Research Proposal

An exploration of the responses of nursing staff when caring for patients with dementia who exhibit aggressive behaviors in residential care homes in Dublin urban areas.

Research proposal submitted to the university of Dublin Trinity College, in partial fulfillment of the requirements for the Bachelor in Science Nursing BSc (cur)

March 9th 2011
Declaration

I hereby declare that this research proposal is entirely my own work and has not been submitted as an exercise for the assessment at this or any other university.

Signed…………………………………..

Print name………………………………

Date……………………………………..
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Bachelor in Science Nursing

BS (CUR

An Exploration of the responses of nursing staff when caring for patients with dementia who exhibit aggressive behaviours in residential care homes in Dublin urban areas.

Abstract

Background: Patient to nurse aggression by persons with dementia in residential care homes poses a great threat and challenge to the nursing staff. Literature reviewed by this study indicates that staff working in this environment are predominantly subjected to physical and verbal aggression from the patients with dementia they are looking after. Aggressive behaviors can lead to negative emotional and physical strain on the nursing staff. The majority of the studies revealed that, even though staff regard the aggression to be violence, they feel that it is ‘part of the job’ (Gates et al. 1999, Shaw 2004, Isaksson et al. 2009). Staff also acknowledged that there is need for further educational training in managing aggression.

Aims and objectives: The proposed research aims to explore the responses of nursing staff when caring for patients with dementia who exhibit aggressive behaviours in residential care homes within Dublin. It is important to explore how the nursing staff respond to incidents of aggression as this will ultimately affect patient care.

Ethical considerations as proposed by the Irish code of professional conduct for each nurse and midwife (ABA 2000) will be adapted throughout the research process. The researcher plans to make use of a qualititative descriptive approach as method of approach. This approach will permit the researcher to provide a straight description of the nursing staff responses. A purposeful sample of 40 nursing staff, specifically working in residential care homes for people with dementia will be used for the collection of data. For the analysis of the collected data, qualitative content analysis will be used. A written report indicating the various themes emerging from data analysed the study will be written up at the end of the study. Measures to validate transferability, dependability, confirmability and credibility will be set up in a bid to establish trustworthiness and rigor of the research.

The researcher hopes that the findings of the research study will provide a deeper understanding into the responses together with experiences of nursing staff when caring for patients with dementia who exhibit aggressive behaviours in residential care homes. This will also give the nursing staff an opportunity to reflect on their care for persons...
with dementia who exhibit these challenging behaviours and ultimately help in improving the quality of patient care as a result of the acquired knowledge.

Chapter 1

1.1 Identifying the research issue of interest

Over the past eight years while working in a residential care home for people with dementia, the researcher observed that incidences of aggression both verbal and physical towards nursing staff happen regularly. Even though this affected staff both mentally and physically, the majority of incidents went unreported. Both registered nurses and nursing assistants in this environment acknowledged that this was a serious and ongoing problem for them. However they considered it to be part of the job hence the reluctance to report aggression. From this the researcher began to reflect on how nursing staff respond to incidents of aggression. How do nursing staff think and feel after the incidents of aggression? Is it simply part of the job? Why is there underreporting of incidents in this area? Because of the above reasons the researcher decided to explore the responses of nursing staff when caring for patients with dementia who exhibit aggressive behaviours in residential care homes.

1.2 Literature review- Introduction

This review endeavors to explore the responses of nursing staff when caring for patients with dementia who exhibit aggressive behaviours in Dublin urban areas. To achieve this, the researcher first conducted a manual search of the proposed research topic making use of the books and journals in the Trinity library. To identify further relevant material, a computerised search for literature was carried out using Ovid, PubMed, CINAHL and ProQuest. The majority of research articles reviewed ranged 1999-2009 with the exception of 2 essential references from 1985 and 1993. Keywords used during the search included: aggression, violence, dementia, nursing home, responses and nurses. Because of the word restriction the researcher will focus in the following three themes

1. Aggression: Definition types and prevalence.
2. Responses to incidents of aggression by nursing staff.
3. Effectiveness of training and education in reducing incident of aggression.
The term nursing staff will be used to represent caregivers, nursing assistants and registered nurses. Residential care homes will be used an umbrella term for long term care units, nursing homes and other long term residential settings.

1.3 Overview of the research topic
There are approximately 44,000 people in Ireland diagnosed with dementia. Current estimates indicate that this number will rise to 104,000 by the year 2036, making dementia a major health problem in Ireland (O’shea 2007). Because of this rise, Fahey et al. (2007) suggests that there will be an increase in the use of residential care homes for persons with dementia. The term “dementia” is used for a number of neurodegenerative syndromes with the most common form being Alzheimer’s disease. The progressive neurodegeneration of the brain is often accompanied by behavioral disturbances, of which aggression is one (Morgan et al. 2005). Aggressive behavior even in the absence of physical violence is a cause of great distress to nursing staff (McNeese et al. 2009). Around 25 to 50% of persons with dementia will be aggressive at some point through the course of the disease and nursing staff are bound to be affected (Egan et al. 2000, Pulsford & Duxbury 2006).

1.4 Aggression in persons with dementia: definition, types and prevalence
According to Brodaty & Lee-Fay (2003) aggression is a common behavioral symptom of dementia. It is mainly linked to behavioral psychological disturbances, cognitive decline, and frontotemporal dementia. Aggression in dementia is defined by Patel & Hope (1993 p.457) as “an overt act involving delivery of a noxious stimulus to another person which was not clearly accidental.’

To understand the nursing staff responses it is vital to look at the different types of aggression that affects them. One such instrument used to identify and measure aggression is the Cohen Mansfield Agitation Inventory (CMAI) (Cohen-Mansfield et al. 1989). It identifies 29 types aggression among persons with dementia. The two most common types that will be explored by this research are physical and verbal aggression. Types of verbal aggression identified by Cohen-Mansfield et al. (1989) include the
following: cursing, swearing, racial slurs, demeaning remarks and threats of physical harm. Types of physical aggression include the following behaviors: spitting, hitting, twisting wrists, pinching, throwing objects, scratching and grabbing. These types of aggressive behaviors are the same to the ones that will be reviewed by this proposed research therefore they will simply be identified as verbal and physical aggression.

Brodaty & Lee-Fay (2003) suggested that aggression in persons with dementia exists independently or it may be in concurrence with psychological disturbances such as depression and psychosis. It may also be caused by hunger, poor sensory perception or unmet physical needs (Pulsford & Duxbury 2006). The assumption made by different studies is that aggression is intentional, however it is a reaction to misinterpretation of violation of personal space by nursing staff (Gates et al. 1999, Schreiner 2000, Shaw 2004, Somboontotanont et al. 2004).

Studies by Gates et al. (1999), Skovdahl et al. (2003), Astrom et al. (2004) and Shaw (2004) show that aggressive behaviors happen coincidentally with tasks for personal care. A good illustration of this would be the study by Gates et al. (2003) whose aim was to explore the context in which aggressive behaviors occur. The results of the study showed that 43% of aggressive outburst took place whilst changing and dressing the patients, 19% whilst bathing the client, 26% during transferring and turning, 9% toileting 12% whilst feeding.

Almvick et al. (2006) conducted quantitative a study whose aim was to investigate the frequency and nature of violent incidents. 78% of the population investigated had a diagnosis of Alzheimer’s disease. The study revealed that in three months 39% of the population were reported to be violent and 58% of that was Verbal aggression. The strengths of this study were that it clearly described the occurrence and prevalence of verbal aggression and physical attacks. However their weaknesses were that it did not adequately meet one of its objectives which were to clearly describe the ‘nature’ of the incidents of aggression. This was mainly because a quantitative approach to research was used. According to Sandelowski (2000) quantitative approaches limit the “meanings”
participants give to events. Having reviewed the definition, types and the prevalence of aggressive behaviors exhibited by persons with dementia, the next step of this review will be to look at the responses of nursing staff to incidences of aggression.

1.5 Responses to incidents of aggression by nursing staff

McNeesse et al. (2009) suggests that there is a high risk of verbal and physical aggression when working with persons who have dementia. Being exposed to any form of aggressive behaviors leads to a number of responses by nursing staff. These responses will be discussed in this part of the paper.

A qualitative study that used focus groups to collect data was conducted by Gates et al. (1999). The study consisted of 54 nursing staff and 6 directors of nursing. The study found that incidents of verbal and physical aggression were regarded to be violence by the caregivers. These incidences left them feeling violated, fearful, sad, resentful, hurt and angry. Most of the participants viewed theses incidences as being ‘part of the job’ (Gates et al. 1999). The nursing staff were reluctant to express their thoughts and fears to management for fear of being reprimanded for the actions or even losing their jobs. Registered nurses in this study were partially to blame for the underreporting of incidents as they complained to caregivers that they were creating more paper work for them. There was no form of management support. These findings are similar to those of Shaw (2004), Danesh et al. (2008) and Isaksson et al. (2009). Moreover the staff in this study stressed the need for education and training to manage aggression.

Different studies by Gates et al. (1999), Skovdahl et al. (2003) and Astrom et al. (2004) that used different methods of data collection and were located in different country settings, identify similar types of responses by nursing staff. Shaw (2004) conducted a grounded theory study in the USA. The title was concise with the study. Its purpose was to present original data that illustrated a “real world” view from the perspective of nursing home staff responses to aggressive behaviours. It was conducted via structured questionnaire to 15 nursing staff. Even though the purposive sample was very small, the
results were similar to those of Gates et al. (1999). Incidences of aggression which happened on a daily basis left the staff feeling hopeless and helpless. Staff in this study were more troubled by the constant nature of the verbal aggression than physical aggression. Incidents of verbal aggression were not routinely documented as compared to physical aggression. There still was little or no support from the management.

A current qualitative study conducted by Isaksson et al. (2009) showed that not a lot has transformed in the last 10 years with the experiences and responses of nursing staff. The study which specifically focused on the experiences of 20 female caregiver’s exposure to aggression, found that caregivers continue to experience verbal and physical aggression daily accepting it as being part of the job. The nursing staff in the study were overwhelmed by emotions such as cautiousness, surprise anger, repulsion. The findings were divided into themes which were losing control, having preconceived ideas and striving to regain control, becoming disappointed, becoming helpless and feeling like a failure.

Unfortunately studies in different parts of the world, Australia, USA, UK, Denmark, Canada and Sweden (Gates et al. 1999, Shaw 2004 & Sandavide 2004) show that nursing staff don’t report all episodes of aggression and regard aggression to be part and parcel of the job. To investigate this Sharipova et al. (2008) conducted a survey whose aims were to study the seriousness, prevalence and reporting of work violence in Denmark. The study carried out on staff working in residential care homes, revealed that only 50% of the serious incidents that resulted in injuries were reported. The injuries sometimes resulted in staff seeking medical treatment and/or taking time off. The remaining incidents were not reported because the staff felt that reporting the incidences wouldn’t make a difference and they also regarded the aggression to be come with the job. Because of this the nursing staff simply stayed away from the aggressive residents. This ultimately put the quality of nursing care provided to the aggressive residents at risk.
Other responses by nursing staff when exposed to aggression are experiencing stress, negative feelings and burnout (Gates et al. 1999). Rodney (2000) conducted a qualitative study with a sample of 102 nurses. Questionnaires were used for the study and were analysed using hierarchical regression which analysed the relationship between aggressive behavior exhibited by persons with dementia and nurse stress. The results showed that aggression from patients was notably related to nurse stress. The results of Rodney (2000) are also similar those of Evers et al. (2002) Quantitative study. Evers et al. 2002 study that utilised a 551 questionnaire survey by nursing staff revealed that, the more a member of staff worked, the more the more they were prone to experience aggression. The higher the frequency of aggression, the higher the levels of stress.

A final study to be addressed in this section is a Swedish study by Astrom et al. (2004). The aim of the study was to explore emotional responses among nursing staff exposed to aggression in residential care settings. The study also revealed people with Dementia accounted for the majority of violent incidents. It also revealed that 17.5% of the staff reported feelings of fear, powerlessness, insult and inefficiency. One worrying response by nursing staff in this study was that 25% of the participants expressed having feelings of antipathy towards the aggressive residents. According to the Collins dictionary (2010) antipathy is a feeling of strong dislike or hostility. These types of feelings will put the care of patients in jeopardy. Because nursing is all about caring for the client it is therefore important to find ways in which aggression can be tackled in order to improve patient care and nursing practice. The nursing staff in the above studies mentioned above studies mentioned the need for training and education in reducing aggression. This issue is addressed in the next theme.

1.6 Effectiveness of training and education in managing aggression.

The studies that have been reviewed so far support the need for further training and education in reducing the number of incidents of aggression. In relation to this Hughes et al. (2008) cites a number of studies that advocate the need for further educational training in dealing with patients with dementia who exhibit aggressive behaviors for both care staff and registered nurses. A quasiexperimental design was used by Gates & Fitzwater
(2000) to test the efficacy of an educational intervention in reduction incidents of aggression. Two nursing homes that were the same size were selected randomly from a list of comparable nursing homes. Both nursing homes indicated that up 60% of the residents had a diagnosis of dementia. An intervention and a comparison group were set up. The intervention group received a 4 hour education intervention and after this all the participants in the two groups were both required to keep an assault log book. The results showed that nursing staff in the intervention group reported considerably smaller number of assaults as compared to the ones in the comparison group. Educational training had a positive effect in reducing the frequency of aggression. In the intervention group the number of assaults reduced from 109 before the intervention to 54 after the intervention. The results suggest that knowledge and skill can help prevent injuries and maintain safety for both the residents with dementia and the nursing staff. However the weaknesses to this study were that it was subjective as all the participants were women and to add to this, the study lacked random sampling because the sample size was diminutive.

Chrzescijanski et al. (2007) recently conducted a similar study to Gates & Fitzwater (2000). Its aim was find out how an education intervention would impact resident aggression. The study also investigated the attitudes of staff towards management and care of patients with dementia. The study used a convenience method of sampling to measure residents’ aggression before and after an educational intervention. (ERIC) Emotional Responses as Quality Indicators staff education intervention was used. ERIC seeks to improve the staff understanding of the subsequent needs and the emotions of an individual with dementia. After the intervention the incidents of aggression reduced from an average of 32.23 to 28.09. Even though the title was concise with the study, there was a low survey response with only 42% of the target population participating in the survey.

Hughes et al. (2008) set out to examine the level of confidence and knowledge staff in connection to care of persons with dementia. The study that used a self questionnaire revealed that there was higher confidence associated with staff that had training in dementia. It also revealed that educational training had a positive influence on the competence of nursing staff caring for with individuals who have dementia. The only
weakness in relation to this study was the use of self administered questionnaires. The negative side to using these types of questionnaires is that the researcher does not interact with the participants. Therefore any problems that may arise or need clarification cannot be addressed.

1.7 Conclusion
The synthesis of the research studies in the literature review revealed that nursing staff frequently encounter both physical and verbal aggression almost on a daily basis. The aggressive outburst by persons with dementia results in physical injuries, stress, and lost work time and at its worst and the need for medical treatment by the nursing staff. These aggressive encounters that happen on a daily basis are expected, tolerated and accepted by nursing staff working in residential care homes looking after persons with dementia. Aggression in this environment is simply part of the job. Consequently incidents of aggression are underreported and disregarded which masks its true intent. The researcher could not obtain any Irish policies pertaining to aggression by persons with dementia in residential care homes. The last theme of the literature review revealed that education and training interventions can effectively decrease aggression against nursing staff.

There’s a need to expand research in this area here in Ireland, as it is non existent within the Irish context. The researcher proposes to undertake a qualitative descriptive study which will explore the responses of nursing staff when caring for patients with dementia who exhibit aggressive behaviours in residential care homes within an Irish context. By undertaking this research study the researcher hopes that the study will provide insight into the responses together with experiences of nursing staff when caring for patients with dementia who exhibit aggressive behaviours in residential care homes. This will also give the nursing staff an opportunity to reflect on their care for people with dementia who exhibit these challenging behaviours and ultimately help in improvement of the quality of client care as a result of the knowledge gained.
1.8 Research Question
What are the nursing staff responses when caring for patients with dementia who exhibit aggressive behaviours within residential care homes in Dublin?

1.9 Aims and objectives
The aim of this study is to explore the responses of nursing staff when caring for patients with dementia who exhibit aggressive behaviours. The researcher intends to accomplish the following objectives

1. To highlight the experiences and responses of nursing staff when caring for patients with dementia who exhibit aggressive behaviors.
2. To hold five focus groups with the nursing staff working in residential care home.
3. To highlight effective ways in improving the quality of nursing practice in this area.
Chapter 2: Research Methodology

2.1 Methodology Introduction
This chapter will focus on the research design and method for the proposed study. Bowling (2004) suggests that the choice of the appropriate research method is essential in order to achieve the aims and objectives of a study. According to Burns & Grove (2011) the blueprint to conducting any study lies within the research design. The design selected should be most suitable for the study in order to achieve the aims and objectives of the proposed research question (Barbour 2009).

2.2 Research Design
Parahoo (2006) describes a research design as simply a map that explains when, where and how information will be collected and analysed. The two main designs to approaching research questions are qualitative and quantitative approaches. According to Moule & Goodman (2009) the goal of quantitative research is to generate research data that can be analysed using numerical or statistical techniques. It mainly concentrates on the size, prevalence, and frequency and quantifiable aspects of a phenomenon (Polit & Beck 2010). Babour (2009) believes that the quantitative approach is limited because it does not address the meaning of life experience in depth that qualitative research can. On the other hand qualitative approaches are mainly appropriate for subjective views on a research problem (Burns & Grove 2008). Barbour (2009) suggests that the qualitative approach is more suitable approach to research as it puts the individuals and their perception of the world at the centre attention. Because of the type of the aims and objectives of the proposed research a qualitative approach has been chosen by the researcher. By adapting a qualitative method of approach, the researcher will be able to explain and transcript in depth the experiences and responses (Burns & Groves 2011) of nursing staff who work with patients with dementia who exhibit aggression.
2.3 **Rational for choosing qualitative descriptive approach**

A number of approaches exist within qualitative research. The three that are mainly used approaches are phenomenology, ethnography, and grounded theory (Burns & Grove 2011). All the above methods are undeniably worthwhile approaches, however the researcher has selected a qualitative descriptive approach. The goal of qualitative description is not deep explanation (ethnography), theory expansion (Grounded theory) or interpretation of meanings of experience (phenomenology) (Neergaard *et al.* 2009). According to Sandelowski (2000) a qualitative descriptive approach should be the method chosen when a straight description phenomenon is desired. This means that the researcher does not move away from the original data (Sandelowski 2000). The researcher chose this approach as it has the potential to directly translate the nursing staff responses.
2.4 **Sample/ Population**
According to Parahoo (2006) the total number of elements in which data can be gathered from is known as the population. A sample is a subset of a population selected to partake in a study (Polit & Beck 2010) which will be a source of information (Clifford & Clark 2004). Identification of the population in which data is to be collected from is the first step of the researcher.

2.4.1 **Sampling Method**
Polit & Beck (2010) suggest that adequacy and appropriateness are the two main elements that guide the sampling method. Appropriateness is concerned about the sample that will provide adequate data and maximize understanding of the area of interest. Adequacy means that the data is adequate enough to develop a full depiction of the phenomenon (Polit & Beck 2010). According to Parahoo (2006) there are two types of samples, non-probability and probability sampling. Non-probability sampling will be adopted for the proposed research. After reviewing the various non-probability sampling approaches, purposive sampling will be used for the proposed research. This approach points the researcher to choose specific elements, events, participants, or incidents to include in a research study which will in turn help illuminate the question of interest (LoBiondo-Wood & Haber 2006). In the case of the proposed study, nursing staff looking after people with dementia in residential care homes will be targeted.

2.4.2 **Sample Size**
The Qualitative descriptive approach requires an analysis of a large volume of information, therefore the sample sizes in qualitative research tend to be small. The researcher intends to use a sample of 40 participants. However these 40 participants will be divided into 5 focus groups, a method of data collection that will be discussed in more detail in section 2.6.1. The researcher acknowledges limitations of small sampling sizes, however according to Wood & Haber (2006) qualitative research is more concerned with the phenomenon of interest and not the applicability of the findings in other contexts.
2.4.3
The inclusion and exclusion criteria for participants in the groups will be as follows:

**Inclusion Criteria**
- Nursing staff that have hands on experience in caring for people with dementia who exhibit aggressive behaviors.
- More than 2 years work experience within the nursing home.
- Participants must speak and read English fluently.

2.4.4 **Exclusion criteria**
- Agency staff working in the ward at the time of the study.
- Staff with less than 2 years of work experience.
- Clinical nurse managers.

2.5 **Access to site and research sample**
There are 93 residential care homes in Dublin identified by Health service executive (HSE) website. The researcher will randomly select 5 from the list by putting them in a hat and drawing them out. The inclusion criterion for the care homes is that they look after persons with dementia. When residential care homes have been selected, letters asking for consent to carry out the study will be sent out. One letter to the ethics committee in Trinity College Dublin (Appendix 1) and five to the Directors of nursing in the selected residential care homes (Appendix 2). Once permission is granted by all the parties, a letter of invitation (Appendix 3) together with the information leaflet (Appendix 4) and a participation consent form will be sent out to the five different nursing homes. The researcher will ask for permission to have the information displayed at a location where it will be visible to all staff for example notice boards in staff rooms and nurses office. Staff who fit the inclusion criteria who express interest in taking part in the study will be required to read and sign a consent form (Appendix 5) and return them to the researcher using the provided addressed stamped envelopes.
2.6 **Data collection**

Comack (2005) suggests that the data collection method should best suit the aims and objectives of the researcher. Researchers should select a method of data collection that will best capture the experiences and responses of nursing staff when caring for patients with dementia who exhibit aggressive behaviours (Burns & Grove 2011).

2.6.1 **Focus Groups**

The researchers chosen method of data collection is focus groups also known as focus group interviews. These are small groups of people who have similar characteristics, who meet up to provide qualitative data in a focused dialogue (Kevern & Webb 2001). According to Burns & Grove (2011) focus groups are designed to obtain the participants views of a specific topic in a setting that is permissive and nonthreatening. Focus groups allow access to participants who may find one to one interviews intimidating (Barbour 2009). They are also cost effective, easy to set up and time efficient (Watson et al. 2008) if used appropriately focus groups will provide extremely rich data with enormous potential for comparison.

Five focus groups will be conducted, one for each of the five selected residential care homes. Each group will have a maximum number of 8 participants as recommended by Barbour (2009) and Watson *et al.* (2008). To encourage nursing staff to participate, a 50 euro prize bond voucher will be awarded for anyone willing to take part in the study. The groups will be conducted by 2 researchers one as a note taker and the other as a moderator. The researcher will adapt the seating a round table seating position demonstrated in appendix 7 as suggested by Watson *et al.* (2008). This set up will place the researcher in equal position to the participants. The groups will also follow the format represented in appendix 6 and will last for no longer than 2 hours as proposed by Barbour (2008).

The researcher will use a combination of open and closed questions. Polit & Beck (2010) suggests that this combination of questions allows the interviewers to concentrate on areas of importance to the research question. Probe questions will also be used to further
clarify responses of staff. This will be crucial when comparing staff responses in the different focus groups. Appendix 6 contains the list of questions and probes the researcher will use in the interviews.

The groups will be digitally recorded with the consent of the participant’s. Polit & Beck (2010) suggest that this will generate a data trail that the researchers can refer back to. Recording the interviews will be helpful in the event the researcher takes poor notes as a result of bias or poor memory. In addition to this Tappen (2011) suggests that the researcher’s notes should list the non verbal responses and group climate which will be valuable in completing the analysis. The interviews will take place at a location away from the hospital as suggested by (Tappen 2011) in order to limit distractions during the interview process.

2.7 **Pilot study**

When the methodology has been developed, it is advisable to ‘test it out’ before applying it to the actual sample. This procedure of testing it out is done by a means of a pilot study (Welman *et al.* 2005). According to Burns & Grove (2011) a pilot study is simply a smaller version of the actual study done in preparation of a proposed study. Conducting a pilot study will authenticate the feasibility of conducting a larger scale study. Polit & Beck (2010) suggest that this will help the research team to spot any problems with the research methodology and to refine and develop data collection instruments. For the proposed research a pilot study must be tested upon a smaller sample with a similar design as the actual study. A smaller focus group with only four nursing staff will be conducted by the researcher for the pilot study. Only four participants will be invited to partake in the pilot focus group because four is the minimum number of participants for any focus group to take place (Barbour 2008). The participants of the pilot study will not be permitted to participate in the main study. Depending on the outcomes of the pilot there maybe areas in the research methodology that the researcher may need to be modify
2.8 **Data analysis**

According to Polit & Beck (2010, p. 552) data analysis is ‘the systematic organisation and synthesis of research data’. The analysis of data will take place in parallel with a data collection. The researcher intends to utilise qualitative content analysis. This is the ideal method for the analysis of qualitative description (Sandelowski 2000). Hsieh & Shannon (2005, p.1278) define qualitative content analysis as “a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns”. Inductive and deductive are the two methods of qualitative content analysis. The researcher will use the inductive approach because analysis is derived mostly from raw data. This approach will allow the researcher to immerse themselves in the data to allow new insight to emerge. This is a popular method of analysis in gerontological and psychiatry studies

Zhang & Wildemuth (2009) identified eight steps in the process of qualitative content analysis. The researcher intends to use this eight step process which is explained in more detail in appendix 8. Anonymity and confidentiality of all the parties involved will be maintained at all times during the process of data analysis.
2.9 **Rigour and Trustworthiness of Study**

According to Moule & Goodman (2009) maintaining trustworthiness and rigour is important to the quality of the overall study. Moule & Goodman (2009) site Lincoln & Gubas (1985) criteria for establishing trustworthiness and rigour. These criteria include dependability, credibility, confirmability and transferability that will be discussed in the following paragraphs.

**2.9.1 Credibility**

Those reading research must believe that the information is a true illustration of the participants view, experience or belief (Moule & Goodman 2009). Speziale & Carpenter (2007) recommend a set of activities that would help improve the credibility of research results. These are member checking, triangulation and prolonged engagement. To improve credibility, the researcher will adapt the method of member checking. This method means that research participants will be involved in verifying interpretations of the researcher.

**2.9.3 Dependability and Confirmability**

If the findings of a study are consistent and accurate then they are dependable. Dependability emphasizes the need for the researcher to account for the ever-changing context within which research occurs (Moule & Goodman 2009). Confirmability is concerned with determining that disseminated data represents the information the participants provided and that the data is not altered by the researcher (Polit & Beck 2010). According to Parahoo (2006) it ensures that the study is free from the researcher’s bias and preconceptions. Dependability and confirmability in the proposed study will be established buy using audit trail, a path the researcher follows in construction and interpretation of themes. The proposed research study will be evaluated by two external reviewers to affirm confirmability and dependability of the study.
2.9.4 **Transferability**

The researcher needs to demonstrate that the findings of their studies are transferable. This means that knowledge attained in one environment will be applicable in another (Barbour 2008). Researcher will provide ample studies in the form of a literature review to demonstrate transferability to the readers of the study.

2.10 **Ethical Considerations**

Ethical issues are a central part of the research process (Burns & Grove 2011). The principles underlying research are universal and concern issues such as honesty and respect for the rights of individuals in the study (Welman *et al.* 2005). In Ireland accountability when carrying out nursing research is specified by An Bord Altranais(ABA) code of professional conduct for each nurse and midwife (ABA 2000) which states:

In taking part in research, the principles of confidentiality and the provision of appropriate information to enable an informed judgment to be made by the patient must be safeguarded. The nurse has an obligation to ascertain that the research is sanctioned by the appropriate body and to ensure that the rights of the patient are protected at all times. The nurse should be aware of ethical policies and procedures in his/her area of practice (p.8).

Underpinning this statement, the researcher will discuss the main ethical principles which are the basis of practical decisions and judgments of both nursing care and nursing research.

2.10.1 **The right to self determination**

This ethical principal is based on respect for a person’s autonomy. (Burns & Grove 2011). Participants in the research will be allowed to make a free and informed choice without coercion (Holloway & Wheeler 2002). Potential participants will have the right to ask any questions concerning the study, refuse to give information and withdraw from the study at any stage as suggested by Burns & Grove (2011)
2.10.2 **Informed Consent**

There are four elements to informed consent outlined by Burns & Grove (2011) and these are:

- There should be full disclosure of important study information to the participants
- The respondents should be able to comprehend the information
- The respondents should have the capacity to give consent and
- The respondents should only participate in the study on a voluntary basis

The potential participants will be asked to read and sign the consent form in (Appendix 5) before they are allowed to partake in the study.

2.10.3 **The right to Anonymity and confidentiality**

According to Barbour (2008) the need to preserve confidentiality and anonymity is an enshrined principle when undertaking qualitative research. Anonymity refers to the safest way of shielding confidentiality (Polit & Beck 2010). Details such as names of the participants, location and residential care home names will be kept anonymous throughout the study and within the findings. As suggested by Welman *et al.* (2005) the researcher also will ensure that identifying information is safely locked away. Passwords will be put in place to ensure that information in the form of computer software/data the data is not accessed by anyone else other than the members of the research team. Setting up these procedures will prevent any accidental breach of confidentiality (Polit & Beck 2010).

2.10.4 **The right to protection from discomfort and harm**

The right to protection from discomfort and harm is mainly based on the ethical principal of beneficence which states ‘One should do well and, above all do no harm (Burns & Grove 2011 p.118). If at any stage of the focus groups participants become distressed or suspicion that continuation of the focus groups will cause distress then the researcher will terminate the groups. Because of the sensitivity of the nature of the proposed study, the researcher is obligated to ensure that participants’ safety, rights and confidentiality are maintained for the duration of the study.

**Chapter 3**
3.1 Proposed outcome of the study

A report that will outline the research design together with the procedures applied for data collection and analysis will be written up at the end of the research process. A clear explanation of the findings and results will also be written up by the researcher. The researcher anticipates that the findings of the study will provide insight into the responses together with experiences of nursing staff when caring for patients with dementia who exhibit aggressive behaviours in Dublin’s residential care homes. This will also give the nursing staff an opportunity to reflect on their care for people with dementia who exhibit these challenging behaviours. If the findings of the proposed study are consistent with findings in the literature reviewed, then the following recommendations will be made:

- Increased education and training on aggression mainly focused for nurses in residential care homes.
- More research into the nursing staff’s role in residential care homes to establish best practice
- The introduction of local and national Policies and procedures regarding reporting and recording incidences of aggression exhibited by people with dementia.
- Set up of support systems for staff who experience aggression in this environment at a local and national level

3.2 Limitations

This is the first research study that will be carried out by researcher and this lack of experience may add on to the limitations of the study.

3.3 Research Dissemination

The researcher hopes to present the findings at the yearly nursing research conference held in Trinity College Dublin every November. Copies of the study will then be forwarded to nursing journals such as Journal of gerontological nursing, Journal of aging and mental health and International journal of psycho-geriatrics in order to reach a bigger audience.
3.4 Time scale for the proposed research study

The projected time for the research will be 17 months. The researcher will make use of Gantt chart, outlined below as suggested by Polit & Beck (2010) to demonstrate the time scale for the research activities.
### 3.5 Proposed Budget

Estimated expenses:

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Cost in Euros</th>
</tr>
</thead>
<tbody>
<tr>
<td>Researchers Salary</td>
<td>20,000</td>
</tr>
<tr>
<td>Note takers salary</td>
<td>5,000</td>
</tr>
<tr>
<td>Professional Data transcription</td>
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<tr>
<td>Data analysis by two independent researchers</td>
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<tr>
<td>Auditors for audit trail</td>
<td>1,000</td>
</tr>
<tr>
<td>Digital tape recorder</td>
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<tr>
<td>Laptop and software</td>
<td>1,200</td>
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<tr>
<td>Access to library</td>
<td>100</td>
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<tr>
<td>Broadband internet and telephone</td>
<td>500</td>
</tr>
<tr>
<td>Photocopying, printing and Stationery, postage</td>
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<tr>
<td>Bus and Luas tickets</td>
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</tr>
<tr>
<td>Conference rooms and refreshment</td>
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</tr>
<tr>
<td>Monetary incentives for participants</td>
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</tr>
<tr>
<td>Unforeseen expenses</td>
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</tr>
<tr>
<td><strong>Estimated total</strong></td>
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</tr>
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Appendices
Appendix 1

Letter to Trinity College Dublin Research Ethics Committee

Name of Researcher
Researchers address
Contact no:
Email address:
Date:

Faculty of Health Science
Ethics Committee TCD
Xxxxx
Dublin

Dear Chairperson

I am a student psychiatric nurse undertaking the final year of a four year degree program in Trinity College Dublin. As part of my final year I am required to carry out a research study in an area of interest to me that is within the scope of my professional practice. My desire is to conduct a study exploring the responses of nursing staff when caring for patients with dementia who exhibit aggressive behaviours in Dublin urban areas. To date this research topic has not been explored within the Irish context. It is with this in mind I am seeking permission to conduct such a study within five residential care homes located in the Dublin urban areas.

The aim of the study is to explore the responses of nursing staff when caring for patients with dementia who exhibit aggressive behaviours in Dublin urban areas. The researcher anticipates that the findings of the study will provide insight into the responses together with experiences of nursing staff when caring for patients with dementia who exhibit aggressive behaviours in the Dublin urban areas. Because nursing is all about providing the best care for the client it is therefore important to find ways in which aggression by persons with dementia impacts on the quality of care provided to them.

The researcher proposes to conduct this study by means of focus group interviews. Five focus group, with a maximum of eight participants each, will be conducted in five locations in Dublin. These locations will be away from their places of work. The focus groups will last for no more than two hours.
Participants will be nursing staff should have a minimum of two years experience and should provide direct care to patients with dementia. The anonymity and the confidentiality of the participants will be maintained at all times. Details such as names of the participants, location and residential care home names will be kept anonymous throughout the study and within the findings. Codes will be used to distinguish information. The researcher will ensure that any information from the study is safely locked away. Passwords only known to the research team will be put in place for any Information in the form computer software or data.

The researcher hopes that the outcomes of this study will benefit nursing staff practice and in the long run it will also aid in the improvement of the quality of client care as a result of the knowledge gained. An information leaflet and Letters of invitation will be sent to the five residential care home. Participants willing to take part in the study will be required to read and fill out the consent form.

I have enclosed a copy of the information leaflet and the consent form for the potential clients to help you gain an understanding of the area of research that I intend to explore. I would be grateful if permission to carry out this research study is granted. If you require any further information regarding any area of the study, please do not hesitate to contact me on the above contact details. I look forward to hearing from you

Yours sincerely

Researchers signature ………………………………………
Appendix 2
Letter to the Director/s of nursing

Name of Researcher
Researchers address
Contact no:
Email address:
Date

Director of Nursing
Residential care home address
Xxxxx
Dublin

Dear Sir/Madam

I am a final year student undertaking the psychiatric nursing degree program in Trinity College Dublin. As part of my final year I am required to carry out academic work in the form of a research study in an area of interest to me that is within the scope of my professional practice.

My aim is to conduct a study exploring the responses of nursing staff when caring for patients with dementia who exhibit aggressive behaviours in Dublin urban areas. To date this research topic has not been explored within the Irish context. It is with this in mind I am seeking permission to conduct such a study within your residential care setting.

I propose to conduct this study by means of focus group interviews. Once permission is granted by your organisation and the ethics committee in Trinity College Dublin, a letter together with information leaflet will be sent out leaflets will be sent out to your facility inviting the potential participants to take part in the focus groups. Participants must fill in a consent form and return it to me before any contact is made. If adequate numbers of participants are interested, a focus group will be held at a venue away from the hospital. This will be done to reduce the distractions during the interviewing process. The focus groups will comprise of a total 8 nursing staff which will include carers and registered nurses who have a minimum of two years experience working in the residential care home. The interviews that will last no more than 2 hours will be recorded. Anonymity
and confidentiality of the participants and your organisation will be safe guarded at all times. There will be no mention of the name of your organisation in any of the disseminations and all personal details will be kept anonymous.

The researcher hopes that the findings of this proposed study will benefit not only the nursing staff in residential care homes but it also benefit the quality of client care as result of the knowledge gained from the conducting the study.

I have enclosed a copy of my proposed research proposal to help you gain an understanding of the area of research that I intend to explore. I would be grateful if permission to carry out this study is granted. If you require any further information regarding any area of the study, please do not hesitate to contact me on the above contact details. I look forward to hearing from you

Yours sincerely

Researchers signature ………………………………………..

(Please note the same letter will be sent out to the directors of nursing in the five residential care homes)
Appendix 3
Letter of invitation to participate

Dear Nursing staff

I would like to invite all nursing staff to participate in a study with the aim of exploring the responses of nursing staff when caring for patients with dementia who exhibit aggressive behaviours in Dublin urban areas. As part of my study, I require 8 nursing staff currently working in residential care homes looking after. Participants must have a minimum of two years experience working with residents who have dementia. If interested Participants will take part in a focus group interview, that will held at a conference room away from the hospital setting. The focus group interviews will last no more that 2hours and will be recorded by a digital recorder. The information gathered from the interviews will be confidential and will not be shared with any other parties. Confidentiality and anonymity will be protected at all times, Participants have the right to withdraw from the study at any stage of the interviews and they will not be penalised for doing so. I would encourage anyone who is interested in taking part in the study to read the information leaflet attached to this letter to this letter. A 50 euro prize bond voucher will be awarded for anyone willing to take part in the study. If you are willing to take part in this study please fill in the consent form also attached to this letter and post it to me using the provided stamped addressed envelopes. Thank you for your time.

Yours sincerely

Researchers signature …………………………………………

(Please note the same letter will be sent out to the five different residential care homes)
Dear Nursing Staff.

I am a final year student undertaking the psychiatric nursing degree program in Trinity College Dublin. As part of my final year I am required to carry out academic work in the form of a research study in an area of interest to me that is within the scope of my professional practice.

My aim is to conduct a study exploring the responses of nursing staff when caring for patients with dementia who exhibit aggressive behaviours in Dublin urban areas. To date this research topic has not been explored within the Irish context. It is with this in mind I am seeking permission to conduct such a study within your residential care setting I am therefore inviting all nursing staff involved in the direct care of clients with dementia who exhibit aggressive behaviors take part in the study.

**The objectives of the study**

1. To highlight the experiences and responses of nursing staff when caring for patients with dementia who exhibit aggressive behaviors
2. To hold five focus groups with the nursing staff working in residential care home
3. To highlight effective ways in improving the quality of nursing practice in this area

**Method**

The study will use a qualitative descriptive approach. During the course of the study researcher hopes to conduct a total of five focus groups. Focus groups are small groups of people who have similar characteristics, who meet up to provide qualitative data in a focused dialogue. All the focus groups will have a maximum number of 8 participants.
and will take no longer than two hours. All the groups and will be audio taped. If you do decide to participate in this study please note that the information you share may be published. However Details such as names of the participants, location and residential care home names will be kept anonymous throughout the study and within the findings.

**Procedures**

All the staff who wish to participate in the study will be required to sign a consent form before taking part in the focus groups. Participants who are willing to wish to participate in the study will be notified by myself about the time and place of the focus group will take place.

**Inclusion Criteria**

- Nursing staff that have hands on experience in caring for people with dementia who exhibit aggressive behaviors
- More than 2 years work experience within the nursing home
- Participants must speak and read English fluently

**Exclusion criteria**

- Agency staff working in the ward at the time of the study
- Staff with less than 2 years work experience
- Clinical nurse managers

The study has been given the green light by the ethics board. If you meet the above criterion and wish to take part in the study, please fill in the attached consent form. After filling the forms please post it with the stamped addressed envelope provided. Once consent has been received, the research team will contact you to informing you about the time and place of the focus group interviews.

I would like to take this opportunity to thank you for taking time to read this information leaflet. Your participation in this study will be highly valued and much appreciated. I look forward to hearing from you.

Yours sincerely

Researchers signature ………………………………………
Appendix 5

Participation Consent Form

This is to verify that I have been informed about the study relating to responses of nursing staff when caring for patients with dementia who exhibit aggressive behaviours. I had the opportunity to read the information leaflet that explains the nature of the study. I also had the opportunity to ask the researcher questions and all the answers have fulfilled my questions. My participation will mean that I will attend a focus group lasting no more than two hours. My name will not appear on any of the published materials. All the information shared within the focus group will be treated in the strictest confidence and anonymity will be maintained throughout the study.

Taking part in this study is voluntary. I have the right to refuse to take part in the study. If I do decide to take part in the study and then change my mind, I am free to withdraw from the study at any stage and I will not be penalised.

The researcher may decide to discontinue my participation without my permission if they feel that staying in the focus groups is not good for me.

I have read and understood the contents of this consent form.

Participants Name and Signature  Date

Researchers Name and Signature  Date

(This consent form will be used for all the participants who wish to take part in of the focus groups)
Appendix 6
The Interview schedule and Questions

Time Limit
60minutes

Opening of the focus group interview:
Offer refreshments to the participants and welcome them to the interview. The researcher will use an ice breaker that involves the participants mentioning their names. This will give the researcher an opportunity to get to know the clients and it will also make the participants feel more at ease about participating in the focus groups.

The researcher will briefly talk about the ethical considerations and confidentiality pertaining to the research process. Participants will be reminded that their participation is voluntary and if they want to leave the focus group interview at any stage they are free to do so.

Main Research Questions: What are the nursing staff responses when caring for patients with dementia who exhibit aggressive behaviours?

1) Can you please tell me about a situation in which you were exposed to verbal or physical aggression?
   -To what extent what the injury?
   -What went through you head at the time of aggression?

2) What way did you think/feel after the incident?
   -Why do you think you felt this way?
   -Did this these incidents change your feelings about the patient?

3) Did you report all the incidents of aggression?
   -If not what were your reasons for not reporting this?
   -If yes did you get any form of support?
   -What incidents do people report?
   -Is there a set system/policy in place for reporting such incidents?

4) Do you feel that Education and training helps in the reduction of aggressive incidents?
   -Has anyone in the group received any educational training specifically for this area?
   -Was the training effective in reducing aggression?
   -What are you views on education and training in this area?

• General Probing questions and Comments

End of the Focus group Interviews
Thanking all the participants for taking part in the research study. To also ask them if it would be possible to get in touch with them in the future so that they can verify the findings before they are published.
Appendix 7

Proposed sitting positions for the focus groups interviews

R- Researcher’s sitting position
P- Participants Sitting positions
Note taker- Note takers sitting position.

Appendix 8
Zhang & Wildemuth (2009) 8 Steps of data analysis
### Step 1: Preparation of data

According to Elo & Kyngas (2007) this phase starts with selecting the unit of analysis, which will be defined in the next stage. The choice of the content must be justified by the research question. The researcher intends to analyse the focus group interview transcripts in order to reveal the nursing staff responses.

### Step 2: Unit of analysis defined

Graneheim & Lundman (2003) define a unit as a collection of words or statements that narrate the same meaning. Words, sentences, phrases or paragraphs are types of units that can be analysed (Zhang & Wildemuth (2009). For the proposed research the researcher will read through the interviews while listening to the tapes to validate the transcripts to gain a first impression of the content.

### Step 3: Development categories and a coding scheme.

Available data, previous related studies and theories are the three sources that can be used to derive categories and a coding scheme. To ensure consistency the researcher will develop a coding manual suggested by Zhang & Wildemuth (2009). This will consist of examples, categories names and rules for assigning codes or definitions.

### Step 4: Testing the coding scheme on a sample of text.

The coding scheme needs to be validated early in the research process. This can be done by coding a sample of the data and then checking for consistency. This will carried out when the pilot study is conducted. If the pilot study shows low levels of consistency, the coding rules must be revised and checked. This should be done until sufficient coding consistency is achieved.

### Step 5: All text is coded

After achieving sufficient consistency in the pilot study, the coding rules can be applied to entire research text.

### Step 6: Assess coding consistency

If the sample was coded in a dependable and consistent manner it is not safe to presume that the entire research is also consistent. Therefore coding consistency needs to be rechecked.

### Step 7: Draw conclusions from the coded data

After the coding checks the researcher will present reconstructions of meanings derived from the data.

### Step 8: Report your methods and findings

In the last step the researcher will report the decisions and practices concerning the data analysis process to establish the trustworthiness of the study.
References


