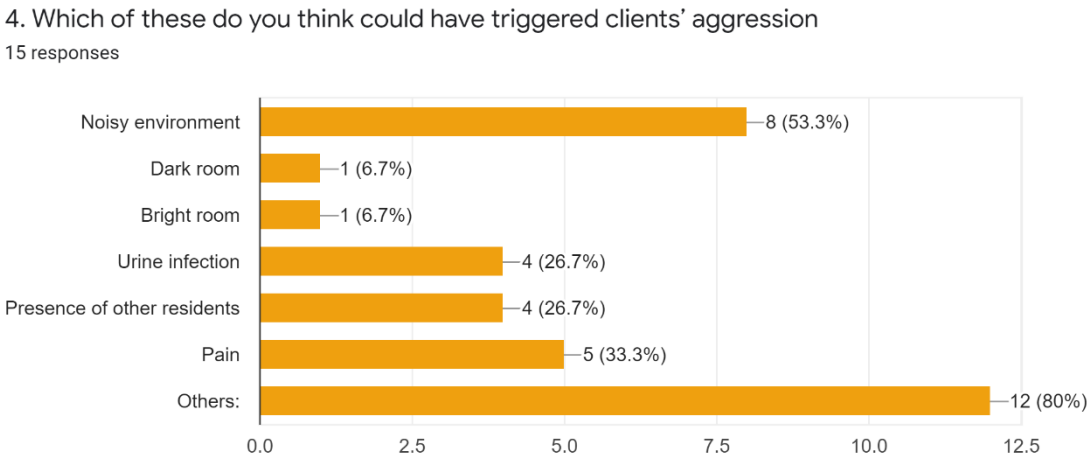

Figure 3: sample graph used in analysis of data.

7 RESULTS

Research question 1: “How determining the triggers of aggression have been used to manage aggression in dementia patients?

All nurses stated that they experienced aggression while working with dementia residents in nursing homes (Figure 4). The aggression was mostly verbal aggression (87 %) where clients either used name-calling, abusive words, shouting or screaming. However, nurses also experienced physical aggression (73%) for instance punching, hitting, pushing, improper touching and even stabbing.

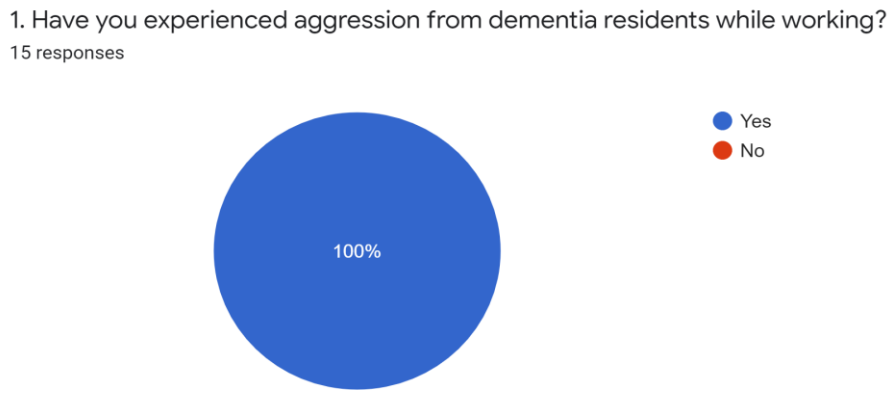

Figure 4

67% of the nurses stated that they experienced aggression at least once a week, 20% experienced aggression six to ten times a week and 13% experienced aggression ten or more times per week.

Nurses stated that noisy environment was the main trigger of aggression in dementia patients in these nursing homes. The environment was investigated for other irritants which included crowded rooms, presence of other residents or bright or dark rooms. The nurse, therefore moved the client to a different room to see if they got better. However, in a nursing home where many clients live, it can be difficult to avoid the noise and other residents (Joosse, 2011). Moreover, it is ethically wrong to confine a client to their room just to prevent aggression from occurring (Kunik et.al. 2010). In such cases, the resident need to be moved to smaller care facilities where they will not have to deal with overcrowded rooms and noise from other residents. When the room was bright or dark, the lights were dimmed off or switched on, respectively. The modification of the environment will help reduce aggression (Dickerson & Atri 2014).

Health factors such as pain, poor eyesight, difficulty to walk due to minor brain stroke, worsening of dementia, depression, and urine infection equally played a role in triggering aggression. Dementia patients are usually unable to express their discomfort since they are unaware where the discomfort is from and how to explain it. This is due to impaired cognitive ability caused by dementia (WHO 2019). When the aggressive patients are calm, nurses should use this time to do medical examination on the clients to check if they are in pain, for urinary infection symptoms, eye, or ear problems. On the questionnaire, nurses stated that they made doctors' appointments for their clients. A doctors' check-up appointment should be made whether a nurse could determine the reason for aggression or not for further examination.

Nurses also mentioned that other factors also contributed to aggression in dementia patients for instance: over stimulus, being cared for by a nurse of a different race, poor communication, language barrier, lack of privacy and loneliness contributed to aggression. Nurses avoided over stimulating the residents by giving residents options of things they would like to do. Whenever aggression was because of being cared for by a nurse of a different race, nurses asked for assistance from colleagues. In dementia patients, good communication is important in the prevention of aggression (Dickerson & Atri 2014). Whenever dementia patients could not hear nor understand what the nurse was saying they got aggressive. Nurse, should therefore, communicate in a calm way, to calm the aggressive patient. Nurses should take time to listen to what the patients are saying. Simple language and simple step-by-step instructions were used to ensure the residents followed and understood what they need to do. Nurses knocked on the door before entering the room of the residents and they asked for permission which gave the residents a sense of privacy. Nurses also provided reassurance to client who were aggressive due to loneliness.

Nurse used distraction-redirect and pharmacological techniques to also manage aggression. Nurses stated that they distracted the aggressive patients with something they like for instance listening to music, watching Tv, taking a short walk or drawing. These distractions-redirect techniques tended to calm the residents and activated sensory stimulation (Funmilayo & Kunik 2006).

Pharmacological technique was the last resort in the management of aggression. It was mainly used when the aggressive patient posed a safety risk to the nurses and other residents. Opamox was used to calm clients who seemed restless and were posing aggressive behaviors. Opamox administration was documented so that other nurses were aware to avoid overdosing the clients or getting the client addicted to it.

Research question 2: How did the aggression affect the nursing staff?"

73% of nurses said the aggression affected their work negatively. Nurses used words like "traumatized", "stressed", "afraid", "fear" "anxiety" to express the emotional effect it had on them. Other phrases used included:

> *"I did not want to go to work."*
>
> *"It affected my sleep."*
>
> *"I could not continue working."*
>
> *"I did not want to go to that floor where the client was."*

Nurses also avoided caring for the aggressive clients or they hoped they were not assigned the aggressive client. In the questionnaire nurses used the following phrases:

> *"I tended to neglect the client."*
>
> *"It ruined my work mood; I did not want to attend to another resident for fear of experiencing the same."*
>
> *"I never wanted to be assigned this client."*

Aggression created job stressors for nurses, and it affected the quality of care given. Most nurses (71%) tended to leave the client alone as a form of managing the aggression by giving them space. The personal space helped prevent the aggression from advancing to violence or even causing harm to the nurses.

Some nurses asked for assistants from other colleagues which ensured that the client was cared for. Introduction of staff education in the management of aggression will be beneficial for both the nurses and the residents. The education could state the common triggers of aggression and how to manage aggression when it occurs.

However, aggression is not always a job stressor to other nurses. 27% of nurses stated that the aggression did not have any effect on their work, they just continued with their work normally.

The nurses also gave their thoughts about aggression in dementia. They stated that aggression is common in dementia patients and it gets worse as they advance to later stages of dementia. Nurses further stated that patience and understanding is important to avoid raising your voice, retraining, ignoring and arguing with the aggressive resident. This will prevent the aggression from advancing to physical aggression. Nurse also mentions that they should be taught how to manage aggression properly to ensure that no resident is left out.

Although triggers of aggression were easily identified in some situation, nurse however expressed that it is not always certain what could have triggered the aggression.

8 DISCUSSION

Unfortunately, the prevalence of dementia is increasing as the population grows old (WHO, 2019). Behavior changes related to dementia are contributing factors to difficulty in caring for dementia clients. The triggers of aggression should therefore be determined to know ways of preventing it from occurring (NHS, 2014).

The findings were consistent with the background research where it is seen that aggression in dementia patients is common especially in later stages when dementia patients start to experience major behavioral changes (WHO, 2019 and NHS, 2014). Every nurse reported having experienced aggression while working with dementia patients. Most of the aggression was in the form of verbal aggression as was also reported in (Lach et.al, 2016, Gimm et.al 2018 and Castle 2013). Verbal aggression may also escalate to physical aggression (Ellis et.al. 2014). Dementia patients may not be able to control their anger hence physical aggression, which may be informs of punching, hitting pushing, improper touching or stabbing (Dementia care center, 2020).

According to the findings, health and environmental factors had a major contributing factor to triggering aggression as was stated by Dementia care center (2020) and Wharton et. al. (2018). However, I found that aggression may also occur not because it was triggered but because it is a continuous behavior that an individual has had for a long.

In line with the findings, a non-pharmacological approach has been used more in managing aggression for instance distracting clients with things they like, living clients alone (Enmarker, Olsen, Hellzen, 2011, Wharton & Ford, 2014, Funmilayo & Kunik. 2006 and Schnelli et.al., 2020). Research mentioned the use of a person-centered approach to manage and avoid aggression in dementia patients (Enmarker, Olsen, Hellzen 2011). However, there might be challenges that prevent person-centered care approach for instance low staffing, staff education concerning identification and management of aggression, according to my experience. Consequently, organizations need to invest more in staffing and staff education.

Pharmacological approach has been discouraged and had been used less often according to research (Wharton & Ford, 2014), (Dettmore et.al., 2009) & (Funmilayo & Kunik. 2006). As stated in findings, Opamox has been used in calming aggressive patients. It is a benzodiazepine medication that is used to treat temporary anxiety and tension (Terveyskirjasto, 2020). However, Opamox is only to be used for short-term and temporary use since when used in long-term it weakens its effect and the client might be addicted to

it. Drug dependence may lead to withdrawal symptoms for instance headache, irritability, and tremor (Terveyskirjasto, 2020).

In response to the effects of aggression on nurses, aggression had a negative impact on the work of the nurse and nurse-client relationship. Staff education on aggression and its management will be beneficial when determining what caused the aggression in the first place and preventing the recurrence. Staff debrief sessions should also be introduced in nursing homes, where nurses have an opportunity to share their experiences (Brodaty et al., 2003). From the debrief nurses will be able to know aggressive clients, how they can be cared for and what triggers the aggression. Debrief sessions should also involve giving emotional support to the victim nurse. Research also stated the use of certain techniques for instance smiling and having a relaxed demeanor helped manage aggression (Dett-more et.al. 2009). In the findings, nurses talked calmly to aggressive residents as a way of calming them. These techniques will be able to help nurses deal with aggression and avoid work stressors.

9 ETHICAL CONSIDERATION AND RELIABILITY ASPECT

Confidentiality, informed consent, anonymity, and voluntary participation are ethical considerations that should be considered when carrying out a questionnaire survey. Participation on a survey should voluntary and participants should be able to stop the survey whenever they want. Personal information collected from the survey should be analyzed and stored safely. Moreover, participants should be informed on how the information collected will be used (Mustajoki, 2018 & TENK, 2019).

Participation in answering the questionnaire was voluntary and nurses could discontinue answering the questionnaire at any time. The nurses did not need to write their personal information while filling the questionnaire and their email address was not collected when submitting the questionnaires.

Nurses were also not able to see responses from other nurses and I was the only one who had access to the responses. The questionnaire had an introduction of what the questionnaire was about which gave an overview of the purpose of the research.

The thesis has certain strengths and limitations. Firstly, the findings of this thesis were based on responses by nurses from Attendo Taivallahti and Mehiläinen Asumispalvelut Oy. These findings could be used in the management of aggression in other nursing homes. The thesis also provides knowledge that has practical implications in care and future research.

The limitation of my study is that my findings were based on reports by nursing staff which might be biased, and nurses might not be able to report all cases of aggression. The analysis might be biased since I analyzed the findings alone and I have experience working with clients at Attendo Taivallahti and Mehiläinen. The open-ended questions on the questionnaire should have been structured better in order to provide deep and longer responses. Questionnaires have mostly been used with quantitative research method, probably this would have yield better results and analysis.

10 CONCLUSION

The thesis research addresses triggers of aggression in dementia patients in nursing homes. This knowledge will help in the prevention of aggression from occurring and it also enables nurses to know how to manage the aggression when it occurs. However, it may not be possible to determine the trigger of aggression in some patients, therefore medical checkups can be used to determine the cause of the discomfort. Management and prevention of aggression in dementia patients also prevent job stressors for nurses and the patient-nurse relationship improves. Staff education on the management of aggression should be introduced in nursing homes. This will teach nurses to know the triggers, prevention, and management of aggression when it occurs.

The research can be used in future research and when designing guidebooks for nursing home staff in the management of aggression. Moreover, further research should be carried out on different institutional nursing homes to determine if they can relate and what further improvements can be made to my findings. Some of the management techniques can also be used by home caregivers nevertheless further research is also needed on the same.

LIST OF REFERENCES

Allen J. J. & Anderson C. A. 2017. Aggression and violence: Definitions and distinctions. Retrieved on: 3/6/2020. John Wiley & son publishing. Available at: DOI: 10.1002/9781119057574.whbva001.

Alzheimer's society. 2020. Preventing and managing aggressive behaviors. Retrieved on: 16/09/2020. Available at: https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/symptoms/preventing-aggression.

Brodaty H., Draper B., & Low L. 2003. Nursing home staff attitudes towards residents with dementia: strain and satisfaction with work. Retrieved on 11/10/2020. Journal of Advanced Nursing, 44, 583-590. Available at: https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.329.8339&rep=rep1&type=pdf.

Castle N. 2013. An examination of resident abuse in assisted living facilities. Department of Justice: US; 2013. Retrieved on 4/11/2020. Available at: http://hdl.handle.net/20.500.11990/9.

Codó, E. 2009. Interviews and Questionnaires. Retrieved on 23/3/2021. Available at: https://www.researchgate.net/publication/229711234_Interviews_and_Questionnaires.

Dementia care center. 2020. Aggression on Caregivers. Retrieved on 18/9/2020. Available at: https://www.dementiacarecentral.com/caregiverinfo/aggression/.

Dettmore, D., Kolanowski, A., & Boustani, M. (2009). Aggression in persons with dementia: use of nursing theory to guide clinical practice. Geriatric nursing (New York, N.Y.), *30*(1), 8–17. Retrieved on: 20/9/2020. Available at: https://pubmed.ncbi.nlm.nih.gov/19215808/.

Dickerson, B., and Atri A. 2014. Dementia: Comprehensive Principles and Practice. New York: Oxford University Press, 2014. Print. pg. 600-608. Retrieved on 27/09/2020. Available at: https://lut.primo.exlibrisgroup.com/view/action/uresolver.do?operation=resolveService&package_service_id=965095860006254&institutionId=6254&customerId=6245.

Ellis J., Teresi J., Ramirez M., Silver S., Boratgis G., & Kong J. 2014. Managing resident-to-resident elder mistreatment in nursing homes. Retrieved on 4/11/2020. Available at: https://doi.org/10.3928/00220124-20140223-01.

Enmarker I, Olsen R, & Hellzen O. 2011. Management of persons with dementia with aggressive and violent behavior: A systematic literature review. International Journal of Older People Nursing. Retrieved on: 20/9/2020. Available at:

https://www.researchgate.net/publication/51095599_Management_of_person_with_dementia_with_aggressive_and_violent_behaviour_A_systematic_literature_review.

Fimea. 2020. Memantine. Retrieved on: 18/9/2020. Available at: https://www.fimea.fi/web/en/databases_and_registers/fimeaweb?query=memantin%20orion&humanmed=true&selfcare=true&receptmed=true&marketedmed=true&prefillonly=false.

Funmilayo R. & Kunik M. 2006. Treating Aggression in Patients with Dementia. Retrieved on 27/10/2020. Available at: https://www.psychiatrictimes.com/view/treating-aggression-patients-dementia.

Gimm G, Chowdhury S, Castle N. 2018. Resident aggression and abuse in assisted living. J Appl Gerontology. 2018;37(8):947–64. Retrieved on 4/11/2021. Available at: https://pubmed.ncbi.nlm.nih.gov/27469497/.

Joosse L. 2011. Sound Levels in Nursing Homes. Journal of gerontological nursing. Retrieved on 11/4//2021. Available at: https://www.researchgate.net/publication/51044683_Sound_Levels_in_Nursing_Homes.

Healthline. 2020. Memantine, oral tablet. Retrieved on: 18/9/2020. Available at: https://www.healthline.com/health/memantine-oral-tablet.

HenninkM., Hutter I. and Bailey A.2020. Qualitative Research Methods. Pg. 26,41 Retrieved on: 2/4/2020. Available at: https://books.google.fi/googlescholar

Jhangiani R. & Tarry H. 2020. Principle of social psychology: Defining aggression. Retrieved on 4/11/2020. Available at: https://opentextbc.ca/socialpsychology/chapter/defining-aggression/

Krahé, B. 2013. The Social Psychology of Aggression. 2nd ed. New York: Psychology Press. Page 7-12 Retrieved on: 27/8.2020. Available at: https://lut.primo.exlibrisgroup.com/view/action/uresolver.do?operation=resolveService&package_service_id=1212337130006254&institutionId=6254&customerId=6245.

Kunik M, Snow AL, Davila JA, McNeese T, Steele AV, Balasubramanyam V, Doody R, Shulz PE, Kalavar JS, Walder A, Morgan RO. 2010. Consequences of aggressive behavior in patients with dementia. Journal of Neuropsychiatry and Clinical Neurosciences. 2010a;22(1):40–47. Retrieved on: 18/9/2020. Available at: https://pubmed.ncbi.nlm.nih.gov/20160208/.

Lachs M., Teresi J., Ramirez M, Haitsma K., Silver S., & Eimicke J. 2016. The prevalence of resident-to-resident elder mistreatment in nursing homes. Ann Intern Med. Retrieved on 4/11/2020. Available at: https://pubmed.ncbi.nlm.nih.gov/27295575/.

Mustajoki H. 2018. Open science and research ethics. Retrieved on 11/4/2021. Available at https://vastuullinentiede.fi/en/doing-research/open-science-and-research-ethics.

NHS. 2014. Copying with dementia behavior changes. Retrieved on: 18/9/2020. Available at: https://www.nhs.uk/conditions/dementia/behaviour/.

Pathak, V., Jena, B., & Kalra, S. 2013. Qualitative research. Perspectives in clinical research, *4*(3), 192. Retrieved on 4/11/2020. Available at: https://www.researchgate.net/publication/256453037_Qualitative_research.

Phellas C., Bloch A. & Seale C. 2011. Structured methods: interviews, questionnaires and observations. Chapter 11, Page 190. Retrieved on: 23/3/2021. Available at: https://www.sagepub.com/sites/default/files/upm-binaries/47370_Seale_Chapter_11.pdf.

Rodney, Vic. (2000). Nurse stress associated with aggression in people with dementia: Its relationship to hardiness, cognitive appraisal, and coping. Journal of advanced nursing. Retrieved on 11.10.2020. Available at: https://pubmed.ncbi.nlm.nih.gov/10632806/31.

Schnelli A., Karrer M., Mayer H., & Zeller A. 2020. Aggressive behavior of persons with dementia towards professional caregivers in the home care setting—A scoping review. Retrieved on 10/11.2020. Available at: https://onlinelibrary.wiley.com/doi/10.1111/jocn.15363.

TENK. 2019. Guidelines on ethical review on human science. Retrieved on 11/4/2021. Available at: https://tenk.fi/en/advice-and-materials/guidelines-ethical-review-human-sciences#top.

Terveyskirjasto. 2020. Opamox. Retrieved on 27/09/2020. Available at: https://www.terveyskirjasto.fi/terveyskirjasto/tk.koti?p_artikkeli=far00914.

Weale A., Perry H., Brown S., Gill R., Harding S., & Harper P. 2009. Dementia: Ethical issues. Nuffield Council on Bioethics. Retrieved on 11/10/2020. Available at: https://www.nuffieldbioethics.org/assets/pdfs/Dementia-report-for-web.pdf.

Wharton, T. C., & Ford, B. K. 2014. What is known about dementia care recipient violence and aggression against caregivers? Journal of gerontological social work, 57(5), 460–477. Retrieved on: 18/9/2020. Available at https://pubmed.ncbi.nlm.nih.gov/24593178/.

Wharton T. Paulsonb D., Macria L., and Dubinc L. 2018. Delirium and mental health history as predictors of aggression in individuals with dementia in inpatient settings: Retrieved on: 27/8/2020. Available at: http://dx.doi.org/10.1080/13607863.2016.1235680.

WHO. 2019. Dementia. Retrieved on: 18/9/2020. Available at: https://www.who.int/news-room/fact-sheets/detail/dementia.

Wolf M., Goldberg Y. & Freedman M. 2018. Aggression and Agitation in Dementia. CONTINUUM (MINNEAP MINN) 2018;24(3, BEHAVIORAL NEUROLOGY AND PSYCHIATRY):783–803. Retrieved on: 22/9/2020. Available at: https://medicinainternaelsalvador.com/wp-content/uploads/2018/07/Aggression_and_Agitation_in_Dementia.9.pdf.

APPENDIX 1: QUESTIONNAIRE

Triggers of aggression in dementia clients

I am doing my thesis on triggers of aggression in dementia patients. I am trying to determine:
what causes aggression on dementia patients in nursing homes.
How does the aggression affect the quality of care given?
How can aggression be managed or prevented from occurring.
The results will be used to prevent aggression from occurring and ensure that residents live peacefully, and nurses have a safe job environment.

1. 1. Have you experienced aggression from dementia residents while working?

   Mark only one oval.

   - ◯ Yes
   - ◯ No

2. If Yes, what form of aggression?

   Check all that apply.

   - ☐ Physical: punching, hitting, pushing, improper touching, or stabbing
   - ☐ Verbal: name calling, abusive words and shooting or screaming

3. 2. How often have you experienced aggression per week?

   Mark only one oval.

   - ◯ 0-5 times
   - ◯ 6-10 times
   - ◯ 10- more times

4. 3. Did the aggression affect your work?

Mark only one oval.

- ◯ Yes
- ◯ No

5. If Yes, How did it affect your work

_____

_____

_____

_____

_____

6. 4. Which of these do you think could have triggered clients' aggression

Check all that apply.

- ☐ Noisy environment
- ☐ Dark room
- ☐ Bright room
- ☐ Urine infection
- ☐ Presence of other residents
- ☐ Pain
- ☐ Others:

7. If others, What else could have triggered the aggression

_____

_____

_____

_____

_____

8. 5. Which of these ways did you use to manage the aggression?

Check all that apply.

- [ ] Brighten the room
- [ ] Dim the room
- [ ] Leave client alone
- [ ] Move client to a different room where they can be alone
- [ ] Distract client with something they like e.g. watching TV
- [ ] Others:

9. If others, How else were you able to manage the aggression.

10. 6. Do you have anything else to add regarding aggression in dementia patients?