

A Study of Hospital In-patient Staff Who Work with People with Developmental Disabilities in Ontario

The Experience of Client Aggression and its Emotional Impact on Staff

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Prepared by:

Jennifer M. Hensel, M.D.

Yona Lunsky, PhD., C.Psych

Carolyn S. Dewa, MPH, PhD.



camh

Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

CREWH

Centre for Research on
Employment and Workplace Health

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The Purpose of this Report

This report has been prepared to present the findings from a survey of hospital inpatient staff who work with people over the age of 16 who have developmental disabilities (DD). The primary aim of the survey developed for this project was to examine the experience of client aggression among staff and the emotional impact it has on them. A second aim of the survey was to determine patterns of related resource availability and use as well awareness and adherence to workplace policy. This report follows a large provincial survey of community staff who support adults which found that client aggression is experienced frequently and although most staff are coping well, there is a group who are suffering emotional difficulties and burnout. We were also interested in examining these issues in hospital settings given some suspected differences, including higher client acuity (both physical and mental), more frequent client turnover and different environmental and organizational factors. Compared to community settings, inpatient treatment facilities have been found to have higher rates of client aggression reflective of challenging behaviour often being an indication for admission to hospital. Some studies have found that staff who are routinely exposed to higher rates of aggression fear it less and feel better able to manage it. However, burnout among hospital staff and staff in high aggression settings has been reported as higher than in community staff. In these studies, the experience of aggression has not been found to explain this difference, suggesting that there are other factors at play. (For details of these studies, see references by Skirrow et al., 2007, Tennij and Koot, 2008, Howard et al., 2009 and Chung et al., 1998).

This report is intended for hospital administrators, clinical supervisors and inpatient staff and may be useful in identifying areas of strength as well as areas for improvement. It may also provide useful information about the experiences of staff for future hiring and training purposes.

Disclaimer: Participation in this study was voluntary and anonymous and the opinions of the survey respondents may not necessarily reflect the entire population of hospital staff. In addition, these findings are based on a small sample of staff from a several different institutions which further affects generalizability. Finally, this study is cross-sectional and any relationships reported herein are associations only and do not infer causality.

Review of Methods and Data Collection

Hospital in-patient units that admit people with DD were invited to participate in this study. Unit managers were approached by a study investigator via email or telephone and when they agreed to participate they were provided with an introductory letter, some explanatory Powerpoint slides and the link to the anonymous online survey. They were asked to share the letter and presentation with their staff and invite their staff to complete the survey either on-line or on paper. If requested, hard copies of the survey with a return mail address were provided. Survey completion was confidential and neither managers nor study investigators knew who chose to complete the survey. This survey collected data on the frequency and severity of client aggression experienced, the impact of aggression on work and rates of burnout. To measure burnout we used the well validated Maslach Burnout Inventory (MBI) which assesses the three dimensions of burnout: emotional exhaustion (EE), depersonalization (DP) and a decreased sense of personal accomplishment (PA). In addition, the survey examined perceived self-efficacy in dealing with challenging behaviour, positive contributions staff got from supporting people with DD, as well as their awareness and adherence to workplace policies that deal with aggression and injury.

The findings reported are based on responses from 58 staff at four tertiary hospitals in Ontario with specialized dual diagnosis programs. Sites included the Centre for Addiction and Mental Health (CAMH) in Toronto, St. Joseph's Regional Mental Health Care in London, Waypoint Centre for Mental Health Care in Penetanguishene and Ontario Shores in Whitby. Findings reported are not broken down by hospital due to small numbers at some sites and a need to protect confidentiality; rather they are reported as overall population trends.

Description of Participating Staff

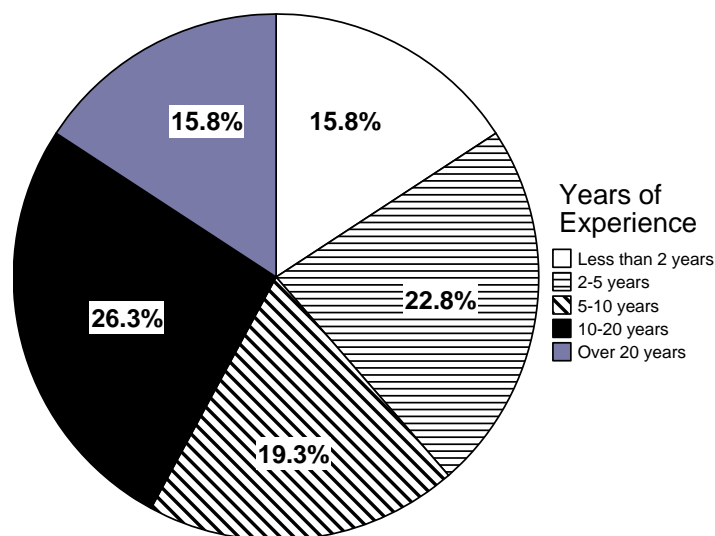
Demographic Characteristics

- The majority of staff respondents were female (74%) with a mean age of 38.3 years (\pm a standard deviation of 11.5).
- Sixty-seven percent of staff were married or living common-law, 22% were single and the remainder divorced, widowed or separated.
- About one quarter of staff (22%) reported being born outside of Canada. Nine percent of all staff (38% of staff born outside of Canada) identified English as their second language.

Employment Characteristics

- There was a wide range of experience in the field (see Figure 1).
- Half of staff (51%) reported having specialized training in DD in the form of a degree or diploma in developmental services (DSW), child and youth work (CYW), personal support (PSW) or nursing.
- Ninety-six percent of staff were considered to be working full-time (more than 20 hours/week).
- The average annual income was between \$40, 000 and \$60, 000.

Figure 1. Distribution of number of years of experience in DD among hospital staff respondents



Key Findings

1. Hospital staff respondents reported being exposed to frequent and severe aggression.

FACTS:

- Staff who responded to the survey reported being frequently exposed to client aggression; one third reported it nearly every day.
- Nearly one third of staff reported a physical injury caused by client aggression and 14% had missed time due to a physical injury.
- Injuries to others, client self-injury and property damage were witnessed by over half of staff.

2. Many staff are managing well and feel positive about the work they do, however some are experiencing symptoms of burnout. The experience of client aggression does not explain the presence of burnout among these staff.

FACTS:

- The majority of staff scored in the low or moderate range across the three dimensions of burnout. However, 35% scored high in emotional exhaustion.
- Forty-six percent of staff reported subjective emotional difficulties related to their experience of client aggression.
- There was no association found in this sample between client aggression and staff burnout.
- A large percentage of staff report feeling self-efficacious in dealing with challenging behaviour and get some positive reward from the work they do.

3. Workplace resources are used infrequently and workplace policies are not always followed by staff dealing with client aggression.

FACTS:

- While most staff were aware of workplace resources to support staff with difficulties related to client aggression, only a minority of those who reported experiencing difficulties had accessed resources (e.g., employee assistance

programs, referral to a professional, counselling, etc). Resources were moderately helpful.

- A significant minority of staff are unsure or unaware of any workplace policy addressing staff experience of violence or aggression in the workplace. Of those who are aware, a percentage do not always follow, most commonly because they perceive it to be too much work.

Summary and Recommendations

This study, as well as a parallel study of Ontario's community support staff, was completed just prior to the implementation of new legislation amendments to the Occupational Health and Safety Act which mandates that employers develop a program to implement a workplace violence policy. Bill 168, as it is named, requires employers to control for risk of violence, provide immediate assistance and enable reporting. It is expected that the passing of this Bill will result in some changes within the developmental services and health services sectors. This study provides a snapshot prior to these anticipated changes and highlights the fact that staff in these units are exposed to a high amount of client aggression in the work they do. These data can provide a basis for comparison for future evaluation of the experiences of these staff.

These findings suggest that both aggression and burnout are prevalent issues among hospital staff. It is important to note, however, that in this survey, client aggression was not significantly associated with burnout scores. This is a small sample of the total population and therefore has many limitations but there are several possible explanations why there may not be a relationship between these variables among hospital staff. For example, there may be a higher expectation and awareness among hospital staff that their clients will display challenging behaviour, as that is the most common reason for hospital admission. There may also be other relevant factors among these staff that predispose them to emotional exhaustion and cynicism. It will be important to further explore what these issues might be, whether organizational, individual or both, to enable greater support of these important staff in the work they do.

We suggest that this report be shared with stakeholders in the sector, from staff to employers to policy makers to stimulate discussion and reflection on these issues. We anticipate future opportunities to gather feedback.

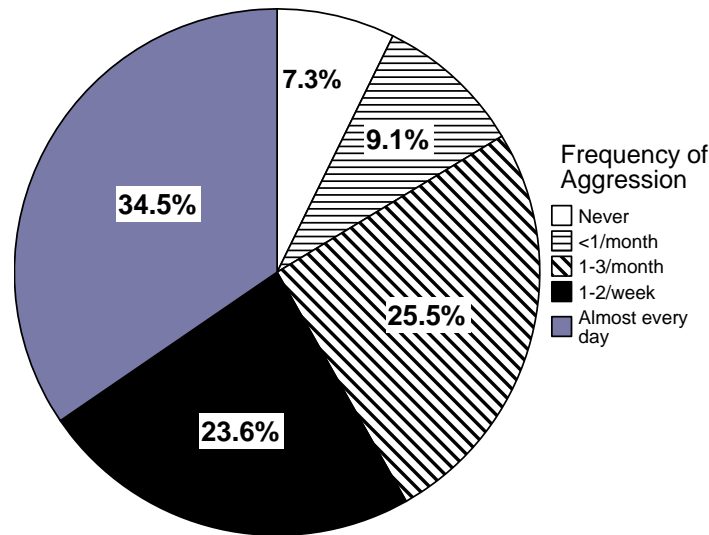
Detailed Results

Exposure to Aggressive Behaviour

In this study aggressive behaviour was defined as “any verbal, non-verbal or physical behaviour by the client that was threatening or caused harm to self, others or property.” Staff were asked to indicate their experience in the *previous six months*.

Frequency and Severity. Nearly all staff reported being exposed to some aggression. Only 7% said they had never experienced or witnessed any aggression. Over 80% of staff reported experiencing aggression at least once per month. Thirty-four percent of respondents indicated it was a near daily experience (see Figure 2). There did not appear to be large differences in frequency of exposure across the different hospital sites. The mean subjective severity score was 63.6 out of 100 and the majority of staff ratings coincided with a rating of at least moderately-severe. High amounts of aggression resulting in injury to staff or clients or damage of property was reported. In the previous six months, 29% of staff had been injured themselves, 54% had witnessed someone else being injured by the aggressive client, 64% had witnessed a client injure themselves and 55% had seen property damage. Exposure to client aggression did not appear to be related to any demographic variables, training or years of experience.

Figure 2. Distribution of staff reported frequency of client aggression



Physical and Emotional Impact on Staff

Impact on Work Productivity. In the six months prior to the survey, 14% of staff respondents indicated that they had missed time from work due to a physical injury that was the result of client aggression. Forty-six percent indicated they had suffered emotional difficulties which they felt were directly related to their experience(s) of client aggression.

Burnout. Staff respondents completed the MBI to assess cross-sectional levels of burnout. Using established cutoffs, many staff scored in the low range for all three dimensions of the MBI suggesting they are at little risk of burnout. However, 35% of staff respondents did score high for emotional exhaustion. Eight percent of staff scored high in depersonalization and 30% appeared to have a highly reduced sense of personal accomplishment (see Figures 3-5). There was no association found between frequency or perceived severity of aggression and MBI scores indicating that other factors may be playing a role.

Figure 3. Percentage of staff scoring low, moderate and high on the Emotional Exhaustion (EE) dimension of the MBI.

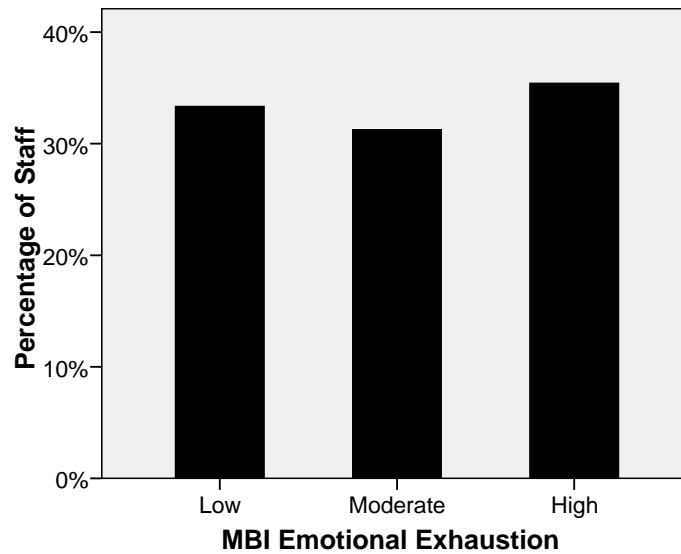
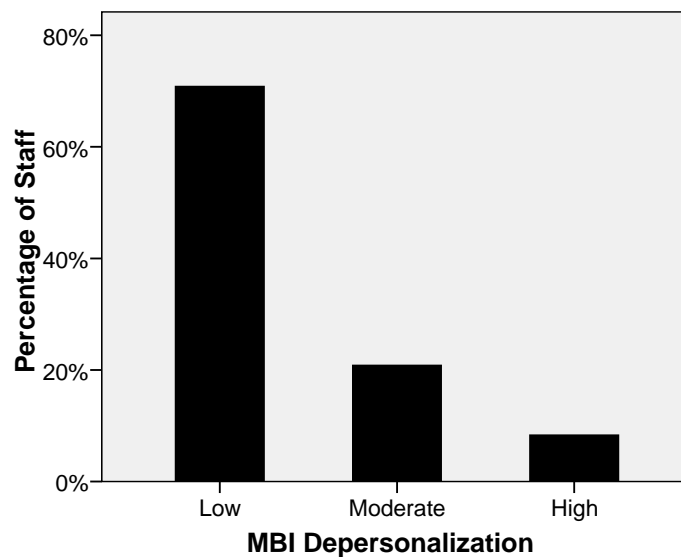


Figure 4. Percentage of staff scoring low, moderate and high on the Depersonalization (DP) dimension of the MBI.

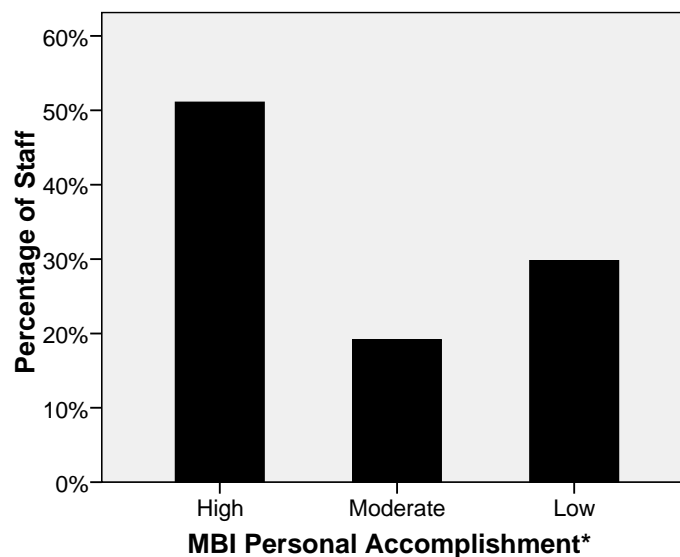


Perceived Self-Efficacy and Positive Contributions

Self-Efficacy. Staff completed a 7-item scale to assess their confidence and perceived ability to manage difficult client behaviour. Forty-one percent and 29% of staff rated their self-efficacy in dealing with client challenging behaviours as good or excellent

respectively. Self-efficacy was not associated with EE or DP but those with higher reported self-efficacy did have more favourable scores in PA.

Figure 5. Percentage of staff scoring low, moderate and high on the Personal Accomplishment (PA) dimension of the MBI*



*PA is interpreted in the reverse direction. High scores in PA are indicative of a higher sense of personal accomplishment which is more favourable.

Positive Contributions. Staff also completed an abbreviated form of a scale examining the positive aspects of working with people with DD. This included items related to having an increased sense of responsibility and sensitivity as well as enhancing one's own personal growth. Seventy-five percent of hospital staff reported at least a moderate amount of positive contributions from the working with people who have DD. Twenty percent of staff rated these as high. There was a trend for higher ratings of positive contributions to be associated with a greater sense of personal accomplishment but not EE or DP.

Use of Resources and Workplace Policies

Awareness and Use of Workplace Resources. Of the 78% of staff who responded to the question on awareness of resources, 100% of them indicated they were aware of some resources that were offered by their workplace to support staff experiencing

emotional difficulties due to client aggression. Of the staff who reported subjective emotional difficulties due to their experience of client aggression, only 27% (6/22) of them had accessed resources available through their workplace. 50% (3/6) and 17% (1/6) of these staff found these resources helpful or very helpful respectively. The remaining staff did not find them to be helpful. Staff did indicate that they would be interested in additional training to learn how to predict and manage client aggression as well as strategies to make their workplace safe and manage their own emotional reactions.

Awareness of and Adherence to Workplace Policies. Most staff (73%) are aware of a policy in their workplace that addresses violence or aggression experienced by staff. However, 4% did not think their workplace had a policy and 23% were unsure. Of those who were aware of policy, most indicated that incidents that required reporting included client behaviour (91%), client injury (94%), staff injury (91%), critical event debriefing (86%) or other (6%). Among those aware of policy, 37% and 51% indicated they follow it usually or always respectively. The most common reason for not always following policy was that it was considered too much work among 63% of staff.

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Who We Are ...

The Center for Addiction and Mental Health (CAMH) is Canada's leading Addiction and Mental Health teaching and research hospital, fully affiliated with the University of Toronto. CAMH succeeds in transforming the lives of people affected by addiction and mental illness, by applying the latest in scientific advances, through integrated and compassionate clinical practice, health promotion, education and research.

The Center for Research on Employment and Workplace Health at the Centre for Addiction and Mental Health is built around four research streams: epidemiology; prevention and promotion; diagnosis and treatment; and disability management of mental disorders at the workplace. It has a strong emphasis on applied research including evaluating the effectiveness and cost-effectiveness of workplace interventions and policies that affect the workplace and workers. Program scientists are also involved in projects that examine the impact of work on people with mental illness as well as work's impact on mental health.

The program also seeks to build research capacity in this area. As such, training and mentoring students from a variety of disciplines are also program missions. The program recognizes the contribution of work and the workplace to quality of life, and understands the importance of knowledge exchange. We are committed to collaborating in partnerships with stakeholders in different sectors and to sharing information with these stakeholder groups. Many projects are partnerships with community partners including employers, unions, workers, occupational health, clinicians, providers and insurers.

Program Head: Dr. Carolyn Dewa, MPH, PhD



455 Spadina Avenue, Suite 300, Toronto, ON M5S 2G8

Tel 416-535-8501 ext 7606 | Fax 416-979-0564

mh&wk@camh.net