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Swedish assistant nurses' experiences of job satisfaction when caring for persons suffering from dementia and behavioural disturbances. An interview study

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Abstract
Job satisfaction is complex and is an important component in facilitating high quality nursing care. Behavioural and psychological symptoms of dementia (BPSD) can be clustered into one of five syndromes: psychosis, aggression, psychomotor agitation, depression and apathy, and comprise signs and symptoms of disturbed perception, thought content, mood or behaviour that frequently occur in patients with dementia. BPSD can cause tremendous distress both for the patients and for their caregivers and they have been seen as the most stressful aspect of care giving. Two registered nurses, 16 assistant nurses and two nursing assistants in Sweden talked about their job satisfaction when caring for residents suffering from dementia and BPSD. Thematic content analysis was conducted. The nurses' narrations indicate exposure, insufficiency, not being valued and doubt, as well as respect and importance and devotion towards the residents. One core theme was formulated: "Job satisfaction as a process moving between breaking down and occasionally building up the working person". A positive relationship with colleagues was the primary reason for nurses continuing to work at the group dwellings. The organization and resident behaviours were seen as very negative. Some nurses described insecurity in terms of how long they could continue to take rudeness, being spat at, being scratched or physically hit by residents, without "hitting back". In order to increase the well-being of the nurses, the pressure on them needs to be relieved. The development of leadership, education, supervision and reflection might be one possible way of reducing the prevalence of BPSD-related violence, enhancing job satisfaction and handling moral stress.

Key words: *Job satisfaction, nurses, dementia, BPSD, group dwelling, narrative interviews, thematic content analysis*

Introduction

The moral dimension is stressed as being essential in nursing care, together with relational and practical dimensions; it is of the utmost importance when it comes to providing care (Martinsen, 1989). Problems associated with caring for people with dementia and behavioural and psychological symptoms of dementia (BPSD) impose a great deal of strain on nurses and make it challenging to achieve and experience job satisfaction. Establishing relationships is difficult, as interpreting and responding to each other's communicative cues is problematic (Athlin & Norberg, 1998).

Dementia is a clinical syndrome and affects about 6–10% of people over 65 years of age (Alvarado-Esquivel et al., 2004). Dementia is expressed in three areas: (a) neuropsychological or cognitive deficits such as loss of memory, aphasia, apraxia and agnosia; (b) BPSD; and (c) difficulty carrying out the activities of daily living (De Deyn et al., 2005). BPSD can be clustered into one of five syndromes: psychosis, aggression, psychomotor agitation, depression and apathy (Finkel, Costa e Silva, Cohen, Miller, & Sartorius, 1996) and comprise signs and symptoms of disturbed perception, thought content, mood or behaviour that frequently occur in patients with dementia (Verkaik, van Weert, & Francke, 2005). The prevalence of BPSD is described in various studies reporting figures up to 92.5% of patients at some point during their illness (*cf.* Robert et al., 2005). Traditional institutional care can contribute to behavioural disturbances such as confusion, wandering and difficulty adapting to

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surroundings. In order to provide an alternative to institutional care, small homelike settings, where people with dementia can experience "at-homeness" (Zingmark, Norberg, & Sandman, 1993), known as group dwellings (GD), were established in Sweden in the 1980s for people suffering from dementia.

Increased workload, growing occupational stress and declining job satisfaction are major concerns for nurse managers (Sveinsdóttir, Biering, & Ramel, *in press*), as job satisfaction is important component of nurses' experience of high quality nursing care (Gilloran, McKinley, McGlew, MeKee, & Robertson, 1994). Job satisfaction was strongly associated with reduced work stress, organisational commitment, communication with supervisors, autonomy, employee recognition, fairness, locus of control, years of experience, education and professionalism (Blegen, 1993). A low degree of job satisfaction leads to high levels of staff turnover (Cohen-Mansfield, 1997). McGowan (2001) reported that nurses' job satisfaction is negatively affected by stress, while Welander Hansson, Hallberg and Axelsson (1995) found that job satisfaction is relatively independent of burnout and the work-related strain among carers working with people with severe dementia. Exhaustion and disengagement are both indicators of burnout and low job satisfaction (Demerouti, Bakker, Nachreiner, & Schaufele, 2000).

BPSD represent a major clinical problem (Robert et al., 2005) and they have been identified as the most stressful aspect of care giving, tending to have a greater impact than cognitive or functional impairment (Coen, Swanwick, O'Boyle, & Coakley, 1997). The care providers experience the care of people with BPSD as contradictory (Graneheim, Isaksson Ljung & Jansson, 2005) and this causes tremendous distress both for the patients and for their caregivers (De Deyn et al., 2005; Verkaik et al., 2005). By tradition, hostile behaviours by residents against caregivers were termed "aggressive or problem behaviour" and were not regarded as "violent arts", even though research has shown that many care providers actually regard these incidents as violence (Gates, Fitzwater, & Meyer, 1999). Furthermore, caregivers who are assaulted experience emotional reactions, such as anger, sadness, frustration, anxiety, irritability, fear, apathy, self-blame and helplessness (Gates et al., 1999; Hagen & Sayers, 1995). A quarter of nursing home staff ($n = 253$) felt no job satisfaction, while 91% were happy in their jobs when caring for people with dementia (Brodaty, Draper & Low, 2003). Furthermore, the staff found it difficult to cope with the residents being aggressive/hostile and with deliberately difficult behaviours (Brodaty et al., 2003). However, no specific literature was found about nurses and assistant nurses working with residents with BPSD elements of "aggressiveness" and "psychomotor agitation", in relationship to their experience of job satisfaction. It is therefore important to investigate how BPSD affect job satisfaction. The aim of this study was to describe the experience of job satisfaction among nursing staff working at two GDs for people suffering from dementia with behavioural disturbances.

Method

A qualitative design was chosen due to the underlying naturalistic paradigm's ontological assumptions that multiple and subjective realities do exist, that epistemologically it is possible to acquire knowledge by taking part of peoples' lifeworld, and that axiologically the researcher is seen as a co-creator of data (Polit & Beck, 2004). The qualitative method consisted of narrative interviews, which are based on the assumption that people give meaning to events by telling stories (Viney & Bousfield, 1991), and thematic content analysis. Even though qualitative content analysis lacks a philosophical foundation, is it systematically used when searching for patterns and themes in people's experiences and its theoretical assumption can be related to Watzlawick's and co-workers communication theory (Baxter, 1991; Graneheim & Lundman, 2004). Contact was made with the employer, the local authority, who gave permission for the performance of the study. From 10 GDs, the municipal director of the department of social welfare chose two as having most reports of residents displaying "aggressiveness" and "psychomotor agitation", two elements of BPSD. In this study, "aggressiveness" and "psychomotor agitation" and behavioural disturbances will be used as being interchangeable with each other.

Participants

All the care staff working at the two identified dwellings were approached and asked to participate. Two individuals declined to take part, referring to a general feeling of organisational insecurity. Furthermore, two were on sick leave. As a result, this purposive sample consisted of all the remaining care staff, 19 women and one man ($n = 20$), from two municipal GDs. Two of the staff were "registered nurses", while 18 were support workers; defined as either "assistant nurses" (16) or "nursing assistants" (2). They had completed courses of between eight weeks and two years at upper secondary level. The interviewees' median age was 45 years (range: 27–57). They had been working within care in general for a median of 22 years (range: 1.5–33 years) and

within dementia care for a median of 17.5 years (range: 0.75–33 years). In this study, we refer to all staff as assistant nurses.

Context

The GD provided care for residents suffering from different types of dementia. There were 16 residents, five males and 11 females (median age 78 years, range: 65–85), at GD A. Four residents, three males and one female (median age 68 years, range: 64–71), lived at GD B. At both GDs, the residents rented their own small apartment with a bedroom, a bathroom and a small kitchen. In addition, both GDs had a kitchen and a living room for communal use. Every resident had one or two nurses primarily responsible for his/her daily care. The central principles of philosophy of care were to facilitate daily living by providing for individual needs and social needs, as well as making the experience of care as dignified and homelike as possible (Zingmark et al., 1993).

Interviews

The first author (LK) conducted 20 audiotaped narrative interviews. They took place at the assistant nurses' workplace during their working hours. The average length of each interview was 35 min. The interviewees were asked four open questions; (1) about their experience of job satisfaction; (2) reflecting on their own involvement in nursing care; (3) what was "good" and "not so good" about working at the particular GD; (4) whether they intended to remain working at the GD and why or why not? Clarifying and encouraging supplementary questions, such as "What do you mean by saying you are working on your own?", were also asked as appropriate.

Ethical considerations

The interviewees were thoroughly briefed beforehand and guaranteed confidentiality. They each gave their informed consent to participate in the study. Permission for research was granted by the Ethics Committee at the Medical Faculty, Umeå University (§409/00 No. 00-337).

Data analysis

To uncover the underlying meaning in the text, it was analysed using thematic content analysis (Baxter, 1991; Graneheim & Lundman, 2004), an interpretative process in which the researchers take into consideration the whole context. The analysis was performed in several steps. First, to provide a sense of the whole, several open readings were made. Based on the verbatim-transcribed interview, the text was divided into meaning units. Either they could consist of some words in a sentence or several sentences bound together by their content. The meaning units were condensed while retaining the original essence and labelled with a code, simply stating the content of each. In order to find similarities and differences, the various codes were compared and sorted into sub-themes. With regard to the meaning units, the condensed meaning units and the codes, the sub-themes were created as assistant nurse attempt to answer the question "How do the assistant nurses feel when they describe/experience this or that?" The sub-themes were then compared and sorted into themes, which were not necessarily mutually exclusive; with reference to the question "How can the underlying meaning/message be interpreted?" Hereafter, the themes were formulated into a core theme illustrating the core or central interpreted meaning of the assistant nurses' narratives of job satisfaction. The above description necessarily identifies the main logical steps in the data analysis, rather than the precise way in which it was conducted.

To deal with credibility, one aspect of trustworthiness in qualitative studies (Guba, 1981), the interview transcripts were repeatedly read through while comparing and validating them against the sub-themes, themes and core theme (LK), ensuring that no relevant data had been inadvertently or systematically excluded or irrelevant data had been included. One of the authors (KA) read the transcripts while following the path of the analysis. Repeated discussions among the authors took place until consensus was reached about the level of abstraction and about how to interpret the findings.

In addition, six participating assistant nurses confirmed that they recognised the findings. To secure the dependability of this study, for instance, by it being consistent over time, a continuous dialogue also took place with regard to this issue among the authors.

Findings

The narrations indicated exposure, insufficiency, a feeling of not being valued and doubt, as well as respect and importance and devotion towards the residents. The underlying meaning of the assistant nurses' narratives of job satisfaction when caring for residents with dementia and BPDS, taking the whole context into consideration, was interpreted and formulated as a core theme: "job satisfaction as a process moving between mainly breaking down and occasionally building up the working person". The

Table I. Overview of the sub-themes, themes and core-theme 'job satisfaction as a process moving between breaking down and occasionally building up the working person—destructive and nourishing aspects'

Sub–themes	Themes	Core-theme
Being tired and drained of energy	Being exposed	The destructive aspects
Feeling overwhelmed by noise		
Being abused		
Feeling humiliated		
Feeling dissatisfied	Being insufficient	
Having a bad conscience		
Feeling vulnerable		
Regarded as a burden	Not being valued	
Being insignificant		
Feeling uncertain	Doubting oneself and others	
Feeling insecure		
Feeling confident with and supported by co-workers	Respected and valued	The nourishing aspects
Feeling confirmed by residents		
Being insignificant	Being devoted to the residents	
Being and wanting good		

destructive and the edifying aspects of the narrations, each with their own unique structure, are presented separately, together with themes and underlying sub-themes. Table I presents assistant nurse overview.

Job satisfaction as a process moving between breaking down and occasionally building up the working person—destructive aspects

Most of the assistant nurses' narrations were related to the destructive aspects of job experiences. The destructive aspects of the job experiences were reflected in the themes interpreted as being exposed, being insufficient, not being valued and doubting oneself and others. These themes were drawn from interpretations of how the assistant nurses felt in relation to different situations they described and statements, presented here as sub-themes such as, "being abused" and "feeling humiliated".

Being exposed

The assistant nurses' narrations dealt with the experiences of working in a demanding environment, related to different types of physical and psychological exposure primarily in connection with interactions with the residents, who were mainly described in negative words, such as that they were too aggressive, too demanding and never satisfied. The themes were drawn from the sub-themes, 'being tired and drained of energy", "feeling overwhelmed by noise", "being abused" and "feeling humiliated".

Being tired and drained of energy. When working with people suffering from dementia, it was said to be essential to have a great deal of patience, in order to be able to "encourage and motivate" the residents' cooperation. This nursing approach required a great deal of energy. Some mentioned the connection between tiredness and lack of patience, which may result in "poorer" care. Some talked about how they used all their energy at work. Others mentioned that working with this particular resident group, as opposed to care work in general, made them feel physically exhausted:

> These behaviours have been going on for years, which makes it even tougher. It's beginning to wear on the inside and there is this insidious fatigue that you don't know where it's coming from. This woman totally drains you.

Feeling overwhelmed by noise. They were overwhelmed by noise because the environment was loud and noisy, due to the fact that several residents screamed, shouted and yelled on a daily basis. Being in this environment was referred to as a very strenuous physical factor by most of the assistant nurses:

> This woman screams and screams all day long. She shouts out the staff's names uninterruptedly. It is only when she is lying down resting that . . . she does not scream, but I mean she can't lie down all day. You get tired in your head every now and then, when you are here too often. Your ears ring.

Being abused. The majority had experienced abuse at work. They said that they had experiences of being squeezed against the wall, pinched, scratched, hunted, hit or that the residents had thrown things at them. This was regarded as a very trying and unpleasant part of the job:

> The residents here are so very aggressive that it is in fact very hard . . . and some days you feel really, really bad when you have been forced to get to grips with someone, in order to make things work . . . we have to change nappies every day . . . we must take care of them even if they hit and fight and scratch and . . . it is not little . . . not small smacks we get. They are in fact quite heavy punches and pinches and bruises.

> He is very aggressive . . . Sometimes he can't stand the sight of us, when he attacks us in the hallway

> and bashes us and twists our arms. When we help him in the toilet, there always have to be two of us, one that pulls down his trousers and one in front of him, trying to hold him... This person bears the main brunt that day with a lot of violent assaults. He grabs hold of your arm and holds so unbelievably hard that there are times when you want to scream for help.

Afterwards, the assistant nurse showed the interviewer (LK) several scars on her forearm that this man had caused.

Feeling humiliated. In interactions with residents, the assistant nurses sometimes came away feeling patronised or psychologically exposed by the residents' treatment of them:

> Going to work every morning, knowing that you are on the way to daily maltreatment either physically or psychologically or both... as her contact person I was called everything from 'bitch' to 'bloody hag' and she would pinch, scratch, fight, spit at you, throw her food on the floor, kick you.

The assistant nurses explained that their response to these experiences varied. On "good days", they had a more tolerant and understanding attitude toward the residents.

Being insufficient

A large amount of the text dealt with experiences that were due to organizational efficiency demands, never being able to do enough. Being insufficient was a thread of meaning running through the narrations, although it was manifested in many different ways, "being dissatisfied", "having a bad conscience" and "being vulnerable".

Being dissatisfied. Most of the assistant nurses complained that they felt under more personal strain due to reductions in staff numbers and economic resources in recent years; leading to lack of time. Some were thinking about terminating their employment due to the deterioration in working conditions and some experienced a high level of job satisfaction; others appeared seldom or never to feel satisfaction related to their work. Other emphasized a high frequency of organizational change as having a damaging effect on their job satisfaction:

> Before, I used to feel job satisfaction... but I don't any more. We are working faster and faster, running and running, trying to do everything, but you don't feel that you manage to do anything lasting... it's like fighting fire.

They said it was dissatisfying when they were unable to do what they had planned with the residents:

> ...but it's difficult because you want to feel... when you go home... that this has been a good day because I've done what I was supposed to do... but... you don't feel that way... that's sad.

Having a bad conscience. The residents had many varied needs, but the assistant nurses described feeling that they were only actually meeting the residents' most basic physical needs (see Table II, example 1). At the same time, they were unjust as they "let" the other residents in the GD down because they had to devote a disproportionate amount of time to the most "demanding" residents. They felt that the "nicer", "quieter" residents were not paid the same attention: "All the time we have to think of the other pensioners who are also living here

Table II. 'Job satisfaction as a process moving between breaking down and occasionally building up the working person—destructive and nourishing aspects': examples of the thematic content analysis

Condensed statements	Codes	Sub-themes	Themes	Core-theme
We don't have time for the elderly, you see. Nowadays it's like storage. It used to be care.	Lack of "good" nursing time	Having a bad conscience	Being insufficient	
The patients' behaviour affects you so that you feel that you can't really trust yourself. After three and a half years, you are starting to feel insecure about your own reactions. Will you "pinch back"?	Unpleasant nursing experience	Feeling uncertain	Doubting oneself and others	Destructive aspects
My workmates are the most positive thing about working here you are never alone.	Community with the staff	Feeling confident with and supported	Respected and valued by co-workers	Nourishing aspects
It feels as if the elderly residents are my "own". Maybe I feel too much about them?	A familiar relationship with the residents	Being fond of the residents	Being devoted to the residents	

as well . . . these who are quiet and 'fine' don't get that much time."

They also knew that some residents had the potential actually to attack other residents and it was their responsibility to "protect" residents from this harm and they stated that they were sometimes unsuccessful and failed to meet this obligation. This gave them assistant nurse even worse conscience: "His arms are covered in scratches. Thank God, his relatives don't visit him that often (so that they would notice)."

Likewise, some explained that they had to use force in order to be able to do the basic caring, which also led to a bad conscience:

> We often have to press him down in a chair and often have to use . . . force in order to get him seated. When he sits down, he looks pleased, but he would never sit down or go to bed willingly on his own. It's so . . . horrible that we have to use 'violence' to do our job.

Being vulnerable. This was another aspect of being insufficient and was connected with the assistant nurses' inability to "protect" themselves from unpleasant verbal behaviour. Some of the assistant nurses pointed to a conflict between how they had been trained to respond and their actual reactions. Despite knowing that they ought not to take verbally aggressive behaviour originating from dementia-related changes in personality personally, they felt stung:

> But all these violations (a resident) comes out with . . . I try to let it go in one ear and out the other . . . but if I am having a slightly bad day- . . . they (the violations) stay in my head . . .

Not being valued

The assistant nurses' experiences and thoughts about how they felt they were regarded and treated by the organization were interpreted as them not being valuable to the organization. "Regarded as a 'burden'" and "Being insignificant" were the sub-themes reflecting this.

Regarded as a 'burden'. Covered a feeling of being unwanted and defining oneself as assistant nurse economic burden to the organisation/society was also obvious in some narrations:

> Strictly speaking . . . we (the staff) don't mean anything but a cost to the superiors.
>
> All the talk about money indicates that nothing else matters . . . the fact that it is human beings we are taking care of is unimportant. You (the carer) are primarily regarded as a cost . . . that is reality . . . and it feels so sad . . . and it's new to me . . ..

Being insignificant. The majority did not feel that the organisation valued them. Some said that they were not listened to and not able to influence: "We can't make any more reductions . . . but it doesn't matter how often we say that . . .."

Many described feeling subsumed, leading to feelings that they might as well give up their intention of influencing their work situation. Some of them said that they might as well give up.

Doubting oneself and others

Another thread of meaning in the stories was seen as a kind of mistrust towards themselves, the residents and the organization. This is seen in the sub-themes, "Feeling uncertain" and "Feeling insecure".

Feeling uncertain. Many felt pushed to their personal limits in situations in which they were very negatively affected by specific types of behavioural disturbance. They described feeling unsure about how long they could continue to take rudeness, being spat at, being scratched or physically hit by residents, without responding physically themselves to such provocations (see Table II, example 2). "Confrontations" of this kind with residents appeared to undermine the personal confidence of being able to cope. They described often having to leave the room in order to regain a sense of control:

> Last Monday I was about to explode *on . . . when* I said I won't go to XX's department to help her today because I have worked the whole weekend and taken so much care of her . . . XX had even kicked me, when I sat in front of her helping with her shoes . . . and when she spat at me and she had scratched me and called me everything awful- . . . and then, on Monday morning, when I was going to enter her room . . . I felt . . . I was about to . . . I was about to dot her one . . . I mean I . . . I . . . it was not appropriate that I should go in there this day . . . It happens that you have to leave the room and calm yourself down . . . it is so devilish that you have to leave the room.

Another dimension was that some of the assistant nurses expressed "uncertainty" about whether the residents actually could control themselves in some situations. They referred to situations in which they, for instance, had taken residents to other social

environments, such as a café, where the residents would behave in a pleasant, polite manner.

Feeling insecure. Perceived constant, never-ending changes within the organization were experienced as unsettling by the staff. Many expressed a real need for stability: "It's spinning round all the time in the organization with these constant changes that never give us a chance to stabilize. You . . . ever know what will happen next."

Job satisfaction as a process moving between breaking down and occasionally building up the working person—edifying aspects:

Less content in the narrations could be related to the nourishing aspects of job experiences. This was reflected in the themes interpreted as being respected and valued and being devoted to the residents. These themes were created through interpretations of the how the assistant nurses felt in relationships to different situations and statements seen in the sub-themes (for examples, see Table II).

Respected and valued

The narrations also revealed that the assistant nurses were a part of a good working community, where they felt accountable and respected as individuals. The sub-themes were formulated as "Feeling confident with and supported by co-workers", "Feeling confirmed by the residents" and "Feeling independent".

Feeling confident with and supported by co-workers. Generally, they expressed strong feelings of mutuality with the co-workers, which meant that they could rely on and were extremely important to each other, which the majority of the assistant nurses gave as the most important reason that they managed to work with the residents with BPSD. They stressed their feeling of being supported by co-workers: "My workmates are the most positive thing about working here . . . you are never alone . . ."

Furthermore, they felt that there was a forgiving and accepting atmosphere among the staff, which meant that it was all right to ask for help. "If I say, for example, that I don't know if I managed to do the personal care for this resident this morning, some of my colleagues will take charge."

Feeling confirmed by the residents. It was mentioned as significant for the assistant nurses to be valued by the residents. Some said that at times the elderly residents were also very grateful and that they gave them a great deal in return:

> When I get a smile back from him, I feel satisfied with my job . . . because then I know that, at least for that little moment, he recognizes me. I feel confirmed. (What is it that he is actually confirming, interviewer's question?) That he likes me.

Feeling independent. They generally described themselves in positive words, such as loving their jobs, feeling more confident in their professional roles, having grown as a person and knowing what changes a nurse actually can and cannot accomplish, which gave rise to assistant nurse inner feeling of independence. Likewise, in relation to being trusted by superiors to organise their own workload without undue interference was further identified as contributing to nourishment. The size of the dwellings was seen as well organised and understandable: "It is a good thing that we can manage by ourselves."

Being devoted to the residents

The assistant nurses' narrations also dealt with the experiences of being devoted and happy about a meaningful work with human being. The underlining sub-themes were "Being fond of the residents" and "Being and wanting good".

Being fond of the residents. The assistant nurses talked about how they really liked the residents. Some described strong and emotional relationships regarding the residents as their own "relatives":

> Even though you are not supposed to think of the residents as relatives, it is . . . but, we almost are . . . a lot of the residents have their relatives far away from here, so we are their relatives . . . almost, because they know us better . . ..

Being and wanting good. Many of the assistant nurses mentioned unselfish wishes and goals expressed on behalf of the residents, concerning their right to live a life of dignity. This included statements about the residents coming outdoors, having a shower once a week, not being left to die alone and being able to give the residents "that little extra". Many of the assistant nurses said that, even though the working situation with these sometimes very provocative, violent residents was difficult, they saw it as unthinkable, inhuman and unworthy to give the residents heavy tranquillizers in order to keep them calm:

> We had this lady who came back to the home from the hospital where she had received new

> tranquillizers. She was a shadow of her former self—it isn't dignified, I don't think so.

Several assistant nurses explicitly expressed a desire to make the very best of the situation. This was a connecting thought in these interviews: "It is our duty to try to make the residents' life as positive, good and pleasant as possible, no matter what".

When the assistant nurses felt that they managed to give the residents sufficient time, it felt very satisfying.

Discussion

Summary and reflection on the main findings

This study focuses on describing assistant nurses' experiences of job satisfaction, where their work involves taking care of residents suffering from dementia and elements of "aggressiveness" and "psychomotor agitation". The narrations indicate exposure, insufficiency, a feeling of not being valued and doubt, as well as respect and importance and devotion towards the residents. Consequently, the interpretation is ambiguous and complex: 'job satisfaction as a process moving between breaking down and occasionally building up the working person'. This is supported by Graneheim et al. (2005) who found that caring for people with dementia and BSPD is a contradictory experience. It is also in line with the statement that human beings' existential situations involve ambiguous and complex processes, where it is impossible to draw assistant nurse unambiguous line between good and bad (*cf.* Bauman, 1997).

Due to the chosen sample, it is not surprising to find assistant nurse overload of negatively charged narrations of job satisfaction. In spite of this, it was unexpected to learn that the majority of the assistant nurses "endure" working with the residents with attacking behaviour, because of psychological nourishment obtained through the strong feeling of solidarity, good fellowship with colleagues, collegial support, confidence and affirmation, which motivate the assistant nurses to remain at the workplace.

Caregivers' attitudes, in ethical-aesthetic dimensions, is chiefly positive, which is interpreted as the caregivers being *for* the residents (Norbergh, Helin, Dahl, Hellzén & Asplund, 2005). Even if the way the assistant nurses in this study refer to the residents is more negative than positive (Brodaty et al., 2003), we argue that there is no doubt about their devotion, because the residents' interests and dignity are the focal point and as such are associated with ontological and existential aspects. They are morally nourished through a sense of the work being morally right. The assistant nurses are fond of, confirmed by and important to the residents, which gives rise to inner feelings of doing and being good and is seen as rewarding elements in nursing (*cf.* Peters & Laischenko, 2004).

Owing to the residents' demanding conditions, together with assaulting and hostile verbal behaviours, the assistant nurses are forced constantly to be ready to interact in difficult, potentially dangerous and often humiliating situations. The tension created by this constant awareness, together with the feeling of being overwhelmed by noise, might lead to emotional exhaustion (*cf.* Evers, Tomic & Brouwers, 2002). Exhaustion and disengagement are both indicators of burnout and low job satisfaction (Demerouti et al., 2000). No matter whether the physical and verbal aggression is intentional or not, many assistant nurses regard it as violence (Gates et al., 2003) and sometimes staff view the residents' aberrant behaviours as deliberate, see Brodaty et al. (2003). The assistant nurses experience both short-term and long-term emotional reactions, such as frustration and a fear of being physically harmed (*cf.* Gates et al. 1999; Hagen & Sayers, 1995).

Assistant nurse all-pervading feeling of insufficiency is mainly related to negative organisational circumstances; lack of time and resources, described as major sources of job stress (Blegen, 1993; McGowan, 2001). On one level, this affects job satisfaction: some feel a high degree of job satisfaction, while others appear to feel it seldom or never (Brodaty et al., 2003), even if dissatisfaction and frustration colour the narrations, because of which some are considering leaving their current jobs. On another level, the assistant nurses' bad conscience can be understood as the "price" they pay for the gap between the current economic and moral reality and the ideal moral desire, resulting in assistant nurse awareness of their own feelings of inadequacy and failure, as well as not being just. Moral sensitivity creates greater demands for fairness and justice in care (Lutzén, Cronquist, Magnusson & Andersson, 2003).

Furthermore, the employer's meta-message is interpreted as the assistant nurses not being valued, indicating that they do not feel confirmed by their employer, which is a psychologically destructive aspect. They also lack management recognition of any good work being done in difficult conditions (Blegen, 1993; McGowan, 2001).

When working under these circumstances, near the residents, after some time, the assistant nurses might begin to question and doubt themselves. The awareness of the potential or actual performance of "wrong actions" appears to cause the suffering related to uncertainty and the betrayal of their own

ideal and the residents (Eriksson & Saveman, 2002). In addition, however, they suffer from a somewhat violated trust in the organisation due to the existence of frequent work-related changes, lack of support and recognition, which, combined with the residents' physical and mental violation, results in the undermining of self-confidence and a high level of insecurity and moral stress. Because, paradoxically, the spatially and temporally sustained proximity to residents is the basis of nurses' moral sensitivity and distress and also of nurses' sense of moral identity and moral ambiguity (Peters & Laischenko, 2004).

It seems reasonable to assume that even a tiny increase in the burden may cause a staff breakdown, which may result in violence to the residents. It is as if they are caught in a tiny place with little room to manoeuvre, forced to act and interact with aggressive residents, with only the support of their fellow workers. The findings can be seen as being tremendously distressing, at least for the assistant nurses (*cf.* De Deyn et al., 2005; Verkaik et al., 2005). Possible consequences at the personal level could be reduced moral sensibility, becoming ill or leaving work. For this reason, the pressure on the staff needs to be relieved in order to create room to manoeuvre and the interaction with aggressive residents needs to be reduced, as the edifying aspects in the process appear to function as a counterweight to the destructive aspects. At the same time, the support must also come from people other than the co-workers (*cf.* Sveinsdóttir et al., *in press*). This might lead to assistant nurse enhanced feeling of being edified and of well-being, together with a reduction in destructive feelings. In order to increase job satisfaction and reduce staff turnover, moral stress must be dealt with (Lutzén et al., 2003).

How can aggressive behaviour be understood?

It is known that physical assaults on caregivers by elderly residents occur primarily during basic care activities, such as dressing, changing, bathing, feeding and turning (Gage & Kingdom, 1995; Hagen & Sayers, 1995). It is possible to understand aggressive behaviour as being basically generated by three different categories: patient factors, environmental factors and caregiver factors (Chou, Kaas & Richie, 1996; Gates et al., 2003). A history of previous assault (Chou et al., 1996; Saveman, Hallberg & Norberg, 1996) and a diagnosis of dementia or organic brain syndrome are most often associated with aggressive behaviour in elderly patients. At the same time, limited body space and excessive environmental stimuli can trigger aggressive behaviour. When it comes to caregiver factors, respecting privacy, identity, autonomy and relating to security are central, intertwined phenomena, which often simultaneously conflict with each other and this must be taken into account when interacting with a person with dementia and BPSD (Graneheim, Norberg & Jansson, 2001).

What can be done to increase job satisfaction and the safety of the staff and reduce staff turnover?

Schematically, at least three different levels can be focused on in order to accomplish this: the residents/patients, the staff and the organization. Interventions on any of these three levels will also have assistant nurse impact on the others. Aggressive behaviour must be taken very seriously and prevented by any means. However, at the same time, it should be seen as communication. The ambiguity and complexity continues when it comes to the proposed action.

Focus on residents

In a wider perspective in relation to the individual residents, it can be argued that working with the prevention of violence is important throughout a person's life span, as the previous use of assault is a predictor of its use when the individual is older (Chou et al., 1996; Saveman et al., 1996). Different kinds of treatment approach can be used. Even if the evidence relating to some psychosocial methods was quite modest in overall terms, Verkaik et al. (2005) found some evidence that psychomotor therapy groups reduce aggression in a specific group of nursing home residents diagnosed with probable Alzheimer's disease. While adequate, correctively used psychochemical medication is recommended by some (De Deyn et al., 2005), a person-centred caring philosophy is advocated by others (Kitwood, 1997).

Focus on staff

At staff level, it would be appropriate to heighten the general level of knowledge and the specific knowledge of elements in interaction, as specialist training in behavioural management for people with dementia was found to affect the job satisfaction and retention of nursing home staff (Grant et al., 1996; Maas et al., 1996). This might help the assistant nurses to prevent the incidence of assault by recognising the potential risks, preventing patients' fear and anxiety, reducing the outburst of anger and reducing patients' agitation (Chou et al., 1996). Robinson, Adkisson and Weinrich (2001) state that female caregivers in particular, as they are thought to be more frightened than male caregivers, need to receive individualised, specific education and

training programmes in order to understand and manage disturbing behaviours. Carlsson, Dahlberg, Dahlberg and Ekebergh (2006) report that when psychiatric patients, who had been violently towards care providers, are encountered by "detached impersonal", the encounters are experienced as uncontrolled and insecure, and might end up in a violent incidence. However, if they are encountered by "authentic personal" in an undisguised, straightforward and open way, and they sense that unrestricted respect which the staff would show any other human being, the result is not likely to be violent. The residents' way of acting can be violent and difficult to handle, but reflecting on the resident's life from the individual resident's point of view, i.e. through a confirmation of his/her otherness, means interpreting the communication and not purely looking at the behavioural acts. This is in agreement with Kitwood's (1997) idea of a personhood-focused philosophy, which stresses that people with dementia might have poorly communicated needs, but that, independently of this, they have large social needs, as well as needs for relationships, which is only considered possible when others are physically near them.

Focus on organization

Although it is not possible to prevent all violence against caregivers, the organization/employer must show competent leadership and it has a legal and moral responsibility to develop assistant nurse action plan to minimize the violence and plan interventions for its effects (Gates et al., 1999), as well as responsibility for the quality of the care provided, and it must also supply tools to achieve this. As the foundation of nursing is the ontological concept of care that consists of a practical, a relational and a moral dimension (Martinsen, 1989), it is naturally desirable that the organization, on a practical level, offers a physical environment that is as homelike as possible (Zingmark et al., 1993), together with the non-under-resourced provision of staff (Duxbury & Whittington, 2005). However, when caring for persons with severe dementia and BPSD, special attention must be paid to the moral dimension. In order not to pervert "the manifestations of life" mirrored in a will to act morally *for* the other and to strengthen the moral dimension, the organization must offer assistant nurse adequate level of support in various ways for the assistant nurses, as the *being-for-the-other* precedes *being-with-the-other* (*cf.* Watson, 2003). As has been seen, the opportunity for reflection might be a way of strengthening the moral dimension. In this era of post-health-care restructuring, it is naïve to wish for more staff resources (Peters & Laischenko, 2004). Severinsson and Hummelvoll (2001) have described the importance of managerial support in work where confirmation is assistant nurse essential part of people's experience of job satisfaction. This could perhaps be understood as the organization's meta-message of *being-for-the-other*—the staff. In this study, assistant nurse acknowledgement of the experienced unsatisfactory state of things from the employer's angle appears to be important. The assistant nurses' needs must be recognised and, according to Severinsson (2003), nurses require emotional support. A great deal of research has been done on the benefits of supervision, which might be seen as the organization's means to get the staff more extensively to *be-with-the-other* and assistant nurse effort to emphasise the relational dimension. Severinsson and Hallberg (1996) have shown that nurses felt confirmed by clinical supervision and that this led to increased job satisfaction. Furthermore, Severinsson (1999) says that the process of supervision promotes ethical awareness and good behaviour in the nursing profession, while Olsson, Björkhem and Hallberg (1998) found that systematic clinical supervision (SCS) helped to interpret the behaviour of people suffering from dementia behaviour. It also gave a better understanding of the important other and the staff's emotional reactions; see SCS (Olsson et al., 1998). Supervision together with a detailed assessment tool improved care quality and contributed to seeing the patient as a real person beneath a dementia surface (Hansebo & Kilhgren, 2004).

It is, however, important to remember that care does not take place in a vacuum. The care of the elderly needs to be organized in such a way that human dignity is retained for both staff and residents. There is also a need to look at the organizational structures that may hinder nurses from doing well (*cf.* Lutzén et al., 2003). The effectiveness of interventions, concentrating on the development of leadership, education, supervision and reflection must be studied, as these could be possible ways of reducing the prevalence of BPSD-related violence, enhancing job satisfaction and handling moral stress.

Methodological considerations

For this study, a specific context, assistant nurses with special experience of BPSD, was purposely selected. The interviewees' various genders, ages, length of experience and sizes of GDs contributed to a richer variation in the experience of job satisfaction. It is possible that, if part of the study had been conducted in another country, the variation could have been even richer. The trustworthiness also relates to the transferability of the findings

(Guba, 1981). We argue that it is possible for the reader to make a realistic assessment of whether or not the findings are transferable to other similar contexts. It is also important to remember that, during the 1990s and the early 2000s the Swedish public elderly care has been downsized economically, which might explain some of the "negativity" towards the organization. This study represents one possible interpretation of multiple meanings, influenced by the fact that all the authors have long experience of working with demented patients and psychiatry.

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