European Geriatric Medicine 7 (2016) 157–162

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Research paper

The determinants of behavioral symptoms in long-term care facility residents

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ARTICLE INFO

Article history:
Received 8 September 2015
Accepted 29 January 2016
Available online 28 February 2016

Keywords:
Behavioral symptoms
Verbal abuse
Resistance to care
Socially inappropriate behavior
Long-term care facility (LTCF)
Depression

ABSTRACT

Introduction: Evidence exists suggesting that behavioral symptoms are among the most disturbing and distressing behaviors displayed by elderly residents of LTCF. They have been recognized as major concern affecting patient's quality of life and caregiver's satisfaction. However, they have been yet scarcely investigated in Polish LTCF setting.
Material and methods: The aim of this study was to explore the incidence of behavioral symptoms and to identify their risk factors in a group of 290 residents of one of the biggest LTCF in Poland, using the interRAI-LTCF questionnaire and logistic regression analysis.
Results and conclusions: In our study, behavioral symptoms occurred in about 22.9% of residents. Among factors increasing the risk of verbal abuse were symptoms of depression and abnormal thoughts process. The risk of resistance to care was increased by presence of delusions, while socially inappropriate behavior was more probable in residents aged 71 to 85, presenting symptoms of depression, cognitive impairment, aphasia or abnormal thoughts process. The risk of verbal abuse, resistance to care and socially inappropriate behavior was lower in females. The consistent positive outlook decreased the risk of verbal abuse, and supportive relationship with family reduced the risk of resistance to care. Typically, one tends to bind behavioral symptoms with dementia or psychotic disorders as their main causes. In our study, verbal abuse and socially inappropriate behaviors were strongly correlated with depression. This finding brings an important message to care professionals, that behavioral symptoms may be a manifestation of depression, what should be diagnosed and treated adequately.
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1. Introduction

Recently, a trend has been commonly observed to study behavioral symptoms experienced by elderly residents of long-term care facilities (LTCFs). The term "behavioral symptoms" (called also behavioral disturbances, behavioral problems, challenging behavior, violent behavior) is used here to describe an inappropriate person's verbal, vocal or motor activity [1–4]. Behavioral disturbances manifest as a wide range of symptoms, including verbal or physical abuse, socially inappropriate behaviors, resistance to prescribed care or treatment, inappropriate sexual behaviors, wandering (detailed description of different behavioral symptoms categories is presented in Table 1). Several studies provided evidence that about one third of LTCF residents show different types of behavioral problems with resistance to care being the most common, followed by wandering, socially inappropriate behavior, verbal and physical abuse [1,5,6]. Behavioral disturbances in LTCF setting most often have a form of a resident-to-resident aggression (RRA) or a resident towards staff aggression (RSA) [7–9]. The RRA is common in LTCF residents with the verbal aggression acts being the most frequent type [9,10]. The impact of the RSA on the medical staff was emphasized by the results of the European Nurses Early Exit Study [11]. This study showed that nursing staff in geriatric wards is exposed to the third highest incidence of aggression of all types of clinical settings. Only psychiatric and emergency wards nurses are more often confronted with aggression. Other studies demonstrated that aggression of elderly residents of LTCFs directed against caregivers occurs primarily during basic care procedures, such as dressing, bathing and feeding [12–15].

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http://dx.doi.org/10.1016/j.eurger.2016.01.013
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Table 1
Categories of behavioral symptoms in InterRAI-LTCF questionnaire.

Category of behavioral symptom	The manifestation of behavioral symptom
Verbal abuse	Threatening, screaming at, cursing at
Physical abuse	Hitting, shoving, scratching, kicking
Socially inappropriate behavior	Making disruptive sounds, noisiness, screaming, self-abusive acts, disrobing in public, smearing or throwing food or feces, hoarding, rummaging through others belongings
Resistance to prescribed care or treatment	Refusal in taking medications or injection, ADL assistance or eating
Inappropriate sexual behavior	Sexual behaviour is out of one's control
Wandering	Moving about with no discernible, rational purpose, which should be differentiated from purposeful movement (for example, hungry person search for food)

Therefore, it is a challenge to provide safe and high quality care to a wide variety of LTCF residents, including patients formally diagnosed with dementia or other neurological/neurodegenerative diseases, suffering from severe somatic disorders or/and chronic psychiatric disorders, as phenomenon of behavioral disturbances in this group is common [7–11]. Behavioral symptoms have been recognized a major concern in elderly persons and in caregivers, affecting patient's quality of life and caregiver's satisfaction [9,11]. Challenging behaviors result in persistent staff, family and other resident's frustration, and they can increase job-related stress or staff's burnout syndrome, as well as the use of psychotropic drugs in residents [15]. For the past decade, behavioral symptoms have been less recognized as independent problems, but more as an expression of needs or underlying distress, often triggered by the interaction between patient, caregiver and environment [1,10].

Behavioral symptoms and their risk factors are scarcely investigated in a Polish LTCF setting. Little is known about the incidence of behavioral disturbances in the LTCF residents without dementia. Therefore, the aim of this study was to assess behavioral symptoms in LTCF residents and to identify behavioral symptoms risk factors in this population.

2. Methods

2.1. Setting and sample

After obtaining of the approval from the Jagiellonian University Bioethical Committee, the study was conducted in the setting of LTCF – a skilled nursing facility providing 24-hour medical and nursing care by onsite physicians and nurses. The LTCF is located in Krakow, South Poland (Polish name *Zakład Opiekuńczo-Leczniczy w Krakowie*). This is one of the most populated LTCF in Poland providing long-term medical and nursing care to about 510 residents. This particular LTCF comprises 3 types of wards: the psychogeriatric ward, the palliative care ward and the long-term care (LTC) ward. The main admission criterion for this facility is a Barthel Index score less than 40. That explains the high rate of highly disabled residents. From the total group of 354 residents admitted to the LTC ward, we excluded fifty-two residents in whom it was not possible to complete the questionnaire due to the lack of a discernible consciousness or the presence of coma, so they were not able to communicate, express their thoughts, be verbally or physically aggressive or resist to care; the residents were also bedridden, thus they were not able to wander. Other 12 exclusions were due to lack of data on analyzed factors. So that, the final sample involved 290 residents aged 31–94 years, with 59 persons younger than 65 (20.3%).

2.2. Study design

It was a cross-sectional study conducted in 2013 during 8-month period using the InterRAI-LTCFs Assessment System (InterRAI-LTCF questionnaire, www.interrai.org). The nurses recruited to collect the data had passed standardized training in the InterRAI-LTCF questionnaire use. Nurses filled in the questionnaires based on their 3-days observation of residents during every-day care routines, as well as based on information obtained from family members and other staff.

The InterRAI-LTCF is a tool enabling comprehensive, standardized evaluation of the needs, strengths, and preferences of persons receiving short-term postacute care in skilled nursing facilities as well as residents of LTC and nursing homes (NH). It has been validated in several European countries and proved to be a reliable tool [16,17]. In Poland it was translated into Polish and passed cross-cultural adaptation in line of translation methodology, which follows a rigorous iterative forward–backward format and strives to maintain the conceptual, functional, linguistic and cultural equivalence between the original questionnaire and the translated form. The InterRAI-LTCF questionnaire comprises over 350 variables including social, demographic, medical (such as clinical diagnoses, different signs and symptoms, presence of typical geriatric syndromes), care programs, and medication. The InterRAI-LTCF comprehends also factors associated with general attitude to life-like consistent positive outlook (defined in InterRAI-LTCF manual as "the personality that helps individual to maintain a positive outlook even when experiencing serious medical problems and symptoms or severe loss of function"), finding day-to-day life meaningful (defined in InterRAI-LTCF manual as "involvement in meaningful activities or important social relationships, and engagement or interest in events"), and relationship with family (classified by the InterRAI-LTCF tool as supportive when "family members maintained regular contact with resident and were actively involved in physical care, financial management or helping make medical decisions"). Moreover, the questionnaire contains domains concerning different types of behavioral symptoms (Table 1).

The InterRAI-LTCF questionnaire includes several validated scales. The seven-point Cognitive Performance Scale (CPS) is used to assess cognitive status [18]. A CPS score of 0–1 represents normal or nearly intact cognitive function; a score of 2–3 represents moderate cognitive impairment; and severe cognitive impairment is represented by a score of 4–6. Functional status is assessed using seven-point Activities of Daily Living Hierarchy scale (ADLh) categorizing self-dependency level as independent (ADLh = 0–1); moderately dependent (ADLh = 2–3); and severely dependent (ADLh = 4–6) [19]. The seven-point Depression Rating Scale (DRS) is used to identify the presence of depression symptoms (DRS = 3 or more) [20]. A five point Pain Scale is applied to assess pain starting from 0 (no pain) to 4 (daily excruciating pain), where 2 and more indicates any daily pain [21].

2.3. Statistical analysis

Based on the review of theories on the factors with impact on triggering behavioral symptoms, we selected for the analysis

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