



Responsive Behaviours in Long-Term Care Settings: Staff Perspectives and Experiences

Sherry Dupuis, PhD
Director, MAREP

Elaine Wiersma, PhD(c)
Research Assistant, MAREP

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Responsive Behaviours (RB) in Long-term Care Research Program

- ***Purpose***: on-going program to gain a comprehensive understanding of responsive behaviours in long-term care settings
- ***Phase One*** – examined the nature of RBs in LTC homes (e.g., frequency, triggers, interventions)
- ***Phase Two*** – involved the development of a training tool to educate front-line staff on better ways to manage and accommodate responsive behaviours
- ***Phase Three*** – examined the meanings and experiences of RBs for staff working in long-term care homes

Purpose of Study

- To examine the meaning and experience of responsive behaviours for various long-term care staff and how these meanings and experiences influence the ways in which staff respond to behaviours

Guiding Research Questions:

- How do staff think about responsive behaviours? What meanings do staff attach to responsive behaviours? What factors influence the way staff think about behaviours?
- How do various staff experience responsive behaviours in the long-term care environment? What factors influence the way behaviours are experienced?
- How do staff typically respond to behaviours? What factors influence the ways in which staff respond?
- How do the meanings and experiences of responsive behaviours influence how staff respond to behaviours?

Methods

- Interpretive grounded theory methodology
- Active interviews with 48 staff working in 10 long-term care homes in Southern Ontario (identified from Phase One)

Characteristics of Staff

- women (85.4%)
- majority in their 40s (40.0%), but a range of ages from in their 20s to 60 years of age
- worked full-time (70.8%), part-time (22.9%), casual (6.3%)
- worked the day shift (50.0%), but also evening and night shift
- had a range of experience working in long-term care, from one year to over 15 years

Job Categories of Staff Participants

Job Category	n	Pct.
Administration/Management	6	12.5
Nursing	11	22.9
Health Care Aide/PSW	21	43.8
Support Staff	7	14.6
Helping Staff	3	6.3

Support Staff include occupational or physical therapists, recreation and activity staff, restorative care staff, and social workers.

Helping Staff include engineering/maintenance, housekeeping, dietary, laundry staff and services assistants.

Key Findings

- *interactional* and *organizational* factors more important than pathology/resident factors in the ability of staff to respond effectively to behaviours
- most important *interactional* factor for staff is
 - the “style” by which staff approach their jobs
- “caring style” necessary in responding appropriately to behaviours and in the prevention of behaviours
- “non-caring style” identified as a major trigger of behaviours

A Caring Style

Caring through Voice and Spoken Language

- providing residents with information, explaining what staff are doing
- simplifying language and tasks
- reducing amount of information given
- being gentle/using a calm voice and manner

Caring through Body Language

- approaching residents from the front
- getting down to residents' eye level
- using physical affection

A Caring Style

Caring through Relational Styles

- building of close relationships with resident/knowing the resident
- seeing beyond the disease
- respecting and believing in autonomy/self-determination of residents
- believing that the person is “still there”
- knowing and respecting individual resident’s preferences and routines
- showing interest in residents
- really listening to residents
- respecting and being able to move in resident’s reality
- being patient

A Caring Style

Caring through Being with the Person

- respecting and being able to move in residents' realities
- moving with the resident's rhythms, slowing down
- being flexible in routines
- validating resident's experiences
- being able to empathize with residents

Organizational Structure /Systemic Factors

Staffing Issues

- staff dynamics/conflicts
- staff shortages
- lack of trained staff/preparedness to respond
- staff turnover = lack of consistency in staff
- lack of strong, supportive leadership/strong role models
- staff fatigue, stress, and dissatisfaction with job

Staffing Issues

It happens everywhere. I find that's a huge challenge is trying to work together and um to be a team. Some people just don't want to be a team. Like some people like to work on their own. [Female PSW].

You're just not properly staffed here and with all the rules and regulations that they have nowadays, it just doesn't work, it doesn't work and people don't get the care that they deserve [HCA/RPN]

Unfortunately there are so many long-term care beds in this area right now. If people don't like where they're working they jump ship really fast and you know, you really need that continuity of staff with residents. [Female Management]

Organizational Structure /Systemic Factors

Limitations of Traditional Service Model

- heavy workloads/high resident-to-staff ratios
- lack of time to adopt and use “caring styles”
- focus on tasks (bed-and-body work) and paperwork
- lack of flexibility in routines

Limitations of Traditional Service Models

...the workload I think is the biggest challenge, and I think if you had better funded long-term care facilities with better educated staff, you'd have far less responsive behaviours. [Female Director of Care]

It's just that, it just makes, it's a make-work, taking away from residents care legislation is what it is, because all those things that they want done have to be done. All that paperwork needs to be done and the more paperwork that you do the less time you have to do those things caringly and nicely for the residents. You know it's uh I have to hurry up and shovel this food into them so I can write down that I did it (chuckles) you know... You have to document every single thing you do every bite they take, every uh and I don't believe that where I am it's necessary. [Female RPN]

Recommendations

- ensuring strong, supportive leadership is in place
- providing outlets for emotional support and the release of stress
- developing a culture of teamwork
- adopting a relationship-centred approach
- providing adequate training for all staff
- adopting a self-reflexive practice approach
- allowing time needed for the adoption of caring styles
- focusing on staff wellness

Thank You!

Contact Information:

Murray Alzheimer Research and Education Program
Faculty of Applied Health Sciences
University of Waterloo
Waterloo, ON N2L 3G1
Telephone: 519-888-4567, Ext. 36188
Website: www.marep.uwaterloo.ca



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