Factors associated with aggressive behavior between residents and staff in nursing homes

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Abstract

The aim of this secondary data analysis of the cross-sectional Swiss Nursing Homes Human Resources Project (SHURP) study was to describe the prevalence of residents’ verbal, physical and sexual aggression toward care workers in Swiss nursing homes and to explore their association with context and care worker factors. The study’s sample incorporated data from 155 randomly selected nursing homes, including 402 units. Among care workers (n = 3919), 66% reported experiencing verbal, 42% physical and 15% sexual aggression. Logistic regression analyses indicated that non-special care units and care workers’ higher perception of staffing and resources adequacy and higher age were associated with a decreased likelihood of aggression, whereas emotional exhaustion was associated with an increased likelihood. Our results suggest an association of aggressive resident behavior with modifiable context and care worker factors. Knowledge about this may contribute to a continuous improvement process, enhancing residents’ well-being alongside care workers’ safety and satisfaction.

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Introduction

Aggressive behavior from nursing home residents against care workers is a distressing but often neglected experience.1 Previous studies have linked differences in prevalence not only to the individual histories of the residents,2 or the details of their injuries, psychological states, or dementia3 but also to a range of context factors, i.e., factors related either to the nursing home setting or to individual care workers. Identifying context and care worker factors’ relationships with aggressive behavior would support recommendations for interventions to reduce residents’ aggression.4

Background

Aggressive behavior is defined as any “non-accidental overt act involving the delivery of noxious stimuli toward an object, oneself or any other person”.5 Types of aggression from residents toward care workers can be verbal (e.g., cursing, verbal attacks), physical (e.g., hitting, pulling hair), or sexual (e.g., touching intimate parts).6–8 Recent studies have accorded the highest frequency to verbal aggression (77%), followed by physical (54%) and sexual aggression (7%).9,10 Overall, nursing home care workers face a risk of aggression up to 23 times higher than in other healthcare settings.11 Staff-resident interactions that result in aggression are embedded in the interplay of resident characteristics, context factors such as unit characteristics and work environment, and care worker attitudes and health.12

Various studies have indicated specific resident characteristics related to aggressive episodes. Of residents with dementia, 90% show behavioral symptoms, which can include aggression.13,14 Those who behave aggressively often suffer from multiple disorders and require more direct care. As aggressive behavior makes them a danger to themselves and others, they are more likely to be physically restrained or to be prescribed psychotropic medication.13,15,16 Other clinical characteristics common among aggressive residents include increased disordered behavior, higher levels of mood disturbance, and a greater need for assistance in activities of daily living.17

Among unit characteristics, the literature shows that, e.g., lower staffing levels or inclusion in a larger facility are associated with increased aggressive behavior.18,19

Until now, findings regarding
care workers’ exposure to aggression in different unit types, such as special care units (SCUs) for residents with dementia and non-SCUs have been inconclusive. However, more advanced stages of dementia are generally accompanied by higher agitation scores. In our study, this connection would predict more aggressive behavior in specialized units for residents with advanced dementia.

Regarding the unit-level work environment, high quality of leadership and effective collaboration among team members are related to a lower risk of assault. Low care worker autonomy and insufficient opportunities for participation are associated with more experience of aggression. However, knowledge about work environment factors related to sexual aggression remains limited.

Among care workers, in addition to injuries, resident aggression is associated with emotional exhaustion, high workload, decreased job satisfaction, and depression. Findings from another study based on the same data as this one associated verbal aggression from residents toward care workers with care workers’ back and joint pain. The SHURP data set also provided information about the relationship between higher affective organizational commitment and less experience of aggressive behavior. The direction of these relationships has yet to be confirmed; however, if resident aggression is the cause, expected consequences would include increased absenteeism, along with intention to leave the job or department. Thus far, reported results connecting associated care worker demographic characteristics with aggressive behavior such as age and educational level have been inconsistent. Likewise, no gender-associated differences have been reported regarding the experience of aggression.

Considering the deepening nursing shortage and nursing homes’ growing difficulty recruiting staff (as reported by the participants of SHURP), the issue of aggression against care workers is particularly problematic, as it may repel qualified care workers. So far, various types of aggression and associated factors have been investigated. However, most relevant studies were conducted with convenience samples and had small sample sizes. Moreover, few studies combined a variety of unit, work environment and care worker characteristics with all three forms of aggression, i.e., verbal, physical, and sexual, in the nursing home setting. Based on the findings of previous research, the aim of this study was to increase our knowledge about a combination of factors associated with aggressive behavior via a comprehensive analysis of context and care-worker-related factors in a representative sample of Swiss nursing homes.

Methods

Aims

This study had two aims: (1) to describe the prevalence of three types of aggressive behavior (verbal, physical and sexual) by residents toward care workers in Swiss nursing homes; and (2) to explore the association of context (unit characteristics, work environment) and care worker (health and demographic characteristics) factors with such aggressive behavior.

Design

This study was a secondary data analysis of the Swiss Nursing Homes Human Resources Project (SHURP), a representative multicenter study with a cross-sectional design.

Participants

SHURP’s overall aim was to explore the relationship between organizational, care worker and resident characteristics, the work environment, and selected care worker and resident outcomes in Swiss nursing homes. It consisted of a final sample of 163 nursing homes, including 434 units and 5323 workers, stratified according to language region and size.

SHURP included facilities officially designated as nursing homes with a capacity of at least 20 resident beds. Facilities not using one of the Swiss national reimbursement systems for long-term care were excluded. Care workers of all educational levels were included if they were involved in direct care, understood German, French, or Italian, and had worked for at least one full month in their unit for at least 8 h per week. Nursing students were excluded. For this secondary data analysis, units that did not provide unit level data were excluded. As leadership support was a variable assessed in this study, care workers in leadership positions were also excluded. Further information about the researchers’ methods is available elsewhere.

Data collection and ethical considerations

Data were collected from May 2012 to April 2013. Care workers were surveyed with a self-report questionnaire. Directors of nursing or nursing home administrators provided data about unit and facility characteristics, while resident data were extracted from administrative datasets. The ethics committees of all participating cantons approved the study (Ref. Nr. EK Beider Basel: 02/12). Care workers participated voluntarily; informed consent was assumed when they returned their questionnaires. Data were treated confidentially and were anonymized via ascription of ID numbers for every nursing home.

Variables and measurement

Aggressive behavior

Verbally, physically and sexually aggressive behavior were measured with single-item questions asking care workers about the frequency of aggressive episodes they had experienced from residents over the preceding four weeks. The definitions of the three types were based on Ryden’s aggression scale. Response options were provided on a 6-point Likert-type scale ranging from “never” to “several times a day”.

Context factors

Context factors included facility and unit characteristics, as well as work environment factors. Facility characteristics included size, i.e., bed count (small: <50; medium: 50–99; large ≥100), profit status (public, private subsidized, private), and language region (German, French or Italian-speaking). Unit characteristics included staffing levels and unit type. Staffing level was represented by the combined full-time equivalent posts (FTEs) of all care workers on a unit divided by the number of beds and multiplied by 100.

Based on dementia prevalence, we defined three unit types. The first of these was special care unit (SCU), i.e., a closed unit in which all residents suffered from dementia and personnel were trained in dementia care. To categorize the second and third types, we median-split all remaining non-SCUs: the mid-level classification included all units in which 60% or more of residents had either been diagnosed with dementia or were showing symptoms; the low-level classification included all units in which the dementia prevalence was below 60%. The work environment was measured by assessing five variables: leadership, staffing and resource adequacy, autonomy, collaboration, and participation. We used two subscales of the Practice Environment Scale–Nursing Work Index (PES–NWI), both of which were adapted for nursing homes: the 5-item “Nurse manager ability, leadership, and support of care
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