When pushed to the limit: Moving beyond a difficult situation

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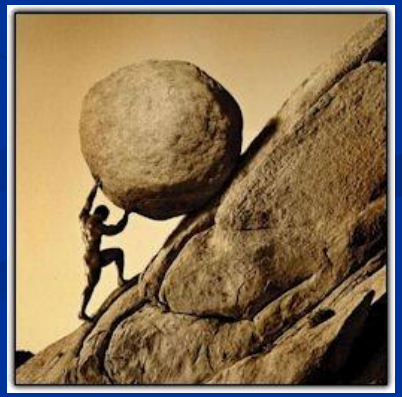


"After an upsetting incident, what self-talk might help you continue in your caring relationship with a resident or their family? The session will also address how managers can assist staff through a difficult circumstance."

Aggressive behaviour from a person with dementia can be difficult to cope with for professional caregivers. Are there better ways to understand and think about this behaviour so that negative feelings towards the person don't increase to a point where the quality of care is affected (and maybe also leading to symptoms of caregiver burnout)? How can managers support this more understanding approach?

My background

- 15 years on the Critical Incident Stress Management Team at St. Boniface Hospital
- Some experience doing psychogeriatric consultations related to patients being aggressive towards staff in institutions
- I have also done some system consultations intended to make staff attitudes more positive

Violence vs. Aggression

- "Violence" implies intentionality
- "Violence" implies higher level of severity
- Therefore, the preferred terms in the dementia care literature are "aggression" or "aggressive behaviour"

Pulford D & Duxbury J (2006). Aggressive behaviour by people with dementia in residential care settings: a review. Journal of Psychiatric and Mental Health Nursing, 13, 611-618.

What is aggression?

"Aggression is any mental or physical action or procedure violating the positive relationship between staff and the recipient of care"

Evers et al. (2002). Aggressive behaviour and burnout among staff of homes for the elderly. International Journal of Mental Health Nursing, 11, 2-9

Types of aggression

1. Passive resistance:
   - Not opening mouth when being fed
   - Pretending to be deaf to a request
   - Pretending to have forgotten agreements
   - Pretending to be dependent
2. Active resistance:
   - Spitting out food
   - Being unclean on purpose
   - Destroying things
   - Irritating staff
   - Claiming staff

Types of aggression

3. Verbal aggression:
   - Shouting
   - Calling names
   - Threatening
   - Sexual remarks
4. Physical aggression:
   - Improper touching
   - Pushing, pinching
   - Kicking, hitting
   - Biting

Evers et al. (2002). Aggressive behaviour and burnout among staff of homes for the elderly. International Journal of Mental Health Nursing, 11, 2-9

Staff perceptions

- Research suggests that the behaviours that staff find the most difficult to cope with are physical aggressiveness, uncooperativeness, and unpredictability
- Studies have also shown there is considerable variability in how deliberate staff believed the behaviour to be (this perception of deliberateness will be seen as a very important variable later)

Brodaty et al. (2003). Nursing home staff attitudes towards residents with dementia: strain and satisfaction with work. Journal of Advanced Nursing, 44, 583-590.

Staff perceptions

- Research indicates that some nursing home staff (30%) also report too little opportunity at work to discuss the psychological stress of work (e.g., debriefing after aggressive incidents)
- Many (55%) also felt they knew too little about the health conditions of their patients (i.e., why the patients behaved the way they did)

Brodaty et al. (2003). Nursing home staff attitudes towards residents with dementia: strain and satisfaction with work. Journal of Advanced Nursing, 44, 583-590.

How common is aggression towards caregivers in residential settings?

- One study showed 59% of nursing assistants were assaulted (physical aggression) at least once per week
- 16% reported being assaulted daily
- 51% reported that they had been injured at least once (needing medical attention 38% of the time)

Gates et al. (2004). Preventing assaults by nursing home residents: nursing assistants' knowledge and self-confidence – a pilot study. J Am Med Dir Assoc, 5, 1621.

Injury

- I found no research on this subject, but from my experience with the Critical Incident Stress Program at SBGH, I see more serious and more prolonged adjustment difficulties for staff when injuries have occurred.

Caring for people with Alzheimer's Disease

- A qualitative study of 22 professional caregivers
- Interviewed about motivations for being a caregiver, perceptions of stress, and coping strategies.
- The overarching theme that emerged was balancing self care with care for the patient and the patient's family.

McCarty & Drebing (2003). Exploring professional caregiver's perceptions: Balancing self-care with care for patients with Alzheimer's disease. Journal of Gerontological Nursing, Sept, 42-48.

The results: finding the balance

Challenges

- Problematic behaviour from patients
- Staffing cutbacks
- Concern for families
- Responding to the expectations of families
- The impact of work schedule on own family

Coping strategies

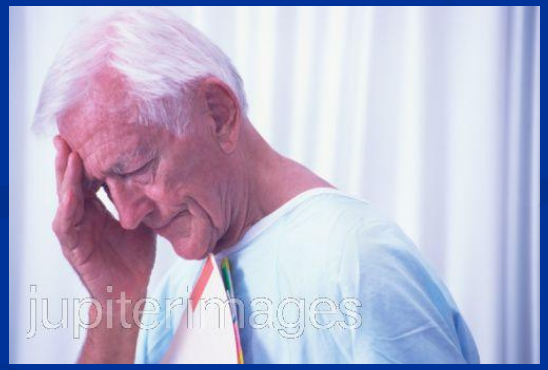
- Keeping goals realistic
- Seeking colleague support
- Keeping work and personal life separate
- Helping families grieve

How often is aggression seen in people with dementia?

- A US study reported aggression or agitation in 24% of people with dementia Lyketsos et al. (2000). Mental and behaviour disturbances in dementia: findings from the cache County Study on Memory in Aging. Am J Psychiatry, 157, 708-714.
- Similarly, studies in the UK found 20% of people with Alzheimer's disease were reported to behave aggressively Ryu et al. (2005). Persistence of and changes in neuropsychiatric symptoms in Alzheimer disease over 6 months: The LASER-AD study. Am J Geriatr Psychiatry, 13, 976-83.

What factors are associated with aggression?

- Cognitive impairment
- Male gender
- Insomnia
- Psychological distress
- Neuroleptic medication*
- Use of physical restraints*



Voyer et al. (2005). Prevalence of physical and verbal aggressive behaviours and associated factors among older adults in long-term care facilities. BMC Geriatrics, 5.

Other factors associated with aggression

- Previous history of aggression (personality)
- Excessive stimuli in the person's environment
- The quality of the caregiver-resident relationship
- Visual and hearing impairment

Talerico et al. (2002). Mental health correlates of aggression in nursing home residents with dementia. The Gerontologist, 42, 169-177.

The role of staff

- "Violent" behaviour has been associated with caregiver inexperience and lack of communication skills (Pryor (2004). What environmental factors irritate people with acquired brain injury? Disability and Rehabilitation, 26, 974-980)
- Nurses who experienced more "violence" were found to be more authoritarian in attitudes, less willing to consult others, and had poorer communication skills (Duxbury (2002). An evaluation of staff and patient views of and strategies employed to manage inpatient aggression and violence on one mental health unit: a pluralistic design. Journal of Psychiatric and Mental Health Nursing, 9, 325-337)

The role of environment

- Privacy and personalisation in bedrooms was associated with reduced levels of aggression and agitation (Zeisel et al. (2003). Environmental correlates to behavioural health outcomes in Alzheimer's special care units. The Gerontologist, 43, 697-711)

- Aggression can also be triggered by overcrowding, too much noise, locked doors, and lack of space and privacy (Pryor (2004). What environmental factors irritate people with acquired brain injury? Disability and Rehabilitation, 26, 974-980)

Cognitive factors associated with aggression in people with dementia

- Disinhibition of behaviour; reduced executive controls and poorly regulated emotion
- Misperception and misattribution of caregiver's actions as potential threats, leading to defensive behaviour
- Reduced ability to communicate, leading to frustration and anger

A person-centred explanation

- People with dementia don't have the same level of control over their behaviour (i.e., this is not intentional violence in the usual sense)
- Aggression by the person with dementia is intended to remove a perceived threat (i.e., an act of self-defense)
- Aggression, and other challenging behaviours, are the product of "poorly communicated needs"

Stokes G (2000). Challenging Behaviour in Dementia. Speechmark Publications. London.

Poorly communicated needs

- This would explain why most aggressive behaviour occurs when the person is receiving intimate care.
- The person may misperceive the caregiver's actions during intimate care as a threat and responds accordingly, either in "self-defense" or to communicate dissatisfaction with the caregiver's behaviour.

Keene et al. (1999). Natural history of aggressive behaviour in dementia. International Journal of Geriatric Psychiatry, 14, 541-548.

Implications for care

- Studies have shown if a person with dementia is being bathed, they are more likely to be aggressive if caregivers:
  - Communicated negatively
  - Invalidated the person
  - Were too hurried or disrespectful
  - Gave too few verbal prompts

Somboontanont et al. (2004). Assaultive behaviour in Alzheimer's disease: identifying immediate antecedents during bathing. Journal of Gerontological Nursing, 30(9), 22-29.

Implications for staffing resources

- Other research has shown aggressive behaviour was a greater problem when caregivers were more focused on finishing intimate care quickly and gave less time to interacting with the person
- If staff are rushing to finish their work, aggressive incidents might be more frequent

Skovdahl et al. (2003). Different attitudes when handling aggressive behaviour in dementia-narratives from two caregiver groups. Aging and Mental Health, 7, 277-286.

Effects of aggression on caregivers

- Immediate psychological effects:
  - Stress
  - Negative emotion
- Psychological effects over time:
  - Burnout or emotional exhaustion

Pulford D & Duxbury J (2006). Aggressive behaviour by people with dementia in residential care settings: a review. Journal of Psychiatric and Mental Health Nursing, 13, 611-618.

Burnout

- Emotional exhaustion
  - Depression
  - Fatigue
- Depersonalization
  - Cold, callous treatment of the patient
  - Detachment, loss of empathy
- Reduced sense of personal accomplishment
  - Disillusionment
  - Fantasies of leaving

Maslach & Jackson (1982). The measurement of experienced burnout. Journal of Occupational behaviour, 2, 99-113.

How does experiencing aggression lead to burnout?

- Research has shown emotional exhaustion of PCH staff increases with exposure to psychological and physical aggression (and working long hours)
- Depersonalization (treating the person less humanely) was increased by physical aggression in particular.

Evers et al (2001). Effects of aggressive behaviour and perceived self-efficacy on bournout amoung staff of homes for the elderly, Issues in Mental health Nursing, 22, 439-454

Escalation of aggression

- Moreover, the effect of aggression on caregivers can be to reduce patience and understanding, the very qualities that are associated with reducing aggression in the first place.

Gates et al. (2003). Relationship of stressors, strain, and anger to caregiver assaults. Issues in Mental Health Nursing, 24, 775-793.

Escalation of aggression

- A quote: "It appears that in some cases, care staff can get into a vicious circle of triggering aggression by responding in negative ways if they are the victims of aggressive behaviour"

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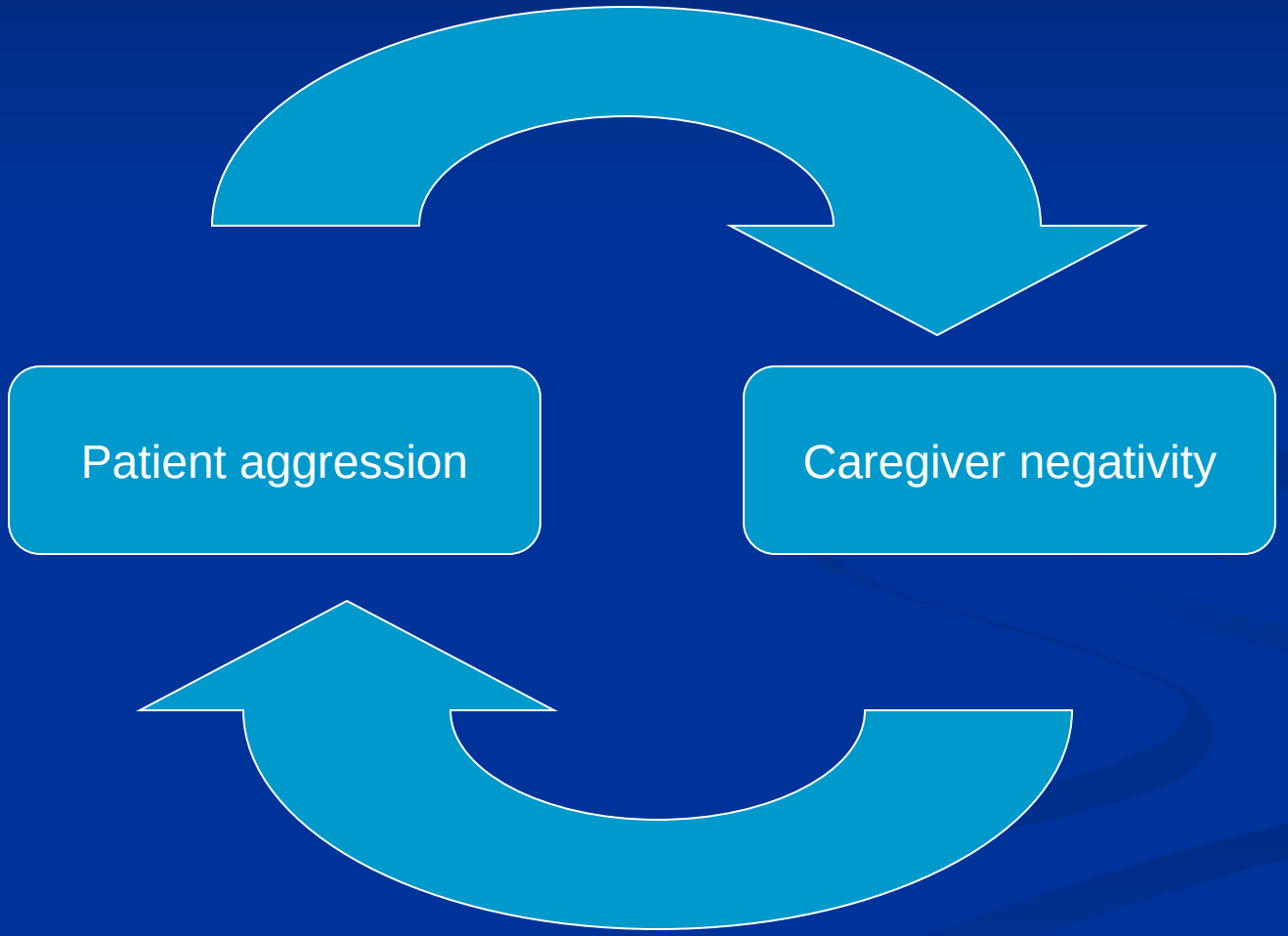
A cycle of aggression



The main point

- An important way to improve the quality of life of people with dementia, especially those who show more aggressive behaviour, is to find ways to reduce caregiver negativity

Changing attitudes from negative to positive

1. Help staff understand the reasons for aggressive behaviour in people with dementia (especially so staff understand that the behaviour is not "intentional")
2. Increase levels of support for staff, which helps reduce staff burnout

The importance of staff training and support

- A Canadian study showed that nursing aids in nursing homes containing dementia special care units reported significantly less aggressive behaviour and less distress from what they did experience, compared to NA staff in homes without special care units (a somewhat counter intuitive result)
- The authors speculated that this finding might be due to the added training and support available from the facility's specialized service

Morgan et al. (2005). Work stress and physicla assault of nursing aides in rural nursing homes with and without dementia special care units. Journal of Psychiatric and Mental Health Nursing, 12, 347-358

Social support and burnout

- Social support at work has been found to predict lowers levels of staff burnout (emotional exhaustion, depersonalization, low personal accomplishment).
- Support by coworkers was generally more important, although support from supervisors was also important when staff felt emotional exhaustion (perhaps needing approval for time off work).

Sundin et al. (2007). The relationship between different work-related sources of social support and burnout among registered and assistant nurses in Sweden: A questionnaire survey. International journal of Nursing Studies, 44, 758-769.

The person-centred approach: a more positive approach

- Attempt to understand the poorly communicated need expressed by the aggressive person, and find individualized ways of meeting that need
- In particular, to consider the meaning of aggressive behaviour in terms of communicating unmet needs or as the person's response to perceived threats
- Essentially, to use our understanding of dementia to inform and guide care
- Follow humanistic values of caring

Stokes G (2000). Challenging Behaviour in Dementia. Speechmark Publications. London.

Examples of person-centred techniques

- Getting to know the resident on a more personal level
- Treating residents with respect and with appreciation
- Using creative communication techniques
- Validating the residents communication attempts
- Doing a behavioural analysis of aggressive incidents
- Modifying environments (esp. individual triggers)
- Creative use of distraction (e.g., music)

Pulford D & Duxbury J (2006). Aggressive behaviour by people with dementia in residential care settings: a review. Journal of Psychiatric and Mental Health Nursing, 13, 611-618.

How to get staff to go along

- Provide staff education opportunities, particularly for the most front-line, hands-on staff
- Get these front-line staff actively involved in designing nursing care plans
- Gather data on aggressive incidents, take them seriously, and provide easy and timely psychological support for staff (e.g., critical incident stress debriefings)
- Use psychogeriatric consultation services

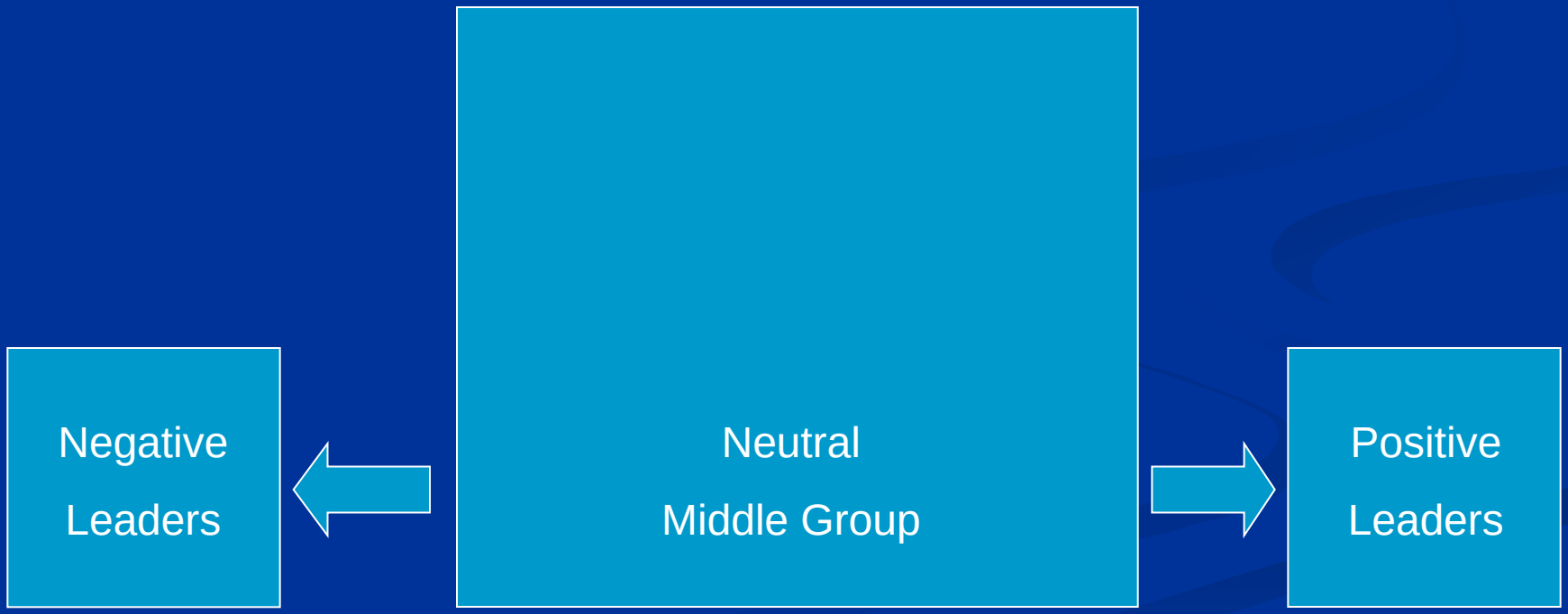
Psychogeriatric consultation

- Mr. X is hitting my staff: make him stop
- The consultation process:
  1. Review the chart and look for patterns or triggers
  2. Assess the resident, determine why the resident is aggressive (e.g., they have dementia), and explain it in a way so staff see that it is not intentional
  3. Interview someone who is known to work well with the patient
  4. Recommend a care plan by basically stealing this person's ideas and approaches

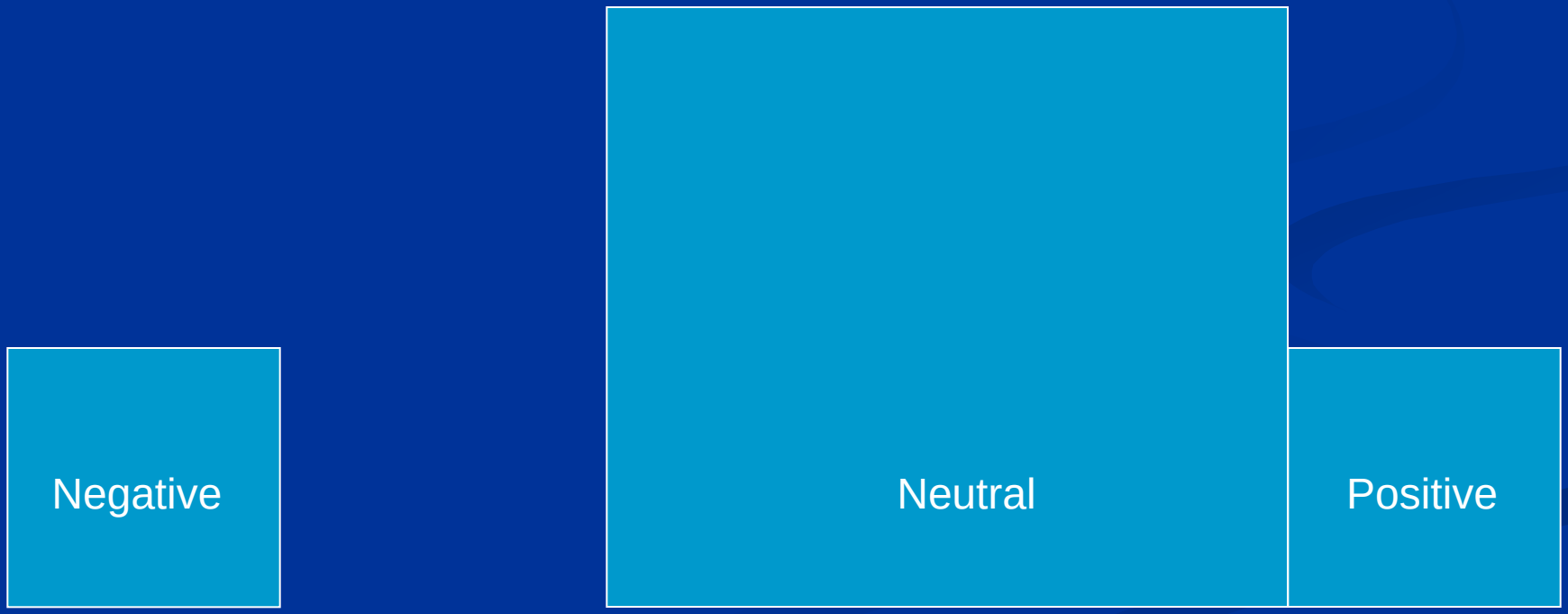
The essential objective

- The essential objective of a psychogeriatric consultation is not (as requested) to directly change the behaviour of the resident, but to change the attitudes of staff working with the resident (in order to indirectly influence the resident; remember the cycle of aggression)
- A beneficial side-effect of a more positive attitude towards difficult resident behaviour is to help reduce the conditions that lead to staff burnout

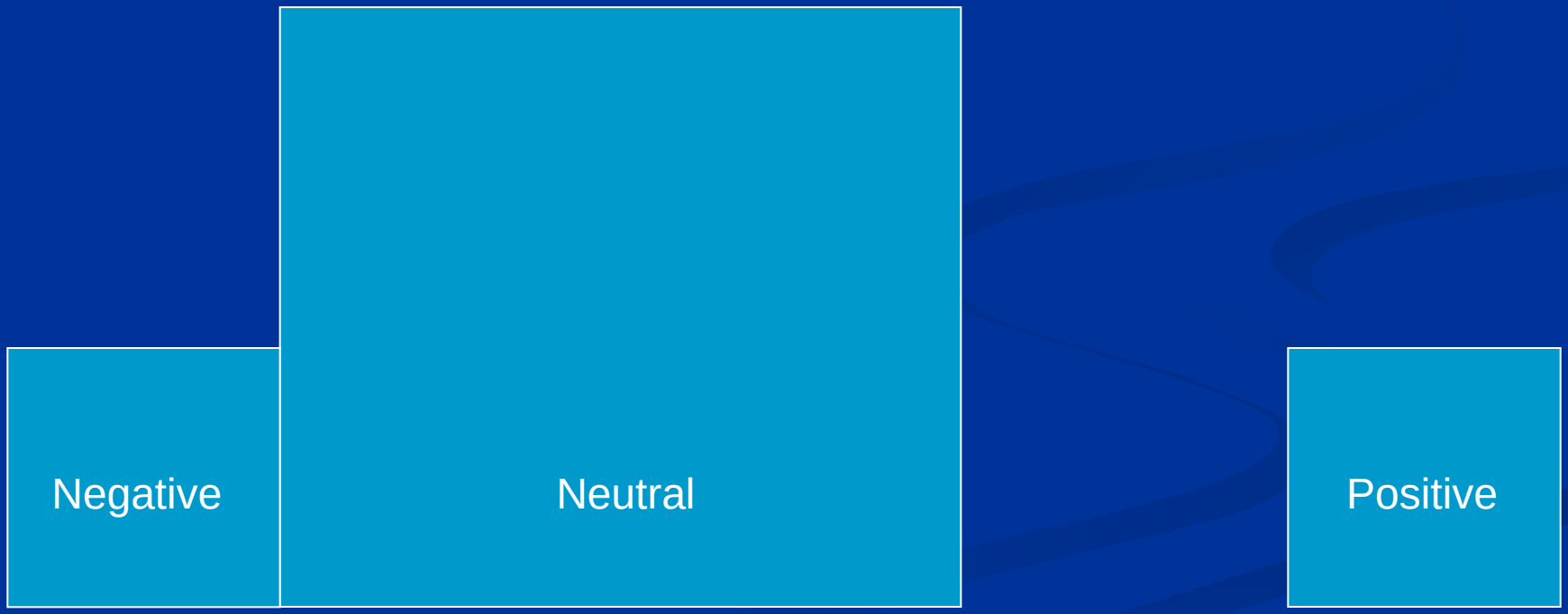
The “attitude dynamic” in groups



“Positive” leaders most influential



“Negative” leaders most influential



Views of a Patient

- Positive leaders: "Mr. X is challenging to work with because of his behaviour, but he is frustrated by how hard it is to communicate with us, and if I take more time with him and communicate more clearly, he is easier to work with".

Views of a Patient

- Negative leaders: "Mr. X is just a mean old man who should never have been brought here, and the only people who should be involved with him are the police".

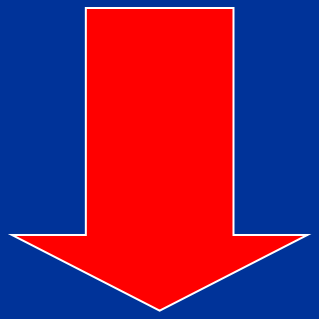
Views of a Patient

- Neutral middle group: "Mr. X worries me and I don't know what to think".

The tipping point

- The overall group is likely to shift towards either the positive leaders or the negative leaders depending upon how strong each side is.
- It should be no surprise that the negative voice is frequently the loudest and most certain.

The strategy

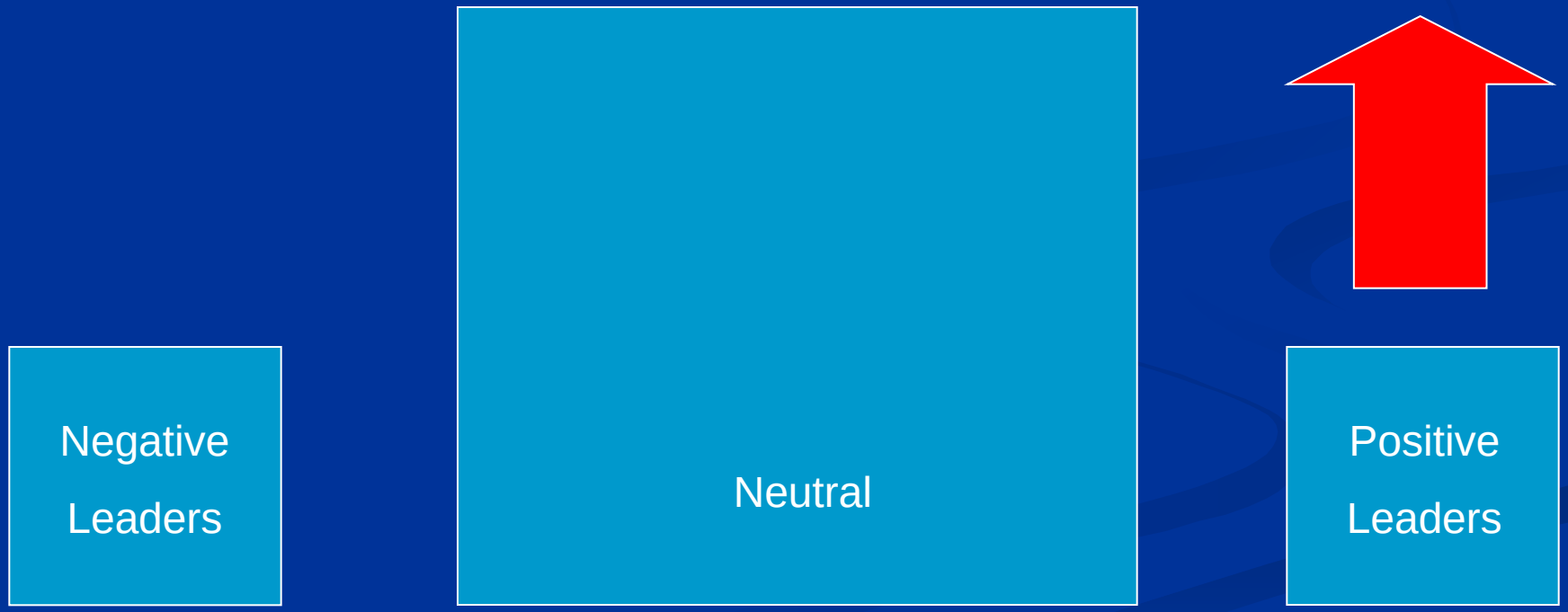


Negative Leaders

Neutral

Positive Leaders

The strategy



Tips for managers

- Find a balance between supporting staff (e.g., zero tolerance policies) and supporting residents
- Recruit the right people (think about the importance of having enough positive leaders in your staff)
- Train your staff: attitudes change with knowledge and mentorship

Nelson & Cox (2004). The causes and consequences of conflict and violence in nursing homes: Working toward a collaborative work culture. The Health Care Manager, 23, 85-96

Tips for managers

- Create a visible, involved, and approachable management

  "Leaders who personally support, inform, empower, reward, and directly solicit input from their staff are modeling behaviours that staff can emulate in their relationships to residents and families"

Sheridan et al. (1992). Ineffective staff, ineffective supervision, or ineffective administration? Why some nursing homes fail to provide adequate care. Gerontologist, 32, 334-341.

Tips for managers

- Maintain sufficient staff-resident ratios
- Assure adequate evening supervision
- Rotate staff responsibility for difficult patients
- Implement a workplace violence prevention program
  - Policies
  - Training
  - Incident reporting
  - Prompt action

Tips for managers

- Finally, get involved directly
  - Show leadership
  - Build channels of communication between different groups
  - Listen and validate all parties
  - Use compromise and diplomacy skills
  - And always be prepared to defend the rights of the resident who has no voice, because ultimately that is how the quality of care of your facility is measured