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Is the amount of exposure to aggressive challenging behaviour related to staff work-related well-being in intellectual disability services? Evidence from a clustered research design

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ABSTRACT

Background: Previous research has demonstrated an association between aggressive challenging behaviour (CB) and reductions in work-related well-being for intellectual disability (ID) support staff. Much of this research has used subjective measures of CB.
Aims: To examine whether exposure to aggressive CB is associated with reduced work-related well-being in staff working in ID residential settings across the UK.
Methods and procedure: A cross-sectional analysis was undertaken as part of a randomised trial; 186 staff from 100 settings completed questionnaires on their CB self-efficacy, empathy, positive work motivation, and burnout. Objective measures of aggressive CB in the preceding 16 weeks were collected from each setting.
Outcomes and results: There was little association between staff exposure to aggressive CB and work-related well-being. Clustering effects were found for emotional exhaustion and positive work motivation, suggesting these variables are more likely to be influenced by the environment in which staff work.
Conclusions and implications: The level of clustering may be key to understanding how to support staff working in ID residential settings, and should be explored further. Longitudinal data, and studies including a comparison of staff working in ID services without aggressive CB exposure are needed to fully understand any association between aggressive CB and staff well-being.

What this paper adds?

This paper presents a unique method of data collection regarding staff exposure to aggressive challenging behaviour (CB), and takes into consideration the clustered nature of the data. In doing so, it is apparent that there is little evidence to suggest an association between staff exposure to aggressive CB and their work-related well-being. The clustering effects identified for two variables (emotional exhaustion and positive work motivation) have not been explored in previous research, and suggest an interesting avenue for future research.

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1. Introduction

Challenging behaviours (CB) are displayed by approximately one in five adults with intellectual disabilities (ID) known to services (Bowring, Totsika, Hastings, Toogood, & Griffith, 2017), and are defined by their negative outcomes or effects, including their impact on other people in the person's environment (Hastings et al., 2013). Such negative impact on other people can include physical harm, risk of such harm, and the restriction of community activities with the person who engages in CB. There are high quality longitudinal research data suggesting that family members (parents and siblings) living with children or adults with intellectual and developmental disabilities who display CB are also at risk of psychological harm (increased stress or mental health difficulties) (e.g., Baker et al., 2003; Hastings, 2007; Hastings, Daley, Burns, & Beck, 2006; Minnes, Woodford, & Passey, 2007; Neece, Green, & Baker, 2012). Whether exposure to CB as a part of paid support or care work is associated with psychological harm, is less clear.

Reviewing the research literature more than 15 years ago, Hastings (2002) identified a significant methodological challenge. Families often contain only one child or adult with ID, and so measurement of the extent of their CB and its association with family members' psychological distress is relatively straightforward. However, for staff in paid roles they often provide support to several individuals with ID. At least five methods have been used in the research literature to assess staff "exposure" to CB within multiple individual care settings and to explore relationships with staff work-related psychological outcomes. First, when asked to rate the extent to which they find different factors stressful at work staff rate CB as one of the most stressful (Hatton, Brown, Caine, & Emerson, 1995). However, this is not a direct measure of the extent to which CB causes staff psychological harm. Second, the well-being of staff working in a setting where people with CB reside has been compared to a setting where none of the residents displayed CB (Jenkins, Rose, & Lovell, 1997). However, there may be many ways in which two such compared services may differ and not just in the presence of CB. Third, CB has been directly rated using a behaviour problems questionnaire for each person in the care environment and exposure is assessed by using these scores for the individual for whom a staff member is the keyworker (Chung, Corbett, & Cumella, 1996). Although a staff member may spend much of their time with an individual for whom they are the keyworker, it is not necessarily the case that during this time the person engages in CB and also the staff member may be exposed to CB from other individuals in the care setting.

Two other methods have been used to examine exposure to CB amongst staff that more directly account for the fact that multiple individuals may display CB in the care environment. Fourth, staff have been asked to report on the level (or severity) of their exposure to CB over a recent period as associated with any of the individuals in their work environment (Hastings & Brown, 2002). This method addresses the problem of there being multiple individuals who could be the source of CB exposure, but does not capture either frequency of exposure or whether all or only some of the individuals in the care setting engage in CB. The final method of measuring staff exposure has been to ask staff to report on the proportion of the individuals in their care setting who engage in at least some CB (Freeman, 1994). This method again does not capture the frequency/total amount of exposure, although one would expect such dimensions of exposure to increase with the number of people in a setting who display some CB.

Since the Hastings (2002) seminal review, more recent research studies have used variations of the exposure measures outlined above, including: a single item rating of how frequently any of the individuals in the care setting display CB (Hensel, Lunsky, & Dewa, 2012; Mutkins, Brown, & Thorsteinsson, 2011); completing a rating scale about the CB of one individual in the care setting only (Chung & Harding, 2009; Mills & Rose, 2011); staff reports of the frequency of their exposure to violence within the care setting (Howard, Rose, & Levenson, 2009); and severity of exposure using the Hastings and Brown (2002) measure (Hensel et al., 2012). In all of these recent studies, researchers recruited staff from multiple different settings and services. However, none of the studies' analysis approaches recognized that staff were effectively nested within settings and that any exploration of the relationship between exposure to CB and staff work-related psychological variables should take account of the clustered nature of the data. These recent studies have essentially adopted a larger scale version of Jenkins et al.'s (1997) research design comparing staff in one CB service with staff in one non-CB setting. Differences between settings other than the extent of individuals' CB may explain variability in staff experiences and outcomes. As well as impacting staff psychological outcomes, CB can be influenced by staff variables; for example, staff behaviour can result in or exacerbate CB for people with ID (Hastings et al., 2013).

In the present research, we adopted a research design that allowed for the effects associated with the service in which staff worked to be estimated. Two staff from each of a large number of settings were recruited as a part of a large scale randomised controlled trial (RCT) test of a staff training intervention (Hutchinson et al., 2014; Randell et al., 2017). The data within this paper were collected for the RCT, as such the variables being examined were related to the intended outcomes of the training intervention (to improve staff empathy and attitudes towards people who display CB). In addition, we extended previous research by using a new direct measure of aggressive CB within each care environment. We gathered data on the reported incidents of aggressive CB within the setting, and calculated the mean aggressive CB frequency over a 16 week period per individual residing in the care setting. Finally, we examined a range of staff psychological variables for their association with aggressive CB exposure including staff burnout as used in many previous studies, but also other psychological CB experience variables: staff empathy for people with CB, their efficacy/confidence in providing support to people with CB, and perceived positive experiences as a result of working with people with ID (Lunsky, Hastings, Hensel, Arenovich, & Dewa, 2014).

2. Method

2.1. Participants

Staff from 118 residences for people with intellectual disabilities in the UK were invited to participate in the research; two staff