

Providing Basic Needs and Encouragement as Strategies in Managing Aggression in Dementia Clients

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Purpose: The experiences of caregivers in managing dementia clients with aggressive behaviour have been an issue in nursing homes. This study utilized the fact that there is no significant strategy for managing aggression effectively. The aim of the study is to explore the experiences of caregivers in managing dementia clients with aggressive behaviour in nursing home in Jakarta, Indonesia.

Method: This study employed a hermeneutic phenomenological approach so that caregivers were able to explore the phenomenon of aggression by dementia residents in the nursing home. Six experienced caregivers were interviewed in this study to uncover caregivers' strategies they use in managing aggression in dementia residents.

Result: The findings in this study were several strategies that have been used by caregivers to manage aggressive behaviour among dementia residents in the nursing home: providing basic needs and encouragement.

Conclusion: The findings suggested caregivers to implement the strategies for managing aggression in dementia residents. Due to a limited number of related studies in Indonesia, this study recommended for further research to other nursing homes in Indonesia to determine if other strategies to manage aggression exist.

Key words: caregivers, strategies, aggression, dementia

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Introduction

As the incidence of dementia continues to grow significantly, it is a challenge for caregivers to provide adequate health care (Access Economics, 2006). The numerous demanding tasks in nursing homes specifically in managing aggression in dementia clients might exhaust staff or cause them injury.

A study by Shaw (2004) discovered that caregivers have been persistently assaulted by the residents. Shaw questioned whether the aggressive behaviour by residents happened because of the pressure that they feel due to lack of attention, poor compliance by nurses with informed consent, and invasion of their privacy. As compensation, he suggests, the residents feel threatened and do everything that makes them feel more secure, such as dribbling, shouting, and throwing things. In these conditions, staff felt abused by residents and this could affect their therapeutic caring for the client.

Several studies (Pulsford & Duxbury, 2006; Omelan, 2006; McShane, Keene, Gedling, Fairburn, Jacoby, & Hope, 1997) investigated the management of aggressive behaviour in dementia clients. Nevertheless, it was found that there is no significant strategy for managing aggression effectively. Pulsford and Duxbury (2006) studied several strategies to manage aggression in the dementia client, such as medication therapy, environment management therapy, person-centered approach, and behavior adjustment approach. They found that the efficiency of those strategies was ambiguous and little reliable data existed about caregivers' strategies to manage aggressive behaviour in reality. On the other hand, it was argued that pharmacological therapy leads to a worsened condition of dementia residents and had the potential of side effects, such as risk of falls (Omelan, 2006; McShane, Keene, Gedling, Fairburn, Jacoby, & Hope, 1997).

In this phenomenological study, it is proposed to explore the phenomenon of caregivers' experiences in managing aggression in dementia clients specifically to find an effective

strategy to manage aggressive behaviour. The aim of the study is to explore the experiences of caregivers in managing dementia clients with aggressive behaviour in a nursing home in Jakarta, Indonesia. This study is undertaken to answer the following research questions: What strategies do caregivers use to manage dementia clients with aggressive behaviour?

Method

This study used an interpretive qualitative design to explore the phenomenon of aggression by dementia residents in the nursing home. Additionally, hermeneutic phenomenology was applied as the methodology to analyze and reveal the truthfulness of the phenomenon. Purposeful sampling was used in this phenomenological research to investigate phenomenon which were chosen based on the research requirements (Morse, 1991). This phenomenological study gained six respondents who were caregivers who experience the phenomenon of aggressive behaviour (five registered nurses and one social worker). The criteria included those nurses and social workers who have responsibility in caring for dementia client, have been working in the nursing home for at least 6 months and experienced aggressive behaviour from residents.

Additionally, hermeneutic phenomenology was applied as the methodology to analyze and reveal the truthfulness of the phenomenon. In line with the purpose of this project, the interpretive phenomenology was chosen for it could interpret the phenomenon "Caregivers experiences and strategies in managing aggression in dementia clients". This approach was guided by Heideggerian phenomenology which is commonly known as hermeneutic phenomenology (Spiegelberg, 1960). This project used seven steps of data analysis by Diekelmann, Allen and Tanner (1989). They applied Heidegger's hermeneutic approach to expand the experiences and familiar meanings (Polit & Beck, 2004). This type of analysis was aimed at gathering respondents and data, comprehending the phenomenon and the resources

(Draucker, 1999).

The researcher interviewed participants by providing semi-structured questions in relation to the caregivers' experience with the phenomenon and strategies used to manage aggression in dementia clients. An in depth interview was conducted at a place convenient for participants using semi-structured questions. Each interview lasted in 50-60 minutes. The interviews were audio-taped and then transcribed verbatim. The language for the interview was Indonesian. Prior to interview, the researcher explained the research and procedures and also consent was required from the staff.

Research trustworthiness

Streubert and Carpenter (1995) have developed four constructs for ensuring rigour of a study. These constructs are credibility, transferability, dependability, and confirmability. In order to achieve credibility, the researcher confirmed the findings by returning them to the participants for validation to ensure the accuracy of interpretation. Transferability is achieved by providing the findings to other caregivers for reflection. Dependability is reached by engaging in regular auditing of research process. Then, confirmability is accomplished when credibility, transferability and dependability are achieved. This study ensured that the processes involved in conducting this study were systematically documented for the purpose of transparency.

Ethical considerations

Prior to commencement of the project, ethics approval was obtained from Monash University by the Standing Committee on Ethics in Research Involving Humans (SCERH).

Data analysis and explication

Data analysis proceeded according to the steps outlined by Heidegger (1996). A seven-step hermeneutic approach was implemented in the project (Diekelmann et al., 1989). Heidegger (1996) believed that investigating each part of the data could reveal the

significance of the whole data which then forms the hermeneutic circle. Heideggerian philosophy as interpreted by Diekelmann et al. (1989) is applied as the methods can expand lived experiences and familiar phenomena (Polit & Beck, 2004)

Results

Managing aggressive behaviour in dementia residents is a demanding task for caregivers to deal with. The respondents in nursing home expressed their feelings regarding their experiences and by means of performing their interpretation, the results could provide significant solutions in relation to the issues.

The participants in this study described their experiences for managing aggression in dementia client. The living experiences were classified into two essential themes. The classification of themes described is the table 1.

Table 1 Details of strategies for managing aggression in dementia clients

Varieties of strategy	Components	Interventions
Providing basic needs and encouragement	Fulfilling basic needs and assisting residents activities	Providing comfort to residents Assisting residents in daily activities
	Providing positive encouragement	Encouraging residents for positive behaviour Reducing stress in the environment Helping residents to explore their feelings

Fulfilling basic needs and assisting residents activities

Several factors might be part of the cause of residents become aggressive. Some caregivers thought that it might be caused by either inadequacy in the provision of basic needs or residents felt incapable of performing daily activities. Therefore, assisting residents to achieve their needs was thought as one good strategy in managing aggression. This is affirmed in one case:

“...I was concerned with one of our residents that I knew had aggressive behaviour; I was...trying to find out why all of a sudden she was so aggressive...and...umm...I noticed that she had difficulties to change her clothes andI found out that she felt uncomfortable because her nappy was heavy and soiled...it is why caregivers should plan their actions beforehand and monitor aggressive residents frequently so they won't feel uncomfortable like that...you know...that there will be stimulus why residents become so aggressive...it implies that caregivers should identify residents' basic needs and assist them when needed” (Lina).

Providing positive encouragement

Aggression is well-known as a negative behaviour and it could be a distressing situation when residents behave like that. It is believed that stressful stimulus could influence residents feel so dreadful and stressed. For that reason, reducing the stress of the environment was deemed to reduce the incidence of aggression. At the same time as promoting a positive environment, encouraging residents for their positive behaviour could be important as caregivers considered this to be exactly what older people need.

“...older people like to be encouraged, loved, and given a response...it could relieve their feelings of stress...” (Amy), “....when they feel so stressed, you need to listen to what they are saying....and we could encourage them for any positive behaviours they had coz this is what they need actually so they feel more comfy...and not feeling isolated...this is also their basic need...so caregivers should also identify this aspect...it is significant” (Rhian).

Exploring the psychological aspect of older people was a fundamental need and one intervention that could influence their quality of life. For instance, helping residents to explore their feelings and listening to what they are saying could have a big impact in the caring process. Through psychological assessment, caregivers could plan preminent strategies purposely when residents appeared to be aggressive.

“.....identifying mental aspects of older age is important and we could know whether

they were feeling happy, sad or stressed...but what make it is important that they feel relaxed when they talk to us and you just listen to them....they like someone to listen to...by exploring this aspect, we might know when they were aggressive, it might be caused by their feelings of isolation for example, and there was no one to talk to, so they felt so stressed” (Male).

Discussion

In this study, there are several strategies that have been used by caregivers to manage aggressive behaviour among dementia residents: providing basic needs and encouragement.

Providing basic needs and encouragement

It was believed by previous researchers that aggressive behaviour by dementia residents was often a sign of unmet needs. In the current study, caregivers verified that providing basic needs of dementia residents and providing encouragement were two significant strategies in managing aggressive behaviour.

Fulfilling basic needs and assisting residents’ activities were identified as two related approaches as there are a number of causal factors that could trigger dementia residents to become aggressive. According to Desai and Grossberg (2001), aggressive behaviour among demented residents is caused by both primary factors and secondary factors. Primary factors were identified as the changes in the neurochemical part of the brain related to the dementia illness itself. Secondary causes were other factors that trigger behavioural problem, such as other illnesses, medications, individual needs or environmental factors. Thus, aggressive behaviour is not always caused by the outcomes of the dementia disease, but it may possibly occur due to other factors.

This concept of Desai and Grossberg (2001) is consistent with the findings in this study. Several caregivers agreed that aggressive behaviour among dementia residents happens because of other factors in addition to the dementia illness. For instance, dementia residents

became aggressive because they thought that their basic needs were unfulfilled or they felt incapable of performing daily activities.

As a consequence, caregivers should actually be in the frontline to prevent dementia residents experiencing this challenging behaviour. To do this, staff recommended care planning before care delivery so they know the outcomes that they would like to achieve. Care planning included identifying the causal factors of aggressive behaviour and managing aggression effectively.

A similar study carried out by Shaw (2004) revealed that caregivers need to be proactive and interactive when managing aggression. This is done by planning the care prior to the shift so caregivers could cope with unexpected behavioural problems effectively.

Further, monitoring behavioural problems in dementia residents must be done regularly. The staff in the nursing home believed that keeping demented residents comfortable could reduce their anxiety. For example, dementia residents should be assisted when they have difficulties to accomplishing their needs and essentially, caregivers should have the ability to recognize this need. Through comprehensive strategies, dementia residents would be managed appropriately.

Stokes (2000) explained that behavioural problems among dementia residents should be recognized as a part of unmet needs. He advised caregivers to be able to identify behavioural problems as a sign of residents' needs. He suggested understanding aggressive behaviour to be a positive interpretation of residents' needs. For example, if a patient says he/she cannot eat then caregivers encourage the residents to say that he/she needs to eat. By focusing on "need", residents develop self-confidence to do things when they are confused about how to do something.

Supporting dementia residents by providing positive encouragement is often implemented by staff in the nursing home. The findings were that caregivers liked to encourage dementia residents as they believed elderly residents like to be supported. They thought that positive encouragement would help dementia residents to gain their strength and increase their ability to accomplish their daily needs.

Kemmerlin (1998) noted that because dementia residents were cognitively impaired, caregivers should offer encouragement and adequate support systems during interactions. It was believed that positive encouragement may improve self-confidence among dementia residents.

One of the caregivers stated that the approach of loving and caring for dementia residents as unique individuals would improve their outcomes. She also argued that responding to dementia residents respectfully developed a good rapport between caregivers and dementia residents. It appeared that this sort of empathic interaction was helpful for dementia residents when they became aggressive. Dementia residents believed and trusted that their own caregivers would help them.

Stokes (2000) argued that if caregivers were being empathic during the provision of care then dementia residents may possibly behave adaptively. For instance, providing some choices to dementia residents to accomplish their needs was better than applying pressure to do what caregivers want. If all caregivers implemented the intervention as Stokes suggested, it seems that the incidence of aggression toward staff among dementia residents might possibly be reduced. However, previous studies showed that the incidence of aggression in dementia residents continued to rise. It would seem that this occurs because of several factors that might not be preventable, such as the chemical changes in the brain of dementia residents.

Conclusion

Polit and Beck (2004) stated that Heideggerian philosophy is applied to expand lived experiences and familiar phenomena. Therefore, the aim of this study is to explore the strategies of caregivers in managing aggression in dementia residents, by way of Diekelmann's phenomenological approach. The reason for the value placed on Indonesian caregivers is that there is an increasing number of elderly people who have been diagnosed with dementia and an increasing tendency to place elderly people in nursing homes. Therefore, several strategies to manage aggressive behaviours are important to be explored. The following strategies identified for managing aggressive behaviour have been addressed: providing basic needs and encouragement. This study was conducted in Indonesia primarily for expediency but it became evident that Indonesian caregivers had valuable and unique knowledge with regard to their experiences and strategies in managing aggressive behaviour in dementia residents. It is expected that caregivers in the nursing home will improve their strategies as dementia prevalence tend to increase. To summarize, the less aggressive behaviors that happen in dementia clients, the less possible burnout happens in caregivers.

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