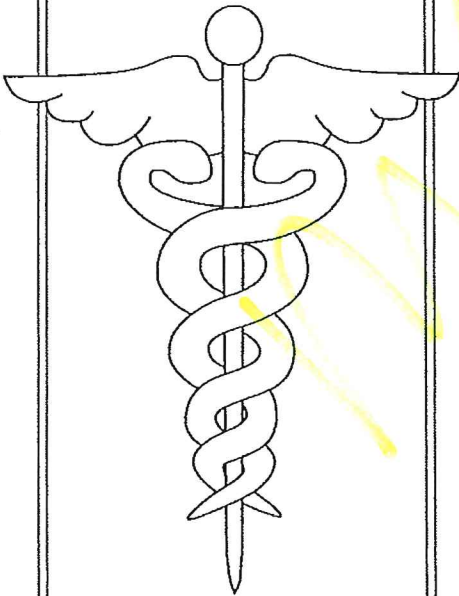


Long Term Care
Network,
A Division of
PRIMEDIA Healthcare

When a Resident Says "No"

EDA 311-0173



LTCN[™]
Long Term Care Network

presenter

Deborah Antal-Otong, MS, RN, PMHNP, CS

Certified Specialist

Educational, Organizational, and Clinical Consultant

Dallas, Texas

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INTRODUCTION

Residents entering long term care facilities often feel they have little power over their lives and thus experience grief. Often, these feelings of helplessness are due to structured scheduling—caregivers instructing residents when to eat, dress, bathe, and sleep. Establishing therapeutic relationships with these residents offers them opportunities to take more control of their lives and to maintain positive self-regard and dignity. This program's presenter focuses on the significance of interpersonal relationships between residents and caregivers and offers suggestions for creating individualized health care and enabling residents to express their feelings. Such measures help residents feel respected, content, and cooperative.

TARGET AUDIENCE

The target audience for this activity is certified nursing assistants.

LEARNING OBJECTIVES

After completing this activity, the participant should be able to:

1. recognize the importance of forming interpersonal relationships with residents.
2. identify the role of helplessness in the resident's response to instructions.
3. describe interventions that promote residents' positive self-regard and dignity.

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This syllabus is designed to be used in conjunction with video program EDA 311-0173 by the Long Term Care Network, a division of PRIMEDIA Healthcare. PRIMEDIA Healthcare is a division of PRIMEDIA Workplace Learning.

For questions or general information,
please contact:

Director of Education
PRIMEDIA Healthcare
4101 International Parkway
Carrollton, TX 75007
(800) 624-2272, ext. 5312

WHEN A RESIDENT SAYS “NO”

WHY RESIDENTS RESIST INSTRUCTIONS

Typically, caregivers expect residents to follow the rules and cooperate. This expectation suggests that older adults do not have the capacity or right to participate in decisions that impact their daily lives—that they should passively comply with caregivers’ instructions “for their own good.” Such an attitude is often motivated by age-based prejudice, or *ageism*. Furthermore, this notion ignores the fact that anyone who loses control over his or her life is likely to experience a sense of helplessness and powerlessness.

The resident’s way of dealing with such grief, anger, sadness, depression, and lack of control often presents as saying “no.” Most people cherish making decisions about the basic activities of their lives, such as bathing, eating, sleeping, and dressing. Therefore, an understandable option for the resident is saying “no” when caregivers try to take control of these basic rights and decisions.

INTERPERSONAL RELATIONSHIPS

Establishing therapeutic interpersonal relationships between residents and caregivers is crucial to positive treatment outcomes. These relationships provide opportunities to form rapport, establish trust, and convey respect for the resident as an individual who is capable of being a part of the decision-making process.

Residents entering long term care often feel anxious and fearful of the unknown. Healthy interpersonal relationships or partnerships among the

healthcare facility, caregivers, and residents offer opportunities to address these concerns. Through listening actively, conveying respect, and expressing empathy, caregivers provide an environment that lessens anxiety and fears.

Therapeutic interactions also afford caregivers opportunities to use active listening skills to identify the resident’s needs while providing feedback and education concerning specific health care and treatments. Developing interpersonal relationships helps caregivers identify a resident’s reasons for saying “no” to certain interventions. For example, a healthy relationship can help caregivers understand a resident’s preference for certain daily routines such as bathing at night rather than in the morning.

Interpersonal relationships are also the basis of individualized health care. Therapeutic relationships must be based on each resident’s particular needs and concerns. However, efforts to recognize residents as individuals, including enlisting their input and feedback regarding their care, are often superseded by caregivers’ rush to accomplish various tasks. Residents need and deserve to be respected as unique. Even when a resident is confused or disoriented, his or her particular, personal needs must be identified and addressed—never ignored.

In contrast to healthy work relationships, *power struggles* result from caregivers’ inappropriate reactions to residents’ resistance. Power struggles usually reflect caregivers’ own underlying feelings of powerlessness and helplessness, which present as insistence on a specific treatment approach or solution. Exploration of these unhealthy interactions involves recognizing them, understanding their significance, and working through them by putting

the resident's feelings ahead of one's own. This process allows caregivers to look at the power struggle objectively, to consider the resident's needs, and to identify reasonable options for a solution.

STRATEGIES THAT PROMOTE RESIDENT COOPERATION

RESPECT, DIGNITY, AND DECISION MAKING

Gaining the cooperation of residents depends on respecting them as individuals, listening to their concerns, and adjusting to meet the particular needs of each, thereby decreasing their feelings of helplessness. When residents feel that they have a say in treatment decisions, their resistance to instructions often decreases.

Factors such as ageism contribute to the stereotype of older adults as people with no right or capacity to participate in decisions that impact their lives. To combat these attitudes, whenever appropriate, the resident must be an active partner in such decisions. Again, efforts to involve residents in decision making promote positive self-regard and human dignity.

INDIVIDUAL ASSESSMENT AND TREATMENT

When a resident is admitted to the facility, work with the nurse and/or physician who assesses the individual's healthcare needs. Identifying each resident's specific concerns as soon as possible encourages respectful, individualized care. Customize each resident's care as much as possible, and when unable to accommodate his or her requests, explain why.

RESIDENT EDUCATION

Always explain all procedures to the resident and allow his or her feedback concerning treatment. Educate the resident about daily treatment routines and encourage the expression of thoughts and feelings about these routines. Inform the resident about various treatment options, and ask him or her to suggest which option would be most agreeable.

AVOIDING UNNECESSARY CONFLICT

Avoid arguing with residents, and instead, involve them in exploring treatment options. Do not personalize residents' uncooperativeness. Explore the causes of both the resident's resistance and your personal reactions to it, making sure that you and the resident are not involved in a power struggle.

SUMMARY

Working with the resident who says "no" challenges caregivers to understand the basis of this behavior. It also affords them opportunities to explore their relationships with residents who insist on being active partners in decisions that impact their daily lives. By treating individuals with respect, caregivers can make these relationships work smoothly, to the benefit of residents' well-being.

DISCUSSION QUESTIONS

1. Discuss the role of therapeutic relationships in dealing with residents' fears, anxiety, and sense of helplessness.
2. Explain the importance of active listening skills in encouraging residents to express their thoughts and feelings.
3. Describe the role of the caregiver in promoting residents' positive self-regard.
4. List circumstances that may contribute to the resident's feelings of powerlessness.
5. Describe strategies that promote residents' cooperation.
6. Explain the caregiver's role in engendering power struggles with residents.

BIBLIOGRAPHY

Antai-Otong, D. (1995). *Psychiatric nursing: Biological and behavioral concepts*. Philadelphia: W.B. Saunders.

Antai-Otong, D. (1999). Active listening at work. *American Journal of Nursing*, 99, 24L, 24P.

Garwick, A., Detzner, D., & Boss, P. (1994). Family perceptions of living with Alzheimer's disease. *Family Process*, 33, 327-40.

Kahana, E., & Wykle, M. (1994). *Family caregiving across the lifespan*. Newbury Park, CA: Sage Publications.

POST TEST

WHEN A RESIDENT SAYS "NO"

1. Mr. Jones refuses to take a shower today and expresses anger toward the staff for awakening him. What is the most appropriate response to this resident?
 - a. Insist that everyone showers in the morning.
 - b. Ask him about his normal bathing habits and try to accommodate him.
 - c. Ask another caregiver to help you get him into the shower.
 - d. Obey his wishes and forget his shower today.
2. Residents who refuse to participate in routine activities of daily living often experience all EXCEPT:
 - a. grief, sadness, uncertainty, and anger.
 - b. feelings of helplessness and powerlessness.
 - c. a sense of independence and control.
 - d. a need for positive self-regard and respect.
3. Mrs. Murphy insists on taking her time performing daily hygiene and other routine care with little assistance. Which is a likely explanation for this behavior?
 - a. It lets her make basic decisions about her treatment.
 - b. It enables her to get revenge by inconveniencing the staff.
 - c. It increases her dependence on others.
 - d. It provokes arguments.
4. Establishing interpersonal relationships with residents is crucial to allaying their anxieties and fears. Which is likely to promote a therapeutic relationship between caregiver and resident?
 - a. Limiting the time in which a resident can ask questions
 - b. Using active listening skills to educate the resident and assess his or her needs
 - c. Deciding on your own what residents need and prescribing courses of treatment for their own good
 - d. Forming a relationship with the resident's physician
5. Mary is assigned to care for Mr. Moss. She finds herself arguing with him and telling him what he "will do" today. What should Mary do next?
 - a. Stop arguing with Mr. Moss and examine the reasons for her behavior.
 - b. Ignore Mr. Moss and move on to the remainder of her workload.
 - c. Insist on staying in control and enforcing the rules.
 - d. Convince Mr. Moss's physician to prescribe psychotropic medications.
6. Power struggles result from caregivers' inappropriate reactions to residents' resistance.
 - a. True
 - b. False

7. If you cannot accommodate a resident's request, you need NOT explain why.
 - a. True
 - b. False

8. A resident's uncooperativeness should not be taken personally.
 - a. True
 - b. False

9. When a resident is confused or disoriented, you need NOT identify or address his or her personal needs.
 - a. True
 - b. False

10. Caregivers can provide an environment that lessens residents' anxiety and fears by:
 - a. listening actively.
 - b. conveying respect.
 - c. expressing empathy.
 - d. All of the above