Research Insights 4

Misattention and problem solving in interactions between care workers and dementia care residents

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In this *Insight* we examine the day-to-day interactions between personal care workers and residents, including:

- the ways in which guidance and the organisational response to regulatory demands provide structure for care interactions
- tensions arising in the regulated contexts, particularly between person-centred care and the emotional demands of care work
- two alternative strategies, 'misattention' and a 'puzzle' approach, that may be adopted to balance the demands of regulation and emotional connection in dementia care practice.

Throughout, we draw on evidence based on three care provider organisations, including direct observations of care practice and interviews conducted with senior managers, facility managers and direct workers across eight residential care facilities. We conclude that best practice in regulated environments allows for the negotiation of professional distance, empathy and problem solving strategies.

Personal care work in day-to-day interaction

Personal care workers (PCWs) constitute approximately 70 per cent of the residential care workforce and the primary source of day-to-day care (King et al. 2013); and the translation of regulation into their daily practice is a key part of organisational activity. They are the principal point of provider contact with residents and influence their overall experience of care. PCWs both provide individual support and report information to nurses and managers that contributes to care planning, funding decisions, regulatory compliance and care quality. Studies of dementia care often present personal care practice as task-based and routinised, allowing little space for the emotional components of care to be expressed. North American research has shown that a tension can exist between regulatory requirements, staffing levels and time constraints (Lopez 2007; Kontos et al. 2010), leading to 'work-arounds', whereby the letter of regulation is subverted in the service of getting the work done. PCWs are otherwise portrayed as relatively invisible to organisational and policy contexts (Banerjee et al. 2015). We and others (for example, Bailey et al. 2015) have found that care workers deploy a range of strategies to manage the demands of daily care, the special nature of dementia care, and the emotional labour required to balance reporting and interpersonal communication. How they do this in the context of regulation is the subject of the following sections.

Structuring practice through guidance

By the time regulation reaches PCWs, most of the interpretive work has already taken place at senior and facility management levels. Care workers may therefore know little of the specific regulatory instruments that determine their work but would be familiar with 'soft' forms such as guidance and training initiatives. One of the main objectives of this process is to control and monitor the conduct of care, aligning principles of care and regulation with PCW conduct. As one senior manager put it, the aim is to make it 'as easy as possible for the care worker on the shop floor to know what their regulatory requirements are' (SM 3).

> A newer care worker would have to have guidance. Usually they don't connect one thing with another. They wouldn't connect … if I was giving medication, for example, a lot of that would come with our policy, and that would give mention to the Therapeutic Goods Regulation on that … [and] that part … becomes almost irrelevant to the care worker. The policy becomes it. (CW 24)

> We're always told how we should treat our residents and how we should speak to our residents. (CW 2)

Worker–client interaction is a specific focus of such interpretive guidance, aligning the organisation's formal mission with everyday, face-to-face conduct. Care workers reported a range of documents intended to govern their behaviour when interacting with residents. Some of these identified when 'reporting up' to managers and nurses

should take place, such as the mandatory reporting of suspected or alleged abuse, whereas others dealt with everyday aspects of care, such as how residents should be spoken to or addressed. Care workers learned such rules through multiple channels, including formal training, induction, on-the-job experience, advice from senior colleagues and written documents such as organisational policies and procedures.

Many care workers valued regulation for creating order in an unpredictable environment where everyday expectations and taboos are often broken. They considered regulation helpful for defining role responsibilities, guiding daily care routines, managing the expectations of care recipients, their families and supporters, promoting safe work practices and prescribing limits to different care activities. Most felt that without the structure provided by regulation, care would be anarchic, mistake-ridden, messy and unsafe.

> At the moment we are thinking we don't get enough time to spend with them … We don't have any time to talk, they want time or they don't want that much rush. We have more residents and less staff. (CW 10)

> If you don't have the rules and regulations you have anarchy in the workplace … nobody knows what anybody's doing (CW 21)

While most care workers valued the structure that soft regulation provided, they also recognised the need for flexibility in interaction with clients. This could involve identifying where personal judgement might be exercised, where routines could be modified, and where rules required interpretation. Regulation was perceived as most effective where it provided a broad framework of limits that also left room for meaningful interaction and interpersonal communication.

> Apart from the kind of rules that everyone has to follow, the really important stuff we are able to be flexible [with]. I mean we can talk about what we want with the residents and we can choose … which residents would benefit from being up first and which residents can stay in bed a bit longer and things like that. (CW 1)

While care workers commented on the need to provide emotional support and a level of personal engagement, this could be difficult due to time constraints, the effects of advancing dementia and rule following. PCWs need to find strategies to cope with the dual demands of regulation and maintaining a caring relationship with residents living with dementia. Such strategies would influence the day-to-day culture in a care environment.

Tensions in the regulation of care work

Analysis of the interview data revealed the many tensions that care workers experience daily, such as that between home-like and work-like environments, between the provision of person-centred care and emotional labour, between the uncertainties of daily dementia care and the desire for order, and between protecting residents and staff safety. In many cases, regulation helped mediate such tensions. The tension between the provision of person-centred care and emotional labour emerged as the principal concern.

Person-centred care refers to the need to 'see the person' in dementia care and avoid the dehumanising effects of prejudice against people living with dementia and of institutionalisation (Kitwood 1997). Emotional labour refers to 'the managed heart', or the psychological stresses generated by caring roles that have to be performed within the constraints of professional, organisational or commercial demands (Hochschild 1983).

Care workers regularly referred to the stresses of daily care, expressed as feeling overwhelmed, overworked and anxious. Facility managers—those responsible for managing care staff on a daily basis—were similarly concerned about staff wellbeing, and the stresses of burn-out and overwork. The answer for many interviewees was proposals for more staff, a point of particular significance in dementia care, which most considered to be more time-consuming, demanding and uncertain than other forms of care-work. The proposal for more staff was not simply about workload pressure but equally about the need to provide more time for staff to engage with and relate to residents. Indeed, many felt also that the demands of documentation took staff away from interacting with residents more meaningfully. This could be experienced as emotionally conflicting.

While organisational policies and procedures, particularly those which distributed responsibility, such as risk management systems and risk registers, might work to reduce anxiety, the presence of multiple or detailed rules could be confusing. As one care worker stated: 'if there's too many or if they're too detailed, then it can make people feel less confident in their role' (CW 1). Care workers thus desired a balance between prescriptive rules and

the ability to exercise some judgement and discretion, both of which were considered important for effectively relating to residents.

Care workers reported an additional set of stresses related to interactions with residents, such as being subjected to physical and verbal abuse, residents refusing assistance, and supporting residents experiencing distress. These proved difficult to resolve and often required input from more senior staff, such as registered nurses, with the most complex dilemmas, such as practices of restraint and negotiations with families, being referred to higher levels of the organisation.

> I do have to say working with people with really challenging behaviours all the time is very wearing for staff. They're having to think on their feet most of the time, they're at risk of being hit … I think it's very easy to burn out in these areas. (FM 12)

The emotional labour involved in dementia care is not always recognised in the person-centred literature. It is, however, a critical aspect of care work. Not only is the display of particular emotions prescribed through soft regulation, but care workers are also required, in the interests of personalised and relational care, to engage with residents at a deeper level. Knowing the person, relating to them and providing comfort in times of distress all require significant emotional input. Such input is not always reciprocated in conventional ways.

Care workers can respond to the tensions arising in their work in a number of ways. Creating professional distance is an important part of managing interactions that may be both complex and uncertain. We identified two different strategies used to manage the competing demands of emotional engagement and rule following. We have called these 'misattention' and the 'puzzle approach'. Both are used in personal care work as coping strategies, although this may vary depending on individuals, organisational culture and specific contexts.

> At the moment we are thinking we don't get enough time to spend with them … We don't have any time to talk, they want time or they don't want that much rush. We have more residents and less staff. (CW 10)

'Misattention'

A combination of regular reporting schedules, emotional stress and frequent regulatory visits can lead to a form of distancing that we have labelled 'misattention'. Here, role performance is interpreted rigidly so that success in responding to specific regulatory items replaces understanding of the intention underlying the regulations. Emotional engagement is avoided by immersing oneself in bureaucratic tasks. Such an approach was referred by our interviewees to as 'box-ticking', 'rule following', 'looking busy'. Misattention occurs when such rule-following behaviours are mistakenly identified as the core purpose of a caring role.

Organisational pressures can make misattention a likely strategy for dealing with care demands. In the most difficult scenarios, regulatory surveillance can create an atmosphere suffused with fear of underperformance, regardless of the actual performance of a facility. Workers who feel that they are being negatively evaluated may then defend themselves against complexity and emotional connection to residents by relying on routinised work and reporting practices. While regular, accurate reporting is a necessary part of aged care work, the problem here is that workers 'misattend' to performance by associating best practice with successful reporting on individual tasks rather than with positive and appropriate interaction with residents. This gives a feeling of performing but misses the key element of interpersonal connection, resulting in:

- individual staff behaviour that is routinised
- timetabling that fails to allow opportunities for interaction
- detailed attention to monitoring regimes that intrude upon everyday behaviour
- an overly prescriptive approach towards 'soft' guidance
- introducing specifications that do not actually exist in the regulations.

The 'puzzle' approach

Care workers used a range of techniques to meet care goals of relieving a resident's distress or confusion, engaging in everyday interaction at the same time as achieving tasks in a timely and sensitive manner. This was referred to as seeing interaction as a puzzle to be solved. Walking away and postponing care activities, slowing down

communication, conversation and humour, and matching staff members to residents' preferences were some of the ways care workers managed individual care. Learned formally, inductively and intuitively, these techniques were also informed by the need to keep staff and residents safe, to respect the rights of individuals and to comply with the regulations surrounding activities such as medication management and food safety. The most prevalent techniques are illustrated in the following table.

Techniques to reassure and relieve confusion

Prompting	You have to try and give verbal direction and prompts all the time just to make sure that these people get the individual care that they need and that everything is covered. Communication is vital. (CW 17)
Reassurance	Just talk to them like anyone else and give them the confidence that you know what you're doing, that they feel comfortable with you to do the procedures that you need to do for the day. (CW 15)
Relating	I talk with them and there are many little things which come out from their heart, like what their wants or their wishes [are]. (CW 12)
Offering choices	I think you give them the choice, you offer the flannel, you also ask them if they do need assistance. (CW 16)
Relieving stress	A lot of our residents are in a stage where they know that they're not remembering, so they get anxious and that's when staff really need to reassure them, that okay this is just something that's happening. So, they do spend a lot of time reassuring. (FM 12)

Some workers that we interviewed had developed a framework for understanding residents and for valuing their individual experience, by seeing their behaviour as a puzzle. In their view good care is about finding and implementing solutions to such puzzles, in a way that is both meaningful and rewarding. The puzzle motif suggests the complexity of individuals and the many factors that can contribute to their wellbeing or distress. This is consistent with feedback from facility managers and care workers who likened understanding people experiencing dementia as learning a different language, an approach that resonated with care workers from non-English speaking backgrounds.

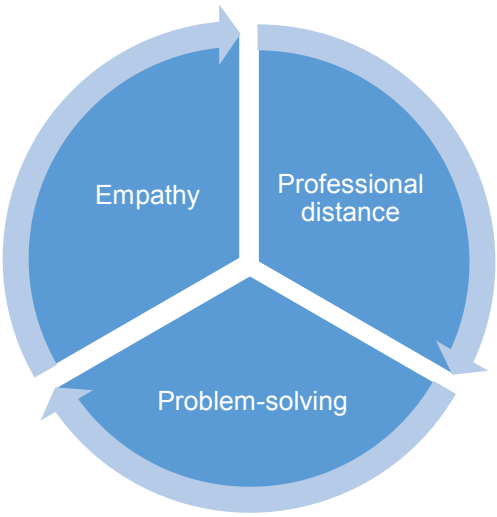
In crafting solutions to people and behaviour as puzzles, knowledge is gleaned from other care workers, health professionals, experts and relatives. The approach empowers care workers to make certain care decisions and gain satisfaction from the care they provide. It allows the care worker to achieve a healthy balance between intimacy, curiosity and distance. According to interviewees, the dimensions of people as puzzles might include:

- biography: knowing the person's story, in order to know what they like/dislike, or what activities they find meaningful
- communication (including non-verbal) to determine what causes or makes people feel good/bad
- watching for signs, such as when a resident looks tired or unsteady on their feet, in order to be ready to act in a pre-emptive or preventative fashion
- attending to basic physical causes, such as infections and pain, to explain their distress or other responses
- identifying aspects of the physical environments that can foster their wellbeing or distress and confusion.

Integrating professional distance, empathy and problem-solving in regulated environments

Three pieces make up the puzzle approach:

1. Empathic understanding
2. Professional distancing or detachment
3. Adopting a problem-solving approach



Empathic understanding

The ability of care workers to empathise with residents is an important element of dementia care. For many care workers the idea of empathising with residents was expressed as the need to know the resident, and could include knowing individual biographies and social identities, being aware of personal likes and dislikes and attending to residents' moods and feelings. This reflects in part what Bray (1999) refers to as a professional type of closeness: 'not so much a matter of being closer to the individual who is ill, but rather one of being close to the truth of that individual's current dilemma'. Both care workers and facility managers expressed this view.

> I always say to the staff, this is their world. We go into their world, we don't expect them to come into our world. (FM 8)

> With dementia you have to kind of project a lot of how you would feel comfortable in the situation, because a lot of them can't communicate, so you have to sort of do thinking for them. So you have to be generally a very considerate person (CW 1)

From these elements, care workers are able to put themselves in the shoes of someone experiencing dementia and respond in more sensitive and effective ways. On its own, empathic understanding can be emotionally demanding, and it must therefore be balanced by professional distance.

Professional distancing

At times for effective care to take place, care workers are required to distance themselves from the feelings of residents and avoid emotionally charged situations. Through such distancing, care workers create a mental space to logically and reasonably assess the cause of particular behaviours. Using their professional and practical experience, care workers can identify the events, triggers and/or patterns that produce these behavioural responses.

> By standing back and having a look at … what the reasons for the behaviour could be. (FM 6)

From this standpoint, care workers are able to engage with individual residents more effectively. Such professionalism also enables residents to trust the care they are receiving and those providing it. Regulation can contribute to a containing space, where risks are reduced and best practice is reinforced.

Problem-solving

By combining empathic understanding and professional distancing, care workers are able to develop a problem-solving approach to the puzzle that behaviour presents. Rather than viewing behaviour as simply strange or inexplicable, care workers could use individual biographies and personal likes/dislikes to understand and rationalise 'challenging' behaviours, and devise a more meaningful approach to care. In this approach care workers reported that specific causes of behaviours were targeted as the focus of intervention.

We might see something that we know is not right and then we red flag … we have a bit of flexibility because we know our residents … if somebody is having a problem or increased behaviours then we go back to basics. (CW 17)

Solutions to puzzles came from a range of sources, including medical practice, the physical environment, individual biographies and social identities, and information gleamed from families and friends. Care workers played a key role in contributing, trialling and refining solutions, and could experience the puzzle approach as rewarding. While most participants acknowledged the impossibility of arresting the progress of dementia, much could be done to manage their interaction with people living with dementia. A problem-solving approach also allowed care workers to engage with solutions to particular puzzles that changed from day to day and from individual to individual.

Conclusions

Care workers demonstrated a range of strategies for managing the challenges of dementia care within regulated environments. As well as supporting the personal and emotional needs of residents, care workers were required to manage their own feelings. Our study suggests that the most effective and creative approach for managing the multiple demands of daily care tasks, human emotions and regulation is to see care and individual behaviours as puzzles. This enables a problem-solving approach to be applied and balanced with empathy and professional distancing. Less helpful were regimes dominated by rigid rule following instead of interpersonal connection. Positive regulatory cultures allow for problem-solving innovation while containing the emotional demands of dementia care.

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About the project

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