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# Aggressive Behavior of Nursing Home Clients and Its Effects on Caregivers

## A literature review

Enckell, Yoradyl Ma. Ursula P.

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Enckell, Yoradyl Ma. Ursula P.  
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**Aggressive Behavior of Nursing Home Clients and Its Effects on Caregivers: A literature review**

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Healthcare workers, especially nurses and caregivers, are often exposed to patient aggression. The main purpose of this study was to identify the effects of aggressive patient's behaviour on caregivers. The research questions were: (1) What manifestations of clients' aggressive behavior are most commonly encountered by caregivers? (2) How does aggressive behavior of clients affect caregivers in terms of: (a) Caregiver's wellbeing, and (b) Caregiver's quality of care towards clients.

A literature review was conducted using 9 scientific English research articles from reliable data bases through Laurea Finna. The literature was analysed using qualitative content analysis.

The results show that both verbal and physical aggression occur in nursing homes. Frustration, fear, anxiety, depression, feelings of fatigue, and stress are the common effects of patient aggression on caregivers. Moreover, aggression leads to a serious consequence on patient care.

Training in dealing with violence and aggression for general nurses was suggested in the literature and was supported by these findings.

Studies using Finnish articles and strategies on how to handle aggressive behaviors was recommended by the researcher for future studies.

Keywords: aggression, elderly, nursing home, caregiver, nurse, well-being

## Table of Contents

Table of Contents .....	4
1 Introduction .....	5
2 Background .....	6
3 Purpose and Aim .....	8
4 Research Method .....	8
4.1 Literature Review.....	8
4.2 Analysis method.....	10
5 Results .....	15
5.1 Prevalence of Aggressive Behaviors .....	16
5.2 Common Aggressive Behavior of Clients that Caregivers Usually Encounter .....	17
5.3 Effects of Aggressive Behavior of Clients on Caregivers .....	18
5.3.1 Caregiver’s Wellbeing.....	18
5.3.2 Caregiver’s Quality of Care Towards Clients .....	19
6 Discussion.....	19
6.1 Trustworthiness and Ethical Issues of the Literature Review .....	20
6.2 Conclusions and Implications for Further Research .....	20
7 References .....	22
8 Tables .....	27
9 Figures .....	27

## 1 Introduction

Healthcare workers, especially nurses and caregivers, are often exposed to patient aggression. Between 8% and 38% of health workers suffer physical violence at some point in their careers. Many more are threatened or exposed to verbal aggression. Most violence is perpetrated by patients and visitors. (WHO 2017). Patient aggression has a complex etiology. Undoubtedly, one of its primary reasons is stress related to health deficits, dependence on healthcare personnel and, in some cases, the necessity for hospitalization. Levels of aggression are also influenced by different types of diseases; for instance, aggression is more frequent amongst emergency and psychiatric patients (Franz, Zeh, Schablon, Kuhnert, & Nienhaus 2010). Dementia and psychosis have been linked to increased physical aggression in almost all studies (Leonard, Tinetti, Allore, & Drickamer 2006).

Patient aggression towards nurses may have both physical and psychological effects on caregivers. It also affects the caregiver's job motivation, quality of care given, and puts health-care provision at risk (WHO 2017).

In a climate of a declining nursing workforce where violence and hostility are a part of the day-to-day lives of most nurses, it is timely to name violence as a major factor in the recruitment and retention of registered nurses in the health system. Research suggests there may be a direct link between episodes of violence and aggression towards nurses and sick leave, burnout and poor recruitment and retention rates (Jackson, Care, & Mannix 2002). According to Josephson, Lindberg, Voss, Alfredsson, & Vingård (2008) in their study about job turnover and long spells of sick leave, prolonged sickness absence and resignation of nurses is very frequent, and it is often related to working in a geriatric facility and adverse work-related factors such as violence.

For caregivers to accomplish their role in providing patients with safe and high-quality care, they must be supported by suitable occupational safety and health management practices. Recently, however, the frequency of patient-derived nuisance in medical institutions, such as violence (e.g. physical attacks, verbal or written threats) or undue complaints, has increased and, this has threatened the safety of staff. (Kusui, Yamazaki, Yamada, Hamada, Ueshima, Tajima & Sokejima 2017).

This study examines aggression shown by nursing home residents towards nurses and other healthcare professionals.

## 2 Background

According to World Health Organization (2018), for the first time in history, most people can expect to live into their sixties and beyond. These additional years will give them the chance to pursue activities that they like while continuing to make valuable contributions to family and community. But one factor is very important to be considered so that the elderly could enjoy these prospects; and that is their health. From 900 million in 2015, people aged 60 years or older will rise to 2 billion in 2050 (moving from 12% to 22% of the total global population). Population ageing is happening more quickly than in the past. Statistics Finland (2018) states that, currently, the age group of 65 years and above comprise 21.4% of the Finnish population and it is projected to rise to 27.3% in the year 2050. This demographic transition that is occurring worldwide is due to the decline in fertility and improvement in survival.

As the average age of populations continues to rise and aging population with chronic illnesses live longer, Governments should implement policies to address the needs and interests of older persons, including those related to housing, employment, health care, social protection, and other forms of intergenerational solidarity. By anticipating this demographic shift, countries can proactively enact policies to adapt to an ageing population (United Nations 2017). More health care services are needed by the elderly. High age is usually followed by the risk of developing a number of different chronic diseases leading to a group of patients with long-term caring needs (Carlson & Bengtsson 2013). Therefore, health care systems need to shift towards more geriatric care, the prevention and management of chronic diseases and more formal long-term care.

Every person involved in caring for the elderly in nursing homes are important. Nurses among other caregivers plays a very significant and vital part in caring for the elderly. When a person is admitted to a nursing home, nurses work with other professionals and healthcare workers to assess, plan, execute, and evaluate the care needed. Because each person's needs differ from the other's, depending on his physical and mental status, care plan should be individualized. The professional nurse also can educate nursing personnel in understanding the problems and needs of the elderly and in correct restorative nursing techniques. In cases where the nurse may not give direct patient care, the nurse must be the person guiding and overseeing the care to guarantee that the patient's needs are met. In this review, the term caregiver means an individual, such as a physician, nurse, or social worker, who assists in the identification, prevention, or treatment of an illness or disability.

An article written by Warden-Saunders in 1999 states that, "from the 1960s to the present time, exposes involving "profiteers" and "abusers" in nursing homes have continued. The media brought a sense of "panic" to the public as the number of exposes increased. The public outcry

was heard throughout the nation. It became more and more difficult to recruit professional nurses to work in nursing homes.” Reports about patient-abuse by caregivers are not uncommon; but little is known about patient aggression on caregivers.

According to Jhangiani and Tarry (2014), aggression is defined as behavior that is intended to harm another individual who does not wish to be harmed. Because it involves the perception of intent, what looks like aggression from one point of view may not look that way from another, and the same harmful behavior may or may not be considered aggressive depending on its intent. Intentional harm is, however, perceived as worse than unintentional harm, even when the harms are identical.

In humans, frustration due to blocked goals can cause aggression. Human aggression can be classified into direct and indirect aggression, whilst the first is characterized by physical or verbal behavior intended to cause harm to someone, the second one is characterized by a behavior intended to harm social relations of an individual or a group (De Almeida, Cabral, & Narvaes 2015).

Social psychologists agree that aggression can be verbal as well as physical. Physical aggression is aggression that involves harming others physically—for instance hitting, kicking, stabbing, or shooting them. Nonphysical aggression is aggression that does not involve physical harm, it includes verbal aggression (yelling, screaming, swearing, and name calling) and relational or social aggression, which is defined as intentionally harming another person’s social relationships, for instance, by gossiping about another person, excluding others from our friendship, or giving others the “silent treatment”. Nonverbal aggression also occurs in the form of sexual, racial, and homophobic jokes and epithets, which are designed to cause harm to individuals. (Jhangiani et al. 2014)

The European Commission defines aggression at a workplace as: ‘all situations when a worker is offended, threatened or attacked in conditions directly related to his/her job and when these situations directly or indirectly endanger his/ her safety, welfare and health. Zeller, Hahn, Needham, Kok, Dassen, & Halfens (2009) stated that aggression challenges and burdens caregivers when working in nursing homes. Working in a nursing home or long-term facility is associated with a high risk of experiencing aggression. Moreover, many gerontological nurses find that physical or verbal attacks by an elderly person they are giving nursing care to is one of the most difficult, emotionally distressing, and potentially dangerous aspects of their work, that results in feelings of powerlessness, sadness, anger, and ineffectiveness.

The aim of this study was to identify the manifestations of aggressions of the nursing home clients and to find out the consequences of those aggressions to caregivers. The term nursing home in this study includes broad range long-term geriatric care settings, such as retirement homes and skilled nursing facilities.

### 3 Purpose and Aim

The purpose of this literature review was to identify the effects of nursing home client's aggressive behavior on caregivers. This review aims to gather information about the topic for the benefits of caregivers especially the new and inexperienced nurses as well as for awareness about this subject.

The research questions were:

- (1) What manifestations of clients' aggressive behavior are most commonly encountered by caregivers?
- (2) How does aggressive behavior of clients affect caregivers in terms of:
  - (a) Caregiver's wellbeing, and
  - (b) Caregiver's quality of care towards clients.

### 4 Research Method

#### 4.1 Literature Review

Literature review was used as a method in this Bachelor's thesis. It is defined as the comprehensive study and interpretation of literature that relates to a particular topic (Aveyard 2014). This method was chosen because this conforms with the intention of the researcher to use current works and available information to analyze, interpret, and present the state of the existing knowledge in this particular topic. In the case of this study, the researcher used articles from reliable medical related databases.



## Study Selection

In order to find the relevant articles and to determine which articles will be included in the literature review and which articles will be excluded, the researcher set up an inclusion and exclusion criteria.

Articles were included in the qualitative synthesis if they met the following criteria;

- Articles reporting aggressive behavior of clients in nursing homes
- The article is full text and is written in English.
- Articles published from 2008- 2018
- Scientific research articles and reviews which can be qualitative and quantitative that answers directly or indirectly the research questions.

And the exclusion criteria which makes the article ineligible for the study includes;

- Articles reporting aggression but not in a nursing home setting
- Incomplete and non-English articles.
- Articles published before 2008.
- Non-scientific articles, thesis

In this review, the researcher did an electronic search by logging in to Laurea Finna. Through it, the researcher was able to access some academic databases such as PubMed, CINAHL, ProQuest, and EBSCO for relevant articles. The researcher also manually searched the references of the chosen articles which directly/indirectly answer the research questions using Laurea Finna to make sure the reliability of the said article. The literature search was done in September to October 2018. The keywords combinations that were used in searching for the articles were “aggressive patients in nursing homes”, “aggressive behaviors of residents”, “aggressive clients in nursing home”, and “effects of aggressive behavior to caregiver”. The researcher used the Boolean operators to combine keyword searches such as “aggressive clients” OR “aggressive behavior” AND “nurse well-being”.

Considering the inclusion and exclusion criteria, the title of the article, the abstract, and after reading the whole article, 9 articles were chosen for this study. The table below presents the final data search from four databases.

Table 1. Tabulation of online database search

Database	Search terms (used in different combinations)	Number of hits	Filtered by fulltext, English language, and dates from 2008 to 2018	Number discarded (Unrelated title)	Number reviewed based on title and abstract	Number reviewed based on fulltext
ProQuest	Aggression, elderly, nursing home, nurses, caregivers, well-being	635	83	73	5	2
CINAHL		4,701	142	105	9	1 (+1)
Elsevier		465	159	139	9	1
PubMed		15	10	6	4	2 (+2)
Manual search	The references of the chosen articles were manually searched for related articles considering the inclusion and exclusion criteria.					3*
Total articles						9

\*In the manually searched articles, 2 were from Pubmed and 1 from CINAHL. Making a total of 4 articles from Pubmed and 2 from CINAHL.

#### 4.2 Analysis method

The analysis method used in this study was qualitative content analysis. Qualitative content analysis is commonly described as a range of processes and procedures whereby a researcher moves from the data that have been collected into some form of explanation, understanding, or interpretation of the people and situations that the researcher investigates. The purpose of qualitative content analysis is to describe and understand social phenomena in terms of the meaning people bring to them (Chowdhury 2014). Qualitative content analysis is suitable in this study because this study aims to find out the effects of aggressive patients' behavior on caregivers; and as defined, qualitative analysis enquires about what people feel, think, understand and believe (Ellis 2013).

The inductive content analysis process in this thesis was done in three main phases; (1) preparation, (2) organizing, and (3) reporting. The preparation phase started by selecting the unit of analysis (Elo & Kyngäs 2007). Here, the researcher used the aim and research questions as guide in choosing the contents to analyze. According to Elo et al. (2007), depending on the research question, the unit of analysis can also be a letter, word, sentence, portion of pages or words, the number of participants in discussion, or the time used for discussion. The next step, organizing the data, includes open coding, creating categories, and abstraction. In this step, the written materials were read through again and relevant words, phrases, and sentences were written down. Categories were made after this step. According to Elo et al. (2007), the purpose of creating categories is to provide a means of describing the phenomenon, to increase understanding, and to generate knowledge. The categories that were formed in this review were; prevalence of aggressive behaviors, common aggressive behaviors that caregivers encounter, and the effects of aggressive behaviors to caregivers which have a sub category of (1) in terms of the caregivers' quality of work and (2) in terms of the caregivers' well-being. And finally, the last phase, the reporting which includes the writing of the results.

Table 2 shows the prevalence of categories and sub-categories on the articles used in this review.

Table 2. Prevalence of categories and sub-categories in the articles

<b>Categories and sub-categories</b>	<b>No. of articles containing the categories and sub-categories</b>
Prevalence of aggressive behaviors	6/9
Common aggressive behaviors of clients	6/9
Effects of aggressive behaviors to caregivers	6/9
-in terms of quality of work	5/9
-in the caregivers' well-being	6/9

Table 3 shows the overview of the chosen articles that was used in this study starting from the recently published to the oldest.

Table 3. Data chart

Title, Source, Year	Author(s) and Country of Publication	Aim and Purpose	Research Method and Respondents	Results
Healthcare Providers' Neurobiological Response to Workplace Violence Perpetrated by Consumers: Informing Directions for Staff Well-being  Applied Nursing Research, 2018, Vol 43, 42-48	Beattie, J., Innes, K., Griffiths, D., & Morphet, J.  Australia	This study wants to identify neurobiological responses when healthcare workers are exposed to workplace violence executed by clients. Also, to give information about future training and self-care strategies for staff well-being.	Descriptive study  Healthcare workers  n=99	According to the study, healthcare workers might experience activation of the fight, flight, or freeze response when physical and personal safety in the workplace is threatened, which affects their well-being and performance at work and at home. To be able to better address the needs of their clients, the respondents were able to identify that they need to take care of themselves and understand their own reactions.
Factors Associated with Aggressive Behavior Between Residents and Staff in Nursing Homes  Geriatric Nursing, 2017, Vol. 38 (5), 398-405	Stutte, K., Hahn, S., Fierz, K., & Zuniga, F.,  Switzerland	The two aims of this study were to describe the prevalence of the three types of Swiss nursing home's residents' aggressive behavior toward care workers; and to explore their association with context and care worker factors.	Cross-sectional analysis  Healthcare workers  n=5,323	This study found out that aggressive acts in Swiss nursing homes are occurring frequently and the most common type of aggressive behavior that caregivers encounter is verbal aggression, followed by physical and lastly sexual aggression. Those who perceive higher staffing, resource adequacy, and care workers on non-special care units had a lower risk of encountering aggression. Among care worker factors, care workers who have higher age experience less aggression. Moreover, emotional exhaustion accompanied a higher probability of experiencing aggression.

<p>Prevalence of Violence Towards Nursing Staff in Slovenian Nursing Homes</p> <p>Zdravstveno Varstvo, 2016, Vol. 55 (3), 212-217</p>	<p>Gabrovec, F., Erzen, I.</p> <p>Slovenia</p>	<p>The aim of this study was to identify the prevalence of violence in Slovenian nursing homes by residents towards nursing staff.</p>	<p>Quantitative research, Questionnaires</p> <p>Nursing staff</p> <p>n=527</p>	<p>The result of the study showed that 71.1% of the respondents have experienced verbal aggression, 63.8% physical aggression, and 36.8% of the respondents experienced sexual aggression by their clients in the last year. Caregivers experience vulnerability, fear, and insecurity during aggressive outburst by nursing home residents.</p>
<p>Verbal and Physical Aggression Directed at Nursing Home Staff by Residents</p> <p>Journal of General Internal Medicine, 2013, Vol. 28 (5), 660-667</p>	<p>Lachs, M. S., Rosen, T., Teresi, J. A., Eimicke, J. P., Ramirez, M., Silver, S., &amp; Pillemer, K.</p> <p>USA</p>	<p>The objective of this study was to estimate the occurrence of resident-to-staff aggression within a two-week period.</p>	<p>Prevalent cohort study</p> <p>Nursing home residents and certified nursing assistants</p> <p>n=282</p>	<p>The results of this study show that the time during morning care is when resident-to-staff aggression usually occurs and is particularly common. Screaming, a verbal type of aggression, is the most common type of aggression that the nursing staffs experienced.</p>
<p>Acts of Offensive Behavior and Risk of Long-Term Sickness Absence in the Danish Elder-Care Services: A prospective Analysis of Register-Based Outcomes</p> <p>International Archives of Occupational and Environmental Health, 2012, Vol. 85 (4), 381-387</p>	<p>Clausen, T., Hogh, A., &amp; Borg, V.</p> <p>Denmark</p>	<p>This study aims to examine the Danish elder-care services' female staffs' risk of long-term sickness absence and the implication between acts of offensive behavior (threats, violence, bullying, and unwanted sexual attention)</p>	<p>Cox regression analysis, survey</p> <p>Female employees in the Danish elder-care services</p> <p>n=9,520</p>	<p>The results of this study show that employees who are frequently exposed to threats, violence, and bullying had significantly higher risk of long-term sickness absence compared to unexposed employees when adjusting for age, job function, tenure, BMI, smoking status, and psychosocial work conditions.</p>
<p>Factors Associated with Resident Aggression Towards Caregivers in Nursing Homes</p> <p>Journal of Nursing Scholarship, 2012, Vol. 44(3), 249-257</p>	<p>Zeller, A., Dassen, T., Kok, G., Needham, I., Halfens, R.</p> <p>Switzerland</p>	<p>This study aims to explore Swiss nursing homes' caregivers' experiences with patients' aggressive behavior and to identify environmental factors as well as residents and</p>	<p>Retrospective cross-sectional survey</p> <p>Caregivers in nursing homes</p> <p>n=804</p>	<p>This study found out that nearly all participants had experienced aggressive behavior during their professional career in the healthcare. In a 12-month period, 81.6% had experienced aggressive behavior; 76.5% of which was verbal aggression, 27.6% threats, and 54% physical aggression.</p>

		caregiver characteristics related to aggressive behavior.		Moreover, trained caregivers, especially registered nurses, experienced more aggression than students or caregivers with a lower educational level, example are nursing assistants or enrolled nurses.
<p>Frequency and Consequences of Violence and Aggression Towards Employees in the German Healthcare and Welfare System: A cross-sectional study</p> <p>BMJ Open, 2012, Vol. 2(5):e001420.</p>	<p>Schablon, A., Zeh, A., Wendeler, D., Peters, C., Wohlert, C., Harling, M., &amp; Nienhaus, A.</p> <p>Germany</p>	<p>This study in different German healthcare and welfare system investigated the frequency and consequences of aggressive assaults on employees. Moreover, availability measures for dealing with aggression and violence in the workplace were also examined.</p>	<p>Retrospective cross-sectional study</p> <p>Healthcare workers</p> <p>n=1891</p>	<p>According to this study, in 12 months period, 78% of the respondents experienced verbal aggression, and 56% experienced physical violence. Among other unit in the hospital, in - patient geriatric care has the highest frequency of physical violence and the lowest in outpatient care. Younger workers run a higher risk of being affected by physical violence than older colleagues. Around a third of workers feel seriously stressed by the violence experienced.</p>
<p>Aggression and Violence Against Health Care Workers in Germany - A cross sectional retrospective study</p> <p>BMC Health Services Research, 2010, Vol. 10, 51</p>	<p>Franz, S., Zeh, A., Schablon, A., Kuhnert, S., &amp; Nienhaus, A.</p> <p>Germany</p>	<p>In this study, the frequency and consequences of aggressive behavior toward nurses and other health care workers in Germany is examined as well as to assess if there is a need for preventive measures.</p>	<p>Cross-sectional retrospective survey</p> <p>Nurses and health care workers</p> <p>n=132</p>	<p>This study revealed that 12 months prior to the survey, 89.4% of the participants had experienced verbal aggression, and 70.7% experienced physical aggression. Physical aggression occurred more frequently in nursing home and verbal aggression was more common in the psychiatric clinic. The incidents of aggression impaired the physical and emotional well-being of the employees. The frequency of incidents combined with the lack of social support increased the probability of higher stress due to aggression.</p>

<p>Consequences of Workplace Violence Directed at Nurses</p> <p>British Journal of Nursing, 2009, Vol. 18 (20), 1256-1261</p>	<p>Chapman R, Perry L, Styles I, &amp; Combs S.</p> <p>Australia</p>	<p>This study aimed to examine Australian nurses' perspectives of the consequences of workplace violence, and to identify ways to reduce the impact of these incidents.</p>	<p>Qualitative, Descriptive research</p> <p>Nurses</p> <p>n=113</p>	<p>According to this study, participants reported experiencing both physical and emotional consequences of workplace violence. Moreover, the consequences of workplace violence on the organization are absenteeism, reluctance to care for patients, increased workload for other staff, lowered staff morale, and resignations.</p>
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## 5 Results

Out of the 9 articles that were analyzed, 6 were quantitative and 3 were qualitative study. Survey was the most frequently used quantitative method, 4 articles, and 2 articles utilized questionnaire. All qualitative articles utilized the interview method for gathering data. All 9 articles treated the gathered data with confidentiality, all participants gave an informed consent and participation in the study was voluntary. Figure 1 shows the countries where the articles that were utilized were from. And figure 2 shows the year of the publications of the utilized articles.

Figure 1. Countries where the articles originated

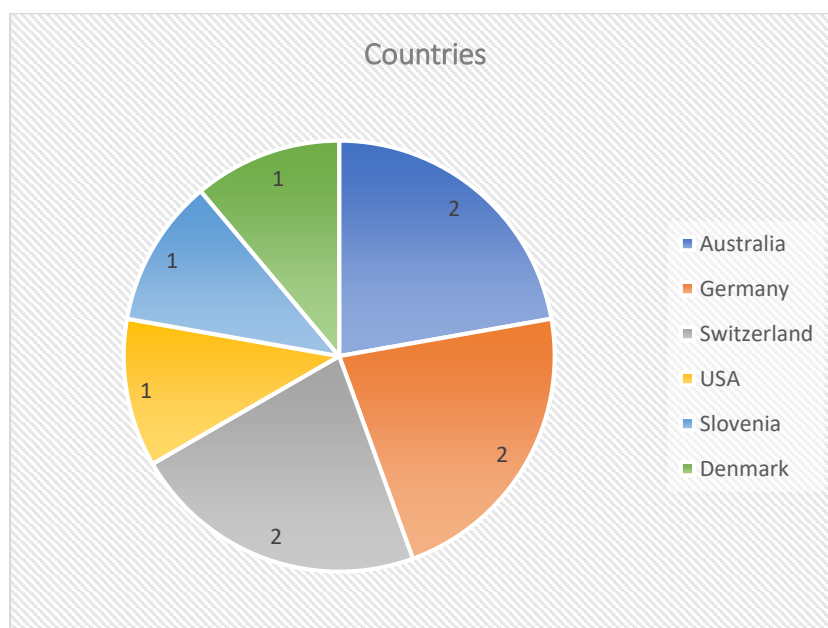
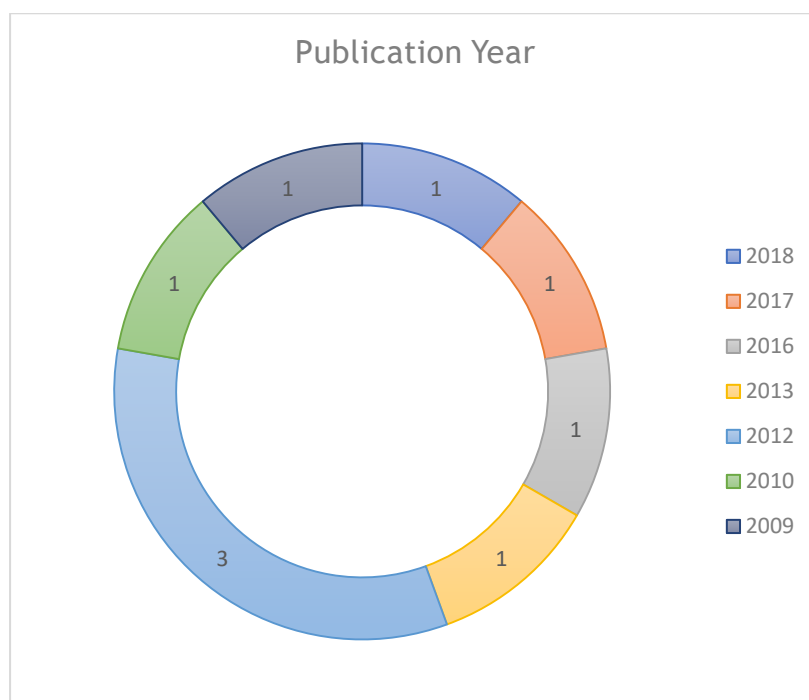


Figure 2. Publication years of the articles



### 5.1 Prevalence of Aggressive Behaviors

Prevalence or the frequency of aggressive behaviors was measured in 6 out of 9 articles. Gabrovec et al (2016) found in their study of violence towards nursing staff in Slovenian nursing homes that 78.1% of nursing staff had experienced verbal aggression, 63.8% suffered physical aggression, and 35.5% was sexually assaulted. A study in Switzerland by Zeller et al. (2012) found that almost all or 96% of caregivers had experienced aggression during their whole professional career in the health system; and within 1 year, 81.6% of caregivers had experienced aggression from residents. 76.5 of which was verbal aggression and 54.1% was physical aggression. Studies by Franz et al (2010) and Schablon et al. (2012) found similar results that within 1-year period, verbal aggression was experienced more by caregivers than physical aggression.

Trained caregivers, particularly registered nurses experience more aggression than students or caregivers with lower educational level, such as nursing assistants or enrolled nurses. The reason for this could be that, the task of registered nurses entails more unpleasant personal stimulations such as injections or wound care. Also, according to the literature, young caregivers are at higher risk for experiencing aggressive behavior from residents. A possible explanation for this difference may be less experience and routine in dealing with difficult or



complex resident situations as well as aggressive behavior at the beginning of caregivers' professional careers. (Zeller et al. 2012.)

Individuals who spend more time in direct patient care or who work more hours per week may experience worse outcomes for a given level of workplace aggression than do other employees (Fujishiro et al. 2011). There are diverse situations in which nursing home residents' aggressive behavior toward caregivers occurs. Aggressive behavior occurs most commonly during providing personal hygienic care, including bathing, showering, oral hygiene, dressing, and toileting (Lachs, Rosen, Teresi, Eimicke, Ramirez, Silver, & Pillemer 2012). These findings suggest that the invasion of resident's personal space is an integral part of a daily routine, and that provision of morning care is a situational risk factor for aggression and may place caregiver at a particular risk.

## 5.2 Common Aggressive Behavior of Clients that Caregivers Usually Encounter

Several types of aggressive behavior from nursing home residents were described by the articles that were used in this study. The most common of which was verbal aggression, followed by physical aggression and lastly, sexual aggression. In this study, the researcher has categorized aggression in to physical and non-physical.

Table 4 shows what kinds of aggression falls under the two categories

Table 4. Types of aggression

Physical Aggression		Non-physical Aggression
Hitting/Punching	Pulling hair	Verbal agitation
Kicking	Slapping	Threats
Grabbing	Pinching	Insult
Scratching	Taking/touching things	Cursing
Pushing/shoving	Grab at clothes	Yelling
Biting		Criticism
Spitting		Derogatory Racial Comments
Threatening gestures		Sexually suggestive gestures
Throwing things		Sexually suggested looks
		Attempted rape

A study by Lachs et al. (2012) found that the most common type of verbally abusive behavior of residents were screaming (9% of residents) and using bad words towards staff (7.2%), while the most common type of physical aggression was hitting (3.9%) and kicking (2.6%). In the case of sexual aggression, a study by Stutte et al. (2017) found that caregivers who were older or male has a lower likelihood of experiencing sexual aggression.

### 5.3 Effects of Aggressive Behavior of Clients on Caregivers

According to Beattie et al. (2018), many respondents described the normalization or taken-for-granted acceptance of violence at work. Moreover, in the aged care, this aggression from residents had become an expectation or a normal part of the job. This kind of acceptance could be a reflection of caregivers' internal sense of helplessness to prevent violence at work.

#### 5.3.1 Caregiver's Wellbeing

Aggressive behavior has a potentially serious consequences for the well-being of caregivers. It has not only an undesirable impact on the psychological and physical well-being of health-care staff, but also affects their job motivation. Consequently, this violence compromises the quality of care and puts health-care provision at risk. It also leads to immense financial loss in the health sector. A study by Pekurinen et al. (2017) about patient aggression and well-being of nurses, 17% of the respondents rated their health as poor, 21% suffered from psychological distress and 21% reduced work ability, while a little less than half (49%) suffered from sleep disturbances.

In the reviewed literatures, effects of aggression on caregivers could be physical, emotional (Chapman et al 2009) and psychological (Schablon 2018). Physical consequences of the aggression could be back injury, pain, bruising, and fractured ribs. Emotional reactions include frustration, fear, anxiety, depression, feelings of fatigue, stress, psychological distress, sleep disturbances, feelings of vulnerability, sense of threat, powerlessness, emotional exhaustion, and decreased self-confidence. Psychological effects consist of post-traumatic stress disorder (PTSD), time off work, decreasing motivation, lower job satisfaction, loss of confidence, questioning one's own identity, and anxiety are potential reactions that can restrict the happiness and performance of the person affected over the long term.

### 5.3.2 Caregiver's Quality of Care Towards Clients

Aggressive behaviors against caregivers has several undesirable effects on nursing homes. Lack of satisfaction with work and organizational commitment, sick leave due to depression and mental disorders and higher turnover intentions are the most common effects of aggression to caregivers that may directly or indirectly affect the quality of care given towards clients. According to Clausen (2012), caregivers who reported being frequently exposed to threats and violence had an elevated risk of more than 50% of long-term sickness absence compared to non-exposed caregivers. Moreover, if a caregiver suffers from frustration, stress, and lack of accomplishment, residents suffer from reduced care quality and quantity (Stutte et al. 2017).

## 6 Discussion

This literature review aimed to identify the effects of nursing home client's aggressive behavior on caregivers. The finding of this study reveals that caregivers, especially nurses working with elderly in a long-term care facility are at a very high risk of violence and most likely, a caregiver will encounter aggression from patients or their relatives throughout their professional career. Because of this, most of the caregivers are somehow expecting that a violent interaction with a patient will happen and thus, normalizing these incidences. Not reporting about the incident (underreporting), accepting the incident as part of the job (Chapman 2009), expecting aggressive behaviors in the course of their normal workday, and to just "deal with it" attitude, are some of the reasons why nurses suffer from burnout and eventually leave the practice. The effect of a single aggressive incident could be minimal and may not have a serious effect on the caregiver, but the cumulative effect of these incidents could greatly affect the caregivers' personal and professional life.

Based on the reviewed articles, caregivers in nursing homes encountered a variety of aggressive behaviors ranging from verbal aggression (screaming, threats), physical aggression (hitting, kicking) and sexual aggression (unnecessary touching, saying sexual things). Verbal type of aggression is the most common aggression that caregivers in the nursing homes experience. Second is physical aggression and lastly, sexual aggression. Although the prevalence of sexual aggression was low, these actions have potential to cause emotional distress to caregivers.

The Minnesota Nurses' Study reported that targets of physical assault commonly felt frustration, anger, fear, anxiety, and depression. Therefore, it's not only the physical hurt that the caregivers suffer but also other health consequences. Literature data suggests significant association between the frequency of patient aggression towards healthcare personnel and the presence of feelings of fatigue, stress or lack of satisfaction with work (Bonner et al. 2007). If

caregivers suffer from stress, frustration, and lack of accomplishment, residents suffer from reduced care and quality. Issues involving workplace aggression are important not only for the workers themselves but also for patients and employers. For example, if workplace aggression leads to work absences, health care facilities may experience staff shortages, which can adversely affect quality of care.

The rising number of dementia patients in care homes for the elderly could also be a reason for the increase in violence in inpatient geriatric care. In the literature, some author stated that older people with dementia are sensitive to changes in the environment and workplace factors such as being short staffed or being rushed by staff. (Schablon et al. 2012.)

A common criticism of studies about caregivers' experiences of residents' aggression refers to different definitions of aggressive behavior and different measurement methods, which makes comparison difficult. Although a definition of aggressive behavior was given, participants' subjective interpretation must be taken into account. (Zeller 2012.)

#### 6.1 Trustworthiness and Ethical Issues of the Literature Review

Trustworthiness of this study was established by using articles from reliable sources from the internet such as EBSCO, PubMed, and ProQuest basing on the inclusion/exclusion criteria of this study. Moreover, data retrieval was described clearly.

All articles used in this study provided information that an informed consent was given to the respondents and that participation in the study was voluntary. Also, proper referencing of all sources of data to acknowledge other's work was done.

As for the limitation of this study, the researcher utilized only English published articles found in different databases. Articles which are in Finnish language and published researches were not included in this study as well as relevant articles which can only be accessed by purchasing.

#### 6.2 Conclusions and Implications for Further Research

The result of this literature review verifies that a lot of caregivers are suffering aggression from patients and many more are at very risk to experience aggression.

Focus on nurses' and caregivers in dealing with violent and aggressive patients was recommended in the literature and was supported by the findings in this study. By training

caregivers, there could be a reduction of aggressive behavior and alter caregivers' perceptions of what comprises aggressive behavior by making them more understanding, empathetic, and tolerant of incidents. Workshops on communication skills, stress management, and skills on how to deal with an aggressive patient was recommended.

This has important implications for the study of violence and aggression, because if nurses perceive violence and aggression to be something different to what patients perceive it to be, then it is unlikely that training will be sufficient to reduce the incidence of such occurrences. Attempts are being made within professional journals to educate staff on the theories behind violence and aggression and strategies for dealing with it. These could assist in helping nurses to have a better understanding of the issues.

In one of the articles reviewed, it is said that, frequently, healthcare personnel hold a rather passive attitude towards patient aggression and do not report it to their superiors. According to literature, this happens in more than half of cases. Nonetheless, every healthcare unit should keep a register of aggressive patient behaviors - much as in the case of exposures to other occupational harmful factors. This register may serve as a source of knowledge used to prevent similar episodes in the future, or as an exhibit in the case of possible lawsuits. The lack of such registers will not be remedied by surveys similar to the presented study. Such studies are performed only periodically and confounded by marked recall bias and will not reveal any individual causative relationships (Kowalczyk et al. 2015).

Several authors have proposed reasons for the underreporting trend of client aggression. These include a potential decrease in reporting when nursing staff believe patients did not intend to harm them, endure assault as part of the job, experience pressure against reporting from coworkers or supervisors, fear that incidents will result in accusations of negligence or inadequate performance, perceive institutional reporting policies to be complicated and time consuming, and believe the supervisor and facility will not follow up on reports.

Some studies have also shown positive reactions to aggression such as increased empathy and sympathy to the aggressor after the incidents. These findings indicate constructive management of the experience. More research on this aspect is needed. (Franz et al. 2010.)

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## 8 Tables

Table 1. Tabulation of online database search

Table 2. Prevalence of categories and sub-categories in the articles

Table 3. Data chart

Table 4. Types of aggression

## 9 Figures

Figure 1. Countries where the articles originated

Figure 2. Publication years of the articles

