

Practicum

The Concept of Respect in a Resident-Centred Environment

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The undersigned certify that they have read the Master's Thesis/Practicum entitled:

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DEDICATION

To my husband Richard and my daughters Katherine and Elizabeth, with thanks for their unwavering love, support and encouragement

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Abstract

Respect is a concept crucial to nursing but one which has not been explored adequately. Respect may mean different things to different people, depending on age or culture. It has been determined that disrespect is closely linked with abusive behaviour. Lack of respect may be seen not only as a form of abuse, but also as the cause from which all other forms of abuse develop. In order to truly understand the development of abuse in long-term care, we must have an understanding of the key concepts that contribute to it. Respect is one of these concepts.

The goal of this practicum was to develop a strategy that would promote the development of policies and the reinforcement of behaviours that reflect “respect”. The key words used to define respect and specific comments related to respect were identified by residents, family members and staff of a long-term care facility.

The meaning of respect from the perspective of the resident, family members and staff of Deer Lodge Centre was explored through a questionnaire. Results of the questionnaire were tabulated and shared through presentations to all participant groups. Recommendations on policy change based on the results were identified and shared.

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CHAPTER ONE: STATEMENT OF THE PROBLEM

Introduction

Person-centred or resident-centred care is a model of care in many long-term care facilities. This model focuses on the needs of the individual resident rather than on the needs of the caregiver or the organization. When a facility is resident-centred, there is a respect for others as individuals, with the care organized around the resident's needs (Nolan, Davies, Brown, Keady & Nolin, 2004). Resident-centred care requires that individual beliefs, values, and needs are respected and that caregivers adopt approaches that ensure flexibility and respect (Nolan et al., 2004). Respect is also a concept that is inherent in much of the legislation on abuse (Spencer, 1994).

Abuse of the older person in long-term care is recognized internationally as a “pervasive and growing problem” (Lachs & Pillemer, 2004, p.1263). Recent data suggest that approximately 4 % of institutionalized older adults in Manitoba suffer abuse at the hands of a caregiver, though these numbers could represent underreporting (Bakowski, V., personal communication, March 2005). This number of instances is expected to grow as the number of elderly requiring long term care increases.

Definitions of Abuse

Defining abuse is challenging. The definition of abuse is not standardized in the literature though certain forms of abuse are consistently identified (Stone, 1996). These forms of abuse include physical, emotional, material or financial, active and passive neglect. Abuse may be defined in general terms as any action or inaction which jeopardizes the health or well being of the older person (Pay, 1993). The Manitoba legislation on abuse for vulnerable persons in institutions, entitled the Protection for

Persons in Care Act, (Queen's Printer, 2001), defines abuse as "...mistreatment, whether physical, sexual, mental, emotional, financial or a combination of any of them, that causes or is reasonably likely to cause serious physical or psychological harm to a person, or significant loss to the person's property" (p.1).

Legislation exists in various jurisdictions across Canada, which requires reporting and follow-up of abuse allegations in long-term care. For example, both Alberta and Manitoba have abuse legislation in place requiring mandatory reporting of all abuse including psychological or emotional harm (Spencer, 2003).

If we are to truly understand the development of abuse in long-term care, we must have an understanding of the key elements that contribute to and comprise it. Respect is one of these key elements. McGee (1994) states that respect is an important concept in nursing and without it residents may suffer abuse. Disrespect is often included as a form of psychological abuse in the research. Moon (2000) discovered that older people perceived psychological abuse to be as hurtful, if not worse, than physical abuse.

While concern about abuse focuses primarily on the more evident physical impact, the theme of disrespect emerges as a major component in the older individuals' experiences of abuse. In a 2001 international study done by the World Health Organization in conjunction with the International Network for the Prevention of Elder Abuse (INPEA), older persons were asked a series of questions to examine their perceptions of abuse, how they define and classify abuse and what they believed should be the first steps toward a global strategy against abuse (World Health Organization, 2002). Consistently, participants reported disrespect as both a cause of abuse and as an important form of abuse in itself.

The Link Between Abuse and Respect

It is important to explore the idea of respect as it relates to abuse for several reasons. First, respect may be perceived differently by both the caregiver and care receiver. Residents may feel that the care is not being provided in a way that recognizes them as an individual, or that it is not resident-centred. This may result in a perception of abuse or neglect by the resident. For the caregiver, the disconnect may fuel a disregard for the resident's needs.

Improving the relationship between caregiver and resident by bridging the gap between each one's definition of respect may have positive results for both. For the resident, an improved relationship with the caregiver may result in greater recognition of their values and individual needs. This in turn may result in a decrease in potentially abusive situations. For the caregiver, greater insight into the resident's needs and respect for him or her as a person may result in an improved relationship and enhanced communication. This may ultimately result in improved quality of life for both caregiver and care receiver.

According to Kozak and Lukawiecki (2001), one element of a resident-centred approach is the development and maintenance of a resident bill of rights and responsibilities. The underlying idea of this document is that a right is a person's established legal, moral or traditional claim to power. A person's rights in a long-term care facility should be no different than a person at home in the community. One of the basic rights included in the bill of rights is "the right to be treated with respect"(Kozak & Lukawiecki, 2001, p.19).

The purpose of this practicum was to examine the concept of respect in an institutional environment. This practicum was intended to explore the meaning of respect from the perspective of the residents, families and staff of a long-term care facility and identify the implications for policy.

CHAPTER TWO: REVIEW OF THE LITERATURE

Two key concepts explored in this practicum are respect and resident-centred care. Qualitative and quantitative studies that are rooted in the development of these key concepts and the relationships between them will be noted.

Respect

Respect is strongly linked to the action of abuse, whether it is physical, psychological, financial, or any other form of mistreatment. Focus groups from an international project examined the knowledge and experiences of abuse (World Health Organization, 2002). Elderly residents living in the community in all of the participating countries were asked what was the most serious form of mistreatment that they could experience. Their answers consistently mentioned psychological abuse, specifically lack of respect or disrespect. For these individuals, the lack of respect was not only a form of abuse but also the cause from which all other forms of abuse developed. While disrespect is linked to verbal and emotional or psychological abuse as well as neglect, participants in the study spoke of disrespect “everywhere they turn”. The study also noted that disrespect is ultimately an indicator of poor social attitude towards older people. Other contributors to the lack of respect are the collapse of family bonds, authority left to children and influence of the media promoting negative stereotypes of older people (World Health Organization, 2002).

Browne (1997) notes that respect is a concept crucial to nursing, but one which has not been explored adequately. Respect may mean many different things to different individuals, depending on age or culture. It can be an abstract word with multiple nuances depending on the context in which it is found.

Respect as a noun has its origins in Middle English from the Latin “respectus” meaning literally the art of looking back, and from “respicere” to look back (Merriam-Webster, 2003). The word in today’s world has multiple meanings such as the condition of being honoured (esteemed or well regarded). It is similarly mentioned in Roget’s Thesaurus (1998) as deference, recognition and appreciation. It is viewed as a courteous expression by either work or deed of esteem or regard. Respect, then, may be a condition in which one is held in high regard or an expression or an attitude of appreciation for someone or something.

Another definition of respect is that of a behaviour intended to please one’s parents or fulfill a filial duty (of a child to a parent). Other forms of respect as a behavior could be self-respect, respect for ideas or the opinions of others. Respect according to the Gage Canadian Dictionary (1983) emphasizes recognizing or judging the worth or value of someone or something and paying the consideration or honor due.

The definitions of respect imply positive or high regard and consideration. Webster’s New World Dictionary and Thesaurus (1995) lists respect with the terms: to feel or show honor or esteem, or to show consideration. It is interesting to note that respect is also listed as a verb with the terms: regard, value, look up to, appreciate, to treat with consideration and heed as notable synonyms.

As Burkhardt and Nathaniel (1998) note in their document on nursing and ethical principles, the pre-supposition is that respect is a core value in the caring of individuals. Nursing recognizes the uniqueness of the individual in providing care, especially in balancing principles of autonomy and beneficence. These principles would apply

specifically to the care of the older person where balancing autonomy with the prevention of harm is often challenging.

The Code of Ethics for Registered Nurses (CNA, 2002), which offers guidance in ethical issues, notes that nurses must not only respect and promote autonomy and dignity but also advocate for the respectful treatment of all individuals. Although respect is not defined in the Code of Ethics, respect for all in the workplace is a key component of this document. Nurses are guided by the notion that an understanding of the value of others is necessary to promote health and wellness and an environment where safe, competent and ethical care can be provided.

Resident-Centred Care

Resident-centred care reflects the development of caring for individuals in a variety of settings including long-term care, rehabilitation and dementia care. Resident-centred care includes the policies of a facility being based on the philosophy of person-centred care. The National Health Service in the United Kingdom defines resident-centred care as that which “respects others as individuals and is organized around their needs” (Nolan et al., 2004).

A link exists between the idea of person or resident-centred care and the idea of respect. Rantz and Flesner (2004) note that person-centred care is care that is focused on individualized care to meet residents’ needs. This care is based on six components, one of which is respect for “each person’s life-long patterns, preferences and individual needs” (p.194). Concern for personhood in providing care is centred on the right to have values and beliefs respected (McCormack, 2003).

Strongly correlated with respect is job satisfaction and turnover. High staff turnover is associated with a decrease in continuity of care and a decrease in resident focused care. Providing an environment in which staff and residents mutually respect each other contributes to an environment in which both staff and residents feel empowered. Empowered staff should be more motivated to creatively meet the individual needs of those in their care.

A review of the literature reveals little research on respect as it relates to care in a long-term care facility or in terms of resident-centred care. It is acknowledged, however, that without respect residents are dehumanized and there is then greater potential for abuse (McGee, 1994).

Heiselman and Noelker (1991) focused on nursing assistants' and residents' perceptions of respect and attachments. They used a semi-structured interview format in a 176-bed facility. Forty nursing assistants and 37 residents were interviewed using closed and open-ended questions with probes. The intent was to capture accounts of experiences of respect, disrespect, attachment and distance. Cognitively impaired residents were excluded, as were residents who had resided in the facility for less than 3 months.

The participants described examples of respect and disrespect. The results also indicated disrespect or distancing in what were referred to as "subtler" aspects of the relationships. These aspects included understanding resident's feelings or noticing when they were worried or troubled.

Themes and examples of how nursing assistants could be shown respect were also highlighted. These themes included being polite, respecting competence, individuality and relationships with residents. As a result of the findings, an inservice on interpersonal

respect was developed for the nursing assistants. The inservices were entitled “Gaining respect as a nursing assistant” and were focused on the nursing assistant and developing more positive relationships with residents and other staff.

In an open forum of 200 nurses at Texas Methodist Hospital on the behaviours of caring in nursing (Shepherd & Fazakerly, 2000), patient satisfaction was identified as being related to caring and respect. Nurses identified respect as a key caring behaviour. They found that the greater the amount of respect displayed, the greater the potential for the patient to view their encounter with nurses as positive. In this particular study the behavior of respect was highlighted. It was noted that respect as an attitude and as a value is crucial to positive patient outcomes as well.

Directly linked with respect is the concept of dignity and respectful care as explored by Egilson (2003) in her practicum entitled: *An Intervention for Dignity-Enhancing Care in Personal Care Homes: The Development of a Respectful Care Training Program for Nursing Assistants*. This work focuses on an intervention encouraging caregivers to provide respectful care, thus communicating to residents that they are valued as individuals. In this practicum, staff training in respectful care was identified as an intervention to enhance resident dignity. The program was developed and implemented with 33 nursing assistants in the Assiniboine Region in Manitoba Personal Care Homes. The training was delivered over 6 hours and focused on improving skills in empathy and respectful interactions with residents.

The results of the evaluation and the general results of the practicum indicated that training is only one approach to enhance dignity. The organization itself must systematically address the barriers to dignity-enhancing care, such as staff shortages and

heavy workloads. The work of Egilson focused only on nursing assistants and did not include any other category of staff.

A project undertaken by Health Canada in 2001 as documented by Kozak and Lukawiecki (2001), as a part of the Abuse Prevention in Long Term Care Project, developed and evaluated a resident focused educational package. The goal of the educational package was to raise awareness of the issues of abuse and neglect in long-term care through the awareness of the need for a respectful environment.

The project, which was a collaboration of many individuals including residents, families, staff and researchers, was an 18-month national endeavor. This project combined the two key elements of respect and resident-focused care by defining these key concepts. Focus groups and interviews were used. The monographs that resulted are filled with key quotes from residents and families. While the first phase of the project was to develop the educational package, the second phase was to train trainers in the use of the package. A series of monographs was published in 2001, which focused on addressing the issue of abuse and neglect through a supportive and respectful environment. The participants believed that abuse and neglect were the results of a process where the individual was not respected but rather seen as an object to be fed, and moved “according to schedule” (Kozak & Lukawiecki, 2001, p 8).

Factors in this qualitative study that were identified as key to a respectful environment included defining environment, and a resident-centered approach. The project then dealt with how to foster this type of environment. Residents who participated in focus groups helped to provide their perception of life in long term care. Key elements

such as promoting resident empowerment, maintaining resident rights and providing good physical and emotional support were discussed.

In summary, the concepts of respect and resident-centred care are documented in the literature and both are key values in the care of residents in long-term care. This chapter has explored both concepts and the link between them.

CHAPTER THREE: CONCEPTUAL FRAMEWORK

A concept is defined as an abstract term derived from particular attributes (McEwan & Wills, 2002). Concepts may be abstract (respect, love) or concrete (pain, temperature). Once a concept has been identified and developed, it can be tested to further develop it and to explain its use in a real life situation. Conceptual frameworks are defined as structures that relate concepts in a meaningful way. A conceptual framework is a theoretical framework related to the topic and purpose that is being discussed. It is a theoretical framework to guide the construction of a research problem or question.

Attempts to contain elder abuse within a framework have been a frustration for policy makers and caregivers. Literature and research suggest that elder abuse is not easily viewed through one framework, but that it is multi-level and multi-dimensional (Harbison, 1999). There have been many theoretical explanations suggested but very little empirical testing on the theories of abuse (Phillips, 1986). One theory designed to explain abuse and currently the most widely accepted is the situational model of abuse.

The situational model of abuse will be used in this practicum to provide a framework in helping to understand respect and its relationship to abuse in a long term care facility. While this theory is a single theory and not multi-dimensional, the components most adequately address the multiple factors which may potentially lead to abusive behavior.

The Situational Model of Abuse

Varying theories of abuse overlap and no one theory is adequate to explain all the complexities of elder abuse (McDonald, Hornick, Robertson & Wallace, 1991). The situational model of abuse is derived from the theory associated with child abuse and has

additional positive attributes of intuitive appeal which supports an intervention framework (Phillips, 1986).

Abuse in an institutional setting is defined as an act or omission directed at a resident that causes harm or wrongfully deprives that person of independence (Spencer, 1994). In the growing literature on abuse of the older person, several categories are recognized. These categories are: physical, psychological (emotional), financial and sexual abuse. Each will be defined.

Physical abuse, the most prevalent form of abuse, is defined as the use of physical force resulting in injury, pain or impairment. Examples include kicking, slapping or over-restraining an individual. Psychological or emotional abuse is the infliction of pain or distress through verbal or non-verbal acts. Examples of this category of abuse include threatening a resident, ignoring them or insulting them. Financial or material abuse, defined as misuse of funds, property or assets, includes forging signatures and stealing from residents. Sexual abuse is defined as non-consensual sexual activity and includes unwanted touching as an example (McDonald & Collins, 2000). In institutions, another category that may be included is medical abuse, defined as any medical treatment done without the permission of the older person or their proxy (McDonald & Collins, 2000).

There have been no comprehensive surveys done on the extent to which abuse occurs within institutional settings either in Canada or Manitoba (Kozak & Lukawiecki, 2001). Although most of the statistical information related to the amount of abuse in institutions is found through surveys, and therefore cannot truly indicate the incidence of abuse, the numbers do show that the problem of abuse of the elderly does exist (Ens, 1995). In a 1993 Ontario College of Nurses survey of 1600 direct care providers, both

nurses and nursing assistants, 20% reported witnessing abuse of residents. In the same survey, 28% reported witnessing embarrassing comments being said to residents and another 28% reported witnessing staff yelling at residents (Ens, 1995).

Another survey in New Hampshire of 577 nurses and nurses aides in nursing homes reported that 36 % had witnessed physical abuse by staff and 81% had witnessed psychological abuse which included yelling, swearing and insulting residents (Ens, 1995). While the numbers are shocking to consider, approximately 4% of older individuals suffer abuse at the hands of a caregiver, however, it must also be kept in mind that most instances of abuse are underreported (Queen's Printer, 2004).

The situational model, or caregiver stress model, looks at caregiving from a situational perspective. The basic premise of the model is that as stress associated with certain situational and or structural factors increases for the abuser, the likelihood increases of abusive behavior toward an older vulnerable individual who is seen as being associated with the stress (Glendenning, 1993; Phillips, 1986; Pittaway, Westhues & Peressini, 1995) The model also proposes that if the stress and burden of caregiving are decreased, then the possibility of mistreatment will also be decreased (Wolf, 1997). The situational model also states that as cognitive and physical impairments increase, the dependency on the caregiver increases. This dependency includes support for both physical and emotional needs. An increase in dependency leads to feelings of increased demand on the caregiver (Spencer, 1994).

There are situational variables that have been identified as being linked with all categories of abuse of the elderly. These situational variables form the key concepts from a situational perspective. These factors are categorized as: elder-related (physical or

psychological dependency, age of the care receiver, decreased health or mental status and aggressive or challenging behaviour); structural (economic strain, social isolation, staffing, routines and problems in the environment) and caregiver (burnout, relationships, substance abuse and history of violence). These concepts will be discussed.

Elder related factors.

Cognitively impaired individuals may be more at risk for abuse than individuals who are not cognitively impaired. This is because of greater potential for misinterpretation of environmental cues resulting in aggressive responses from residents (Spencer, 1994). Although only 5-7 % of Canadians over the age of 65 live in institutions (Spencer, 1994; Statistics Canada, 2001), approximately 80% of those in long-term care suffer from some form of dementia (Graham, Rockwood, Beattie, Eastwood Gauthier, Tuokko & McDowell, 1997). While many residents in long-term care facilities would be considered cognitively competent, there is little consensus on the percentage of residents with moderate to severe cognitive impairment; estimates range from 30-60 % (Spencer, 1994). Results of a survey by the Winnipeg Regional Health Authority (2002) of Personal Care Homes in the region indicated the percentages of residents who exhibited wandering behaviour (12 %), verbal aggression, (8%), physical aggression, (5%) and resistance to care (11%) on a daily basis.

Longer life expectancies and more debilitating chronic illness, make it more likely that a greater number of elders will require institutional care (Goodridge, Johnston & Thomson, 1996; Murtaugh, Kemper & Sutherland, 1990). A significant proportion of residents in long-term care institutions also require greater physical care due to sensory disorders, musculoskeletal disabilities or urinary incontinence (Spencer, 1994). Because

of their dependency, these individuals are at greater risk for abuse because they are less able to control their environment or fend off attack by potential abusers. As well it is often perceived that residents with less physical dependency are viewed by staff as more independent. This leads to a greater tendency for staff to relate to them, resulting in more respectful treatment and interactions (Spencer, 1994).

Older residents are also more susceptible to ageist attitudes. Ageism, or negative attitudes toward older persons associated with stereotypes (Quinn & Tomita, 1986), may also be a significant factor as it is estimated that 85 % of institutionalized individuals are 75 years and over (Statistics Canada, 1992) and that the majority of older adults living in long term care institutions, including personal care homes, are in their late 80's or 90's (Murtaugh et al, 1990). Negative stereotypes of older individuals may lead to attitudes such as dehumanization thus making them more susceptible to behaviors that would otherwise be unacceptable in the general population (Spencer, 1994). Older adults themselves may in turn view the treatment as deserved or unavoidable as they internalize these negative attitudes (Spencer, 1994).

Structural Factors

Structural factors that play a part in abuse in long term care include low pay and poor working conditions including long working hours and understaffing (Neysmith, 1995). Spencer (1994) notes that a staff member who abuses an individual resident may be manifesting a problem of a more systemic nature. That is, the individual may be low on the pay scale and may change jobs frequently, resulting in greater turnover for the facility. This greater turnover in staff would result in having temporary, perhaps less qualified or trained staff who are not as familiar with the resident and their needs. This in

turn would increase the potential for an abusive situation to occur. As well, higher incidences of staff turnover, at any level, would result in a greater need to concentrate on orientation of new staff, with less emphasis or ability to concentrate on ongoing education of staff (Spencer, 1994).

Consequences of situational factors can be varied and widespread. In their article describing health care aides and stress in institutional settings, Weirucka and Goodridge (1996), referred to the collective nature of an institution. This collective nature with its many “unrelated and unconnected” people implies a greater potential for abuse to occur, as there are more people and interactions. This is echoed in a statement by Wallace (2000), who notes that older persons most at risk are those living in long-term care settings.

Most of the documented information in the literature suggests that the nature and consequences of abuse of the older person may vary depending on the individual’s situation (Department of Justice Canada). Experiences may be related to living arrangements (at home or in a long – term care facility) or dependence on others. This discussion will focus on individuals in a long –term care facility.

Health care aides provide the majority of personal care in facilities. Such settings can be very task oriented. The problem is that health care aides are taught tasks but very little about problem solving, priority setting, or responding to demands from multiple sources (Bowers & Becker, 1992). The ability to respond to the needs of residents or patients especially with cognitive impairment in providing personal care may be limited. In their study it was noted that certain activities were allowable that permitted caregivers to cut corners in the care they provided. This cutting of corners could lead to

inappropriate responses to residents' needs and contribute to potentially abusive scenarios.

Staff understanding or misinterpretation of the definitions of abuse can also contribute to abuse. In a qualitative study of 10 registered nurses in five urban long-term care facilities, Hirst (2002) determined that the presence of abuse often comes from lack of awareness that certain behaviours are considered abusive. The culture of the institution must be taken into consideration in defining abuse, and must be consistently discussed and incorporated into policies and procedures. Without clear definitions and consistency, a nurse may not perceive that abuse is occurring, will not report the abuse, and will leave the resident at risk (Hirst, 2002).

Workload has been considered as one of the major predictors of burden and job stress, especially among health care aides who provide the majority of personal care in long term care (Chappell & Novak, 1992). Other stressors have been identified as shift work, lack of flexible hours or routines, low pay, low status and pay not consistent with perceived value of work (Miller & Norton, 1986).

Spencer (1994) also notes that understaffing leads to staff of all levels feeling overworked and under supported in the workplace. This increases the likelihood of stress responses in situations. Outcomes of stress include an increase in the use of restraints, ignoring residents' requests or not responding in a timely manner. All of these are included in the definition of abusive behaviors (Spencer, 1994).

Abuse is more likely to occur when individuals who interact with the resident focus on the task rather than the person (Kozak & Lukawiecki, 2001). Participants in the study on resident's perceptions of abuse in long term care cite systemic or institutional

process that “creates or fosters a power imbalance between resident and staff” (Kozak & Leukawicki, 2001, p.10) as major contributors to stress, thus resulting in potentially abusive situations.

Caregiver Factors

As various authors have noted (Goodridge, Johnston & Thomson, 1996; Novak & Chappell, 1994), individuals who provide care to the elderly may not necessarily receive relevant training and education on dementia care or dealing with aggressive behaviour. There may also be a lack of problem solving behavior, again a skill not necessarily taught to all care providers.

Racial differences between residents and staff of varying ethnic groups may also create tension thus increasing stress. In a study by Chappell and Novak (1992) on the demographics of nursing assistants, 47% were not born in Canada, 27% were from Asia and 10 % were from West Indies, Central or South America. In the study of care providers of a New York City nursing home, racial and ethnic differences and their impact on care were examined. The study suggested that racial differences intensify divisions between groups such as care providers and management or care providers and residents. As well, it was suggested that ethnic differences may create additional barriers and misunderstandings between staff of long-term care and residents (Foner, 1994). While the study confirmed that ethnic differences could be a basis of separation between caregivers and residents, it also confirmed that more research is needed on the topic. Conflict may also arise if a resident does not want to be cared for by a staff person of another race.

In institutions, the majority of caregivers are female. Of the 245 nursing assistants in a Winnipeg Manitoba personal care home study, 93 % were women (Chappell & Novak, 1992). Some individuals argue that women's devalued social and economic status in society keep them in lesser roles as health care aides or housekeepers. This lesser status has fewer support systems in place, therefore possibly leading to inappropriate responses to stressful situations and increasing potential for abuse (Spencer, 1994).

As Public Health Agency of Canada (2001) also notes, the majority of care is provided by health care workers (aides) who may themselves feel powerless. These care providers then abuse the vulnerable individuals who are even more powerless than them.

To summarize, the situational model of abuse serves as a conceptual framework to help understand respect and its relationship to abusive behaviour in long-term care. This chapter has explored the model and the elder-related, structural and caregiver factors that contribute to it.

CHAPTER FOUR-PRACTICUM DESIGN

Goal of the Practicum

The goal of this practicum was to develop a strategy that would promote the development of policies and the reinforcement of behaviours that reflect “respect” as identified by residents, families and staff.

Objectives

The following objectives for the practicum were identified:

1. To develop a definition of respect based upon feedback from residents, family members and staff of Deer Lodge Centre.
2. To communicate this information to staff, families and residents through presentations in various forums.
3. To provide recommendations to enhance a policy that would promote respect within Deer Lodge Centre.

Setting

Deer Lodge Centre is a 486 bed long term care facility in the city of Winnipeg. Deer Lodge Centre places importance on the “Resident Bill of Rights”, which emphasizes respect for residents. It also promotes itself as a resident centered environment. The Resident Bill of Rights is supported by management and residents at the Centre and is readily available for all staff, visitors, residents, volunteers and family who enter into or live in Deer Lodge Centre.

Deer Lodge Centre is a facility within the Winnipeg Regional Health Authority and is comprised of a variety of units including personal care, interim care and chronic care for both community and veteran residents and patients. Residents who live in the

personal care units and patients who live in the chronic care units are cared for by a total of 140 registered nurses (55 in the Personal Care Program), 8 registered psychiatric nurses (all in the Personal Care Home Program), 60 licensed practical nurses (19 in the Personal Care Home Program) and 234 health care aides (150 in the Personal Care Home Program). The personal care units (Tower 3, Tower 4, Tower 5, Tower 6, Tower 7 and Lodge 7) as well as the interim care units (2 and 3 South) are a part of the Personal Care Program. These units were approached to participate in this practicum.

Method

Sampling

The goal of sampling is to obtain a group of individuals representative of the target population (Aiken, 1997). Stratified purposeful sampling is used when it is the intent to “illustrate characteristics of particular subgroups of interest in order to facilitate comparisons” (Patton, 2002, p.244).

A purposeful sampling technique as well as a convenience sample was used to identify residents, family members and staff for participation in this practicum. Each group participated by voluntarily completing a questionnaire specifically developed for residents, family members or staff (Appendix A). Separate cover letters outlining the purpose of the research, the assurance of confidentiality and anonymity (Appendix B), and the assurance that the research had been approved by the Education/Nursing Research Ethics Board (REB) were provided (Appendix C).

The data collection was conducted between December 2005 and January 2006. Completed questionnaires were returned to the research assistant in the Operational Stress Injury Clinic. A total of 24 questionnaires for each participant group were

distributed to the 8 participating units at Deer Lodge Centre: 3 questionnaires for Residents on each of the 8 units, 3 for Family members and 3 for staff per unit. ($8 \times 3 = 24$ residents, $8 \times 3 = 24$ family members and $8 \times 3 = 24$ staff).

Recruitment strategies varied depending on the target group of participants. Residents were recruited in two ways. Posters were distributed to the participating units and displayed on the unit bulletin boards in conference rooms and in hallways. Residents who identified an interest in participating in the study contacted the Research Assistant and were given the opportunity to participate. On some of the units where residents did not come forward, the managers randomly picked names, informed the resident of the project and obtained verbal consent to release their name to the research assistant who then approached the resident. The research assistant explained the study to the resident and obtained written consent as able. If needed, the research assistant offered assistance to complete the questionnaire. Neither the research assistant or the researcher knew the participants.

Family members and staff were recruited through posters displayed on the units. The participants who completed the questionnaires returned them anonymously to the research assistant in self-addressed envelopes. The research assistant was available to the managers if any family member or staff came forward with questions about the study, but there were no requests to answer questions.

Managers of the personal care home program at Deer Lodge Centre were approached, given a memo that outlined the process and asked to identify individual residents who would be able to participate by completing a questionnaire (Appendix D). The managers determined that the resident would be cognitively aware and able to

complete the questionnaire. The names of these residents were given to the research assistant who approached the residents and informed him/her of the purpose of the study. If the resident was interested or agreed to participate, the research assistant asked him/her to read the cover letter and gave them a questionnaire. The research assistant also answered any questions related to the questionnaire and offered assistance in completing the questionnaire.

Notices for the families were left on the bulletin boards and at the nursing stations of all the participating units (Appendix E). Three questionnaires with cover letters outlining the project were left with the resident care manager on the unit. The family member, if interested, was to contact either the research assistant or the manager of the unit who provided him/her with a cover letter, a questionnaire and a self-addressed envelope. A brief presentation at Resident/Family Council by the graduate student was conducted to introduce the project and the questionnaires to residents and family members. The Resident/Family Council, which consists of staff, residents and families of Deer Lodge Centre, holds meetings on a monthly basis. Questionnaires were also available at the meeting for any family members who wished to complete one.

The graduate student also conducted a presentation at a staff meeting of resident care managers of the Personal Care Program, and explained the practicum. A poster was given to the managers of the personal care units to place in their conference rooms for staff who might be interested in participating by completing a questionnaire (Appendix A). Three copies of a cover letter and questionnaire were left with the poster in the staff conference room. Staff were able to complete the questionnaire and return it in the self –

addressed envelope to the research assistant at the Operational Stress Injury Clinic (OSIC).

Inclusion Criteria

In order to be considered eligible to complete a questionnaire, residents, family members and staff must have met the following criteria. Residents must be residents of the Personal Care Program at Deer Lodge Centre. They must be mentally competent and capable of reading and writing English. Family members must be family or significant others of the residents who reside in the facility. Staff participating must be employees of Deer Lodge Centre employed in the Personal Care Home Program.

Questionnaires

Questionnaires are designed to survey attitudes, opinions, beliefs and information possessed by a group of people regarding an issue and their attributes including age, sex and other demographic information (Aiken, 1997). Questionnaires may be administered in many ways. Two of the most common are face to face and response and return. In face-to-face completion of questionnaires, the interviewer can offer clarification of questions asked and the answers that are given. However, this form of responding may bias the response through physical presence of the interviewer. Body language may be interpreted by the respondent and may influence answers (Aiken, 1997). This method is also more time consuming.

Questionnaires, which are administered to the respondents to complete, are the most popular type of questionnaire because they are the most cost effective. They do have the disadvantage of not allowing the respondent to ask questions for clarification, which may result in misinterpretation of questions.

The questionnaire should begin with a clear statement of its objectives (Aiken, 1997). Other characteristics of a questionnaire include; short, clear questions, placing important questions closer to the beginning of the questionnaire, avoiding leading or double questions, and being no longer than 30 minutes to complete.

The questionnaire used was developed by the graduate student based on the literature on respect and abuse. A combination of closed and open-ended questions was used. This allowed for easier analysis of information but also gave respondents an opportunity to give their opinion and explore their thoughts in a less structured format. These open-ended questions were placed at the end of the questionnaire. Comment sections were also included in the questionnaire.

The questionnaires were given to residents, family members and staff who were willing and able to complete the questions. The research assistant was available to the managers of the personal care units to provide assistance as required in clarification of the questions or in assistance with completing the questionnaires.

Ethical Considerations

Approval from the Nursing Education Research Ethics Board was obtained prior to the commencement of the practicum (Appendix C). Access to do research at Deer Lodge Centre was also obtained through the research access designate (Appendix F). The graduate student, an employee at Deer Lodge Centre, was not the primary contact for the participants. A research assistant in a department separate from the Personal Care Home Program was the primary contact for residents, family members and staff completing the questionnaires or for those who had questions about the study.

Participants were provided with a cover letter attached to the questionnaire (Appendix B). The cover letter identified the graduate student and explained the goal and the purpose of the research. The cover letter also explained that participation was voluntary and assured residents and family members that care would not be compromised should a participant provide responses or choose not to fully complete the questionnaire. Assurance was also given to staff that their position on the unit would not be jeopardized if they chose not to complete the questionnaire. The cover letter also provided the phone number of the graduate student and the student's advisor should there be questions related to the questionnaire or the cover letter.

Potential risks of discussing respect related to the issue of abuse were that participants could potentially reveal that they had been abused or had witnessed abuse. If it became apparent that a participant resident is or had been abused while a resident in the facility, the graduate student would follow –up by contacting the Protection for Persons in Care Office (PPCO) as per the legislation. If an emotional response was triggered through the questions, the individual affected would be referred to the Social Work department at Deer Lodge Centre for follow-up. Potential benefits to residents, family members and staff were the contribution to a description of the concept of respect. This description might be used to guide the formation of enhanced policies related to respect within the facility.

Privacy of participants was protected. All information was treated as confidential in the sense that only the graduate student and the advisor had access to them. The questionnaires were returned in a self-addressed envelope provided by the graduate student. The envelope went via internal mail to a third party—the research assistant

whose office is in the Operational Stress Injury Clinic (OSIC). This research assistant had no contact with residents, family members and staff of the Personal Care Program at the facility. The research assistant gave the sealed envelopes to the graduate student who was the only one, in addition to the advisor, to see the results. No individual could be identified through this process.

Data Analysis

The graduate student tabulated demographic characteristics of all participants and all responses. The Likert-type questions were summed. In cases where there were limited responses to some of the items, the items were grouped together, for example “strongly agree” and “agree” as one group and “strongly disagree” and “disagree” as another. Open-ended responses were grouped into similar categories in order to arrive at some themes. The responses were organized by the three participant groups: residents, family members and staff.

Comparisons of the responses across the three groups were conducted. The sample size was too small for statistical analysis, therefore, the graduate student manually compared the responses across the three groups. Determination of a substantial agreement in items across the three groups was done when 80% of the respondents had similar responses on an item, for example, “most important” and “important” were grouped together and “somewhat important” and “least important” were grouped together.

The data were aggregated and responses recorded and provided in the form of feedback in general terms with no names recorded. Data will be kept in a locked cabinet in the researcher’s office for one year and will then be shredded.

In summary, this chapter provided an overview of the design and methodology to explore the definition of respect in a long-term care facility. Ethical consideration and data analysis were also discussed. The following chapter will describe the findings of the study.

CHAPTER FIVE: FINDINGS

Questionnaire Results

The purpose of the practicum was to develop a definition of respect based upon feedback from residents, family members and staff of Deer Lodge Centre. It was intended that this information would be communicated to the staff, families and residents through a series of presentations and to provide recommendations for a policy that would promote respect within Deer Lodge Centre. This chapter presents the findings from the questionnaires completed by the participants.

Sample Characteristics

The obtained sample consisted of 41 participants: 12 residents, 12 family members and 17 staff. Demographic information was collected for all groups of participants. Participants were asked to indicate how long they had been a resident, a family member of a resident or a staff member of Deer Lodge Centre. Participants were also asked if they were veterans or family members of veterans. All participants were asked their age, their gender, and their highest level of education attained. As well, they were asked if English was their first language, and if not, to indicate their first language.

The questionnaires contained a combination of closed and open-ended questions. In the Likert-type questions, participants responded to statements about respect and disrespect by indicating whether they strongly agreed, agreed, disagreed or strongly disagreed. Participants were also asked to select 3 words from a list of words provided in the Likert-type questions that reflected their perception of the definition of respect.

Participants were also asked to comment or to describe, in their own words, examples of respect or disrespect. Responses to this part of the questionnaire were interesting and thoughtful. Participants provided examples of respect and disrespect in general terms as well as examples specific to their experience at Deer Lodge Centre.

Resident Results

Twelve residents participated in the study. Eight of the residents were veterans (67%). Seven of the residents were men (58%) and 5 were women (41%). The range of ages extended from 50 to 90 years of age and over, with the majority (75%) between the ages of 80 and 89. Eight had been residents at Deer Lodge Centre for 1 to 5 years (67%). English was the first language for 10 (83%) of the residents.

Participants were provided with the statements and asked to what extent they agreed, strongly agreed, disagreed or strongly disagreed with the statement. The resident responses to statements are summarized in Table 1. Key words chosen by the residents to describe respect were, in order, Caring, Considerate and Attentive. These words were chosen from a list of words in the questionnaire.

There was an overwhelming unanimous agreement (100%) with the statements that “respect can be shown for someone if I don’t like them” and “respect must be earned”. The statement that “Veterans deserve more respect than non-veterans” had the majority (83%) disagreeing, but those who agreed were veterans. In addition, the statement that “women deserve more respect than men” showed the majority (75%) in disagreement. Interestingly, the small percentage that did agree that women deserve more respect than men were men.

One participant expressed the opinion that respect should not be determined by culture or status in life and that all individuals should be treated the same, “Culture or nationality shouldn’t matter...everyone should be treated the same”. Another expressed the view that being respectful was in the way you treated others, “Treat people the way you want to be treated”.

Table 1

Summary of Likert-type question responses by Residents (N=12)

Statement	Response	
	Strongly Agree/ Agree	Strongly Disagree/ Disagree
“I can show respect for someone even if I don’t like them.”	12 (100%)	0
“Respect must be earned.”	12 (100%)	0
“Deer Lodge Centre is a respectful environment.”	10 (83%)	2 (14%)
“Everyone deserves respect.”	9 (75%)	1 (8%)
“Women deserve more respect than men.”	3 (25%) * All who agreed were men	9 (75%)
“Veterans deserve more respect than non-veterans.”	2 (16%) * All who agreed were veterans	10 (83%)

Another resident expressed the view that reciprocity was an important aspect of respect and that if one was to receive it then one had to give it first, “You can show

respect as long as a person shows respect back”. Another comment was directly related to the care that a resident had received but also indicated that respect is both ways, from caregiver to care receiver, “Everyone is wonderful-everyday that goes by I am treated with respect...but I also return respect to the staff”.

Overall, the results from the residents who participated indicated that reciprocity was key in the giving and receiving of respect and that no one individual or group should be given more respect than another.

Family Member Results

Twelve family members participated in the study. Five of the participants (42%) were family members of Veterans. The family members were not necessarily family members of residents who participated by completing a questionnaire. The family members who participated represented residents who were between the ages of 70 and 90+ years of age, with fifty percent being between the ages of 80 and 89. Five (42%) of the participants were family members of residents who had been at Deer Lodge Centre for 1 to 5 years. English was the first language for all of the family members. The largest proportion of the participants was sons (5 or 42%), followed by daughters, spouses, nieces and nephews of residents.

The statement that “respect must be earned” was one that 6 (50%) of the family members agreed with. As well, one family member disagreed with the statement that “everyone deserves respect”. All of the family members agreed that Deer Lodge Centre was a respectful environment. Four of the family members (33%) agreed with the statement that “veterans deserve more respect than non-veterans”. As with the residents,

all those who agreed with that statement were family members of residents who were veterans. Family member responses are summarized in Table 2.

Table 2

Summary of Likert-type question responses by Family Members (N=12)

Statement	Response	
	Strongly Agree/ Agree	Strongly Disagree/ Disagree
“I can show respect for someone even if I don’t like them.”	12 (100%)	0
“Deer Lodge Centre is a Respectful Environment.”	12 (100%)	0
“Everyone deserves respect.”	11 (92%)	1 (8%)
“Respect must be earned.”	6 (50%)	6 (50%)
“Veterans deserve more respect than non-veterans.”	4 (33%) * All who agreed were family members of veterans	8 (66%)
“Women deserve more respect than men.”	1 (8%) * All who agreed were men	11 (92%)

As with residents, key words chosen by family members to describe respect were, in order, Caring, Considerate and Attentive. Comments from family members were both of a general nature and specific to care that they had observed at Deer Lodge Centre. One family member indicated that respect was treating others as family, “ Bottom line- treat others as if they were your mother, father, or child”. Another family member noted that

respect should be given regardless, “ Respect is deserved even if it is not returned”. This statement was echoed in a statement by another family member who noted that understanding of another person is the key to respecting them, “Respect for a resident is trying to understand their sickness or disability”.

Responses from family members that were specific to the care the resident had received at Deer Lodge Centre, indicated both respectful and disrespectful care, “Deer Lodge Centre is the most caring centre. Staff are wonderful people”. This was echoed in statements by other family members in their comments on the relationship between staff and residents, “Nursing staff promote and encourage respect between residents”, “ Staff refuse to tolerate the disrespectful treatment of one resident to another” and “ I have no personal knowledge of disrespect at Deer Lodge Centre”. However, one family member’s comments reflected their opinion of the staff’s attitude, “Respect is lacking, disrespect abounds...Too many do not respect the type of work they do and it shows”.

In summary, the comments from family members were thoughtful and indicated that respect and respectful care were to be given unconditionally and for the most part they had observed this at Deer Lodge Centre. Not every individual family member who participated, however, had favorable comments about their observations of respect at the facility.

Staff Results

Seventeen of a possible 24 staff (71%) participated in the study. The majority of the participants 12 (71%) were nurses, and the rest were health care aides. English was the first language of 16 (94%) of the staff and 7 (41%) had worked at Deer Lodge Centre for longer than 15 years. Sixteen (94%) of the participants were female.

While staff responses to the questionnaire revealed that the majority (88%) agreed with the statement that “Deer Lodge Centre is a respectful environment”, a small percentage disagreed. As well a large percentage of the staff (71%) agreed with the statement that “respect must be earned”. A small number (12%) also agreed with the statement that “Veterans deserve more respect than non-veterans”. A summary of staff responses to the Likert-type questions can be found in Table 3.

Staff provided valuable comments on their opinions of respect and disrespect. Disrespect was defined very clearly by 3 of the participants. One commented that “Disrespect is the way you speak to someone...ordering others to do something instead of asking them”, while another said that “An example of disrespect is walking past someone who asks for assistance, not acknowledging someone or ignoring them”. A third participant commented that “Disrespect is when someone feels that they need to always be first and demand this”.

Respect was just as clear for another staff who responded, “Respect is valuing the other person”. For other staff, the idea of reciprocal respect was evident: “Treat residents with respect and you get that in return” and “In order to receive respect you have to give it”.

As with the residents and family members, the 3 words chosen by the staff to describe respect were, in order, Caring, Considerate and Attentive.

To summarize, the nursing and health care aide staff who participated shared their comments on respect and disrespect. The comments indicated that the staff had their own ideas of the concept of respect and disrespect and shared very specific examples of each.

Table 3

Summary of Likert-type question responses by Staff (N=17)

Statement	Response	
	Strongly Agree/ Agree	Strongly Disagree/ Disagree
“Everyone deserves respect.” even if I don’t like them.”	17 (100%)	0
“I can show respect for someone even if I don’t like them.”	17 (100%)	0
“Deer lodge Centre is a Respectful environment.”	15 (88%)	2 (12%)
“Respect must be earned.”	12 (71%)	5 (29%)
“Veterans deserve more respect than non-veterans.”	2 (12%)	15 (88%)
“Women deserve more respect than men.”	0	17 (100%)

Comparison of Responses Across Groups

Responses were tabulated and organized by the three participant groups: residents, families and staff, and comparisons were made. Interesting similarities between groups were noted in some of the responses. A comparison of responses across participant groups can be found in Table 4.

For example, all groups used the same words in the same order, to describe respect. Even though there were 6 words to choose from, and the participants were given the option of providing words of their own choosing, all groups chose Caring, Considerate and Attentive to describe respect. In the Likert-type questions, the responses were grouped: strongly agree and agree were grouped as were strongly disagree and disagree. Themes were evident when responses were grouped. Themes and possible rationale will be addressed in the discussion chapter.

With the statement “ I can show respect for someone even if I don’t like them”, the responses from all participant groups were the same. Residents, family members and staff unanimously agreed or strongly agreed that liking someone is not required in order to show them respect. This is interesting in that all participants, all age groups and those who were care givers and care receivers agreed. This may be contrasted with the response to the statement that “respect must be earned”. With this statement the participant groups varied in their response.

Some of the responses to statements were unanticipated. As an example, the majority in agreement with the response to the statement “women deserve more respect than men” were men and not women in both the resident and family member participant groups. The anticipated response was that either no one would agree with the statement or that the majority of women would have agreed.

Some of the responses to statements were anticipated. In all of the questions relating to the definition of disrespect, the responses mirrored those that were provided related to respect. For example, in each case in which a response was provided, when a participant chose most important or important to indicate respect, somewhat important or

least important was chosen to indicate disrespect. This provided a validation of the responses.

Table 4

Comparison of Responses across Groups

Statement	% of Participants Who Strongly Agreed/Agreed		
	Residents	Family Members	Staff
“I can show respect for someone even if I don’t like them.”	100%	100%	100%
“Deer Lodge Centre is a Respectful Environment.”	86%	100%	88%
“Everyone deserves respect.”	83%	83%	100%
“Respect must be earned.”	100%	50%	71%
“Veterans deserve more respect than non-veterans.”	18%	33%	12%
“Women deserve more respect than men.”	25%	8%	0

In summary, responses from residents, family members and staff were collected and tabulated. Results were compared across groups. The comparison yielded some interesting patterns of responses between the three participant groups.

Sharing of the Findings

One of the objectives of the practicum was to share the results through presentations in various forums. The month of March is Resident Bill of Rights Month at Deer Lodge Centre. This month was an opportunity for all to review, promote and celebrate the Bill of Rights and ensure that it is central to the care given to the residents. The Bill of Rights month provided an ideal climate to share the study with residents, family and staff of Deer Lodge Centre through scheduled presentations at the Centre.

Presentations were advertised through the Deer Lodge Centre Bulletin, a weekly publication of the facility, posters on bulletin boards both centrally and at the unit level and the monthly education calendar. Four presentations were done, one to the residents and families at a Resident/Family Council Meeting, one to managers at a Clinical Managers Meeting and two to general duty staff as a part of the “Elder Friendly” series of inservices.

Twelve residents and family members of both the Personal Care Program at Deer Lodge as well as other programs attended the presentation to residents and families which was conducted at one of the Resident Council meetings. The manager of the Social Work Department was also present as the staff representative. Meetings are held monthly to discuss a variety of topics pertinent to residents and families. They are advertised throughout the Centre, on individual units and in the Deer Lodge Centre Bulletin.

The presentation to the residents and families outlined the purpose of the study, the results and the possible implications for the Centre. The feedback received from the residents and families was that the study was worthwhile and it is very difficult to try and define respect. The residents and families also expressed the idea that perhaps the

questionnaire could be expanded and could include the entire Centre rather than be limited to the Personal Care Program. As well, the family members present at the meeting advocated for a greater understanding of the resident's perspective of being a 'resident' in a long-term care facility. They stated that discussing respect and similar topics was a good beginning.

The presentation to managers was in the form of a PowerPoint presentation to the Clinical Services Coordinating Committee (CSCC). This committee was chosen for presentation, as it is a committee comprised of the majority of managers at Deer Lodge Centre including all of the Managers of Resident Care of the Personal Care Home Program. The presentation was part of the agenda of the meeting, which was sent to the managers a week in advance of the scheduled date.

The presentation outlined the purpose of the study, the results, the implications for care and the potential for follow-up. The feedback from the managers included comments regarding the fact that discussing respect and attempting to define it was not only timely (during Resident Bill of Rights Month) but also worthwhile. The comments from the questionnaires from residents, family members and staff who participated were interesting to managers who received the positive feedback as well as the comments on some aspects of disrespect at Deer Lodge Centre. While the managers were impressed with the participants' ability to articulate the concept of respect, they expressed disappointment in the comments citing disrespect at the Centre. Their comments on the overall conclusion and plan for enhancing the policies containing the idea of respect included a suggestion to re-visit the Mission and Values statement and perhaps incorporate some clarity regarding respect into that document.

Managers present at the CSCC were made aware of the presentations advertised for the general duty staff. Two presentations were given as a part of the Elder Friendly Series at Deer Lodge Centre where elder specific topics are discussed by various disciplines and all staff are invited to attend (Appendix G). Managers encouraged staff to attend the presentations. A variety of disciplines were present for both sessions. Twenty-four staff attended both sessions, including representatives from Social Work, Spiritual Care, Recreation and Nursing. The front-line nursing staff who attended included Registered Nurses, Licensed Practical Nurses, a Licensed Practical Nursing student and health care aides from a variety of units.

Feedback from both elder friendly sessions was positive from all in attendance. For both sessions with staff, there was discussion on the topic of respect in general as well as its specific meaning. Staff at the sessions were asked to choose from the same list of words as participants in the questionnaires, to describe respect or to provide words of their own choosing. The words that they mentioned were the same words, presented in the same order, as the words chosen by residents, family members and staff who completed the questionnaires: Caring, Considerate and Attentive.

Staff at the sessions were interested in the examples of respect and disrespect as described by the participants in the study. The consensus of both groups was that, in general, Deer Lodge Centre is a respectful environment, but as one staff member stated, “there is always room for improvement”.

CHAPTER 6: DISCUSSION

In order to understand the development of abuse in long-term care, we must have an understanding of the key elements that contribute to it. Respect is one of these elements. The purpose of this practicum was to examine the concept of respect within a long-term care environment, explore the definition from various perspectives and identify implications for policy. The following chapter will provide discussion on the results of the questionnaires from the perspective of the three participant groups.

The situational model of abuse was the framework chosen for the discussion of the concept of respect. There are three contributing factors which are central to this model and these factors will also be discussed in the context of the participants' responses. The first factor is elder-related. Age and cognitive status were key variables in the ability and quality of participant responses. Residents who completed questionnaires were either cognitively well enough and able to do so independently or were able to articulate their ideas to a research assistant. These residents would have the benefit of care provided by staff who would potentially see them as more independent than residents who were more cognitively impaired. The residents therefore would potentially not be subjected to negative behaviour and this would influence their responses. The majority of residents who participated (75%) were also between the ages of 80 and 89 which is the part of the age group that makes up the majority of the institutionalized elderly. The respondents were representative of the population in a long-term care facility.

The majority of resident participants were very old and their life histories, experiences and memories determined their responses. These factors caused the

responses to be, in some cases, very different from the responses of family members and staff. For example, one hundred percent of the residents who participated agreed or strongly agreed with the statement that “Respect must be earned”. This is in contrast to 50% of the family participants and 71% of the staff participants who agreed or strongly agreed with the same statement. This is in direct contrast to McGee’s comment that “If respect is a moral obligation and a human right, we cannot be selective about whom we respect... respect is not something that has to be earned” (1994, p.681).

In this particular situation, with a potential for varying perspectives, Deer Lodge Centre would benefit from emphasizing the importance of continued communication between staff, residents and families and the importance of continuing to clarify the perspective of each participant group. As a resident-centred facility, Deer Lodge Centre must acknowledge that the perspective of residents, families and staff may not always be the same but that each viewpoint must be respected.

The fact that 100% of the residents responded in such a way is interesting. It is difficult to say whether it is because of a “generational gap” since McPherson (1993) states, a generational gap does not exist and in fact appears to be more “imaginary” than real (p.153). The explanation for the difference might be due to a different socialization for each age group represented. The resident participant, primarily over the age of 75 would differ in socialization from the age groups represented in both the family member and staff participant groups. This cohort was socialized at a time in history when values were different and therefore their opinions reflect this. As well, McPherson (1993) also notes that generational differences may be due to historical effects such as wars. The

older resident cohort has lived through a world war, which would have influenced their perspective.

It is interesting to note that the staff were also divided on their response to this question. There was a large proportion of staff who expressed the idea that respect needed to be earned. This is somewhat distressing in that, for those who agreed with the statement, this might indicate that there is a need for residents to be respectful of the caregiver first in order to receive respect in return. It may also imply that the respect staff receive from residents is only granted as a result of their respect toward the resident. It is difficult to determine how the participants viewed this question and therefore difficult to interpret.

“Women deserve more respect than men” was a statement that 25 % of residents, 1 % of family members and none of the staff agreed or strongly agreed with. This response could again be explained using the difference in socialization of the cohorts. The fact that the resident group was largely an older group socialized in an era when in many ways women were to be treated differently though not necessarily equally. For the family members, it might be that the small percentage of those who agreed were family of female residents or were themselves of an older demographic. As noted, all of the participants who did agree with the statement were men. The fact that all of the staff participants disagreed with the statement was indicative of the fact that respect should not be determined by gender. This might be due to the overall notion of Resident Centred Care at Deer Lodge Centre with the emphasis on care for all residents equally.

Responses to the statement “veterans deserve more respect than non-veterans” were anticipated in those who were veterans or family members of veterans. These were

the participants who agreed with the statement. One would anticipate a loyalty to family members or an expectation that veterans deserved more because of their personal contribution. The staff response in which a percentage agreed with the statement was interesting. This might be explained in the context of the focus on Veterans in 2005 with the celebration of the Year of the Veteran. With such an emphasis on the veteran, it is understandable that a greater obligation to be respectful to them would be considered by staff, even though the Centre does not demand this. The staff who agreed with the statement could also have been staff on one of the Personal Care units for Veterans only. On such a unit, the culture of the unit may, overtly or implicitly, promote a greater sense of respect for veterans.

All participant groups used the same words in the same order to describe respect. Although there were more than the three words to choose from and participants were given the option of providing words of their own choosing, all groups chose Caring, Considerate and Attentive to describe respect. The choice of these words is supported by the literature on respect.

Browne (1993) links caring to respect by stating that “caring and respect share conceptual characteristics” (p. 213). She goes on to describe respect as one component within the larger concept of caring. She further describes examples of respect as: spending time with residents, actively listening to them and calling them by the name that they wish to be called. In the section of the questionnaire in which participants were requested to indicate how important statements were for someone to indicate respect the phrases most frequently chosen by residents, family members and staff were: call me by the name I wish to be called and listen to me.

In terms of structural factors, problems and influences within the environment, such as routines, help to determine the individual's perspectives. From the perspective of all participants, residents family members and staff, it is important to know the resident in order to provide the best care. The theme of the responses was that knowledge of the resident is equated to respect for the individual resident, and this in turn allowed the caregiver to provide the best resident-centred care. This perspective came through from all the participant groups.

Residents (83%) indicated that Deer Lodge Centre is a respectful environment. In addition, 100% of family members indicated this as well. The overall conclusion that can be drawn from these results is that Deer Lodge Centre is moving forward in its drive to be a respectful environment and the residents and families are recognizing this.

The third factor in the situational model, caregiver factors, was influential in determining responses. These factors include not only the age of the caregiver, but also the education level, language and gender. There were noted differences between responses of caregivers and residents that would be attributed to the age differences. The majority of staff participants were nurses, who have an education which would have given them some geriatric knowledge. As well the group of participants would have been able to express their opinions in a thoughtful way. The fact that the majority of staff who responded had worked in the facility for longer than five years may have determined their responses. This group would have had experience in caring for the resident population with definite ideas on how this population should and should not be treated.

Limitations of the Project

Despite its success, there were limitations of the practicum. Potential limitations

of the practicum may have included a tendency for all participants to respond in a socially acceptable manner that did not reflect their true opinion. Even though anonymity was assured, participants may have feared that responses could be traced back to them individually and therefore provided responses that did not reflect themselves in a non-favorable light. Another limitation may have been that participants were reluctant to participate because of the culture of the unit (staff, residents or family members don't participate in questionnaires) or may have been reluctant because of fear that someone would discover the nature of their response. There may have also been the fear that care might have been affected or that a staff member's position would be jeopardized if they did or did not participate. These limitations and concerns were addressed by having a third party as the contact person and by providing reassurance that there would be no consequences for participation.

Another limitation may have been the time of year. The time frame in which the practicum took place may have hindered the response rate. The questionnaires were distributed over the Christmas holiday season which is a busy time of year for many. The staff may have been away and there may have been more relief or agency staff who were present at the time the questionnaires were on the units. Family response may have been affected as well because completing a questionnaire may not have been a priority for family members or residents. This limitation was dealt with by having questionnaires available over a two month period to allow participants time to respond.

Another limitation was the fact that the questionnaires were only given to residents, families and staff of the Personal Care Home program at Deer Lodge Centre. If the questionnaires had been made available to other programs, the results may have been

more indicative of the responses throughout the Centre and not just in the one program. As well, the relatively small size of the sample did not ensure that the results could be generalized to the entire population.

Implications for Nursing

As Browne (1993, p. 212) states, “As a nursing ethic, respect permeates all aspects of nursing practice, research and education”. In terms of education and research, the results of this practicum provide a rich opportunity to facilitate further discussion and follow-up.

Education

There is an obvious need to discuss the concept of respect, not only to open the doors to discuss respect in general, but also its impact on resident care. The opportunity to define respect has, in many ways, made it apparent that further discussions and research into other concepts such as dignity, are not only timely but would be of benefit to residents and staff alike. Staff education on topics such as abuse and resident – centred care can be enhanced by a discussion on what respect means to different individuals. Since both topics are discussed in the general orientation of new staff, this would be an ideal forum for such a discussion, time permitting. As well, encouraging current staff to attend yearly reviews of the policies on abuse and the Resident Bill of Rights would bring the issue to the forefront.

In terms of nursing education, the curriculum of all nursing programs should include discussion of respect for all patients and residents and its relationship to abuse. Similar questionnaires focusing on the definition of respect from the residents’ perspective could also be explored for students. The resident and family perspective

could be emphasized and a consideration of the life and history of the resident could be made. Students could be encouraged to “get to know” the resident in order to dispel pre-conceived ideas of ageism and in order to care for them in a more holistic manner.

It is also apparent that family members are keen to share their perspectives and should be included in questionnaires or focus groups on similar concepts in the future. The importance of sharing the results of any questionnaire with not only the family members but also residents should be emphasized.

Research

As with research of any size additional questions arise at the conclusion of a study. In terms of this project, there are many avenues that could be pursued following this practicum. Deer Lodge Centre has a large Veteran population and the views of this population and their family members could be explored on a variety of related topics. There is a potential to compare responses between veteran and non-veteran groups in qualitative studies on limitless number of topics including how respect is demonstrated, or what constitutes the definition of resident-centred care. In addition, a project or discussion on ways to operationalize respect and its important aspects could be undertaken.

There are many potential research studies involving respect and cognitive impairment, such as the question of whether residents who are cognitively impaired receive respect even though they do not actively “earn it”. As well, the link between respect and abuse could continue to be explored. A larger sample could be used to determine the various views of residents, families and staff and the relationship that they see between respect and abuse.

Policy

Kozak and Lukawiecki (2001) noted that a caring attitude, especially from management of a facility, plays a large role in creating interactions which are respectful. Facility policies are one way to illustrate the core values of that organization. It is extremely important that the policies are clear. Organizations are also expected to respect the values of the stakeholders and the “service users” (McCormack, 2003, p.179). It is therefore important to clarify the values in order to provide care that is resident-centred.

Recommendations to enhance policy at Deer Lodge Centre have been made to senior administration at the facility. These recommendations include the addition of key words within the context of policies involving respect or resident-centred care. These key words could be, but need not be limited to, the 3 key words as defined by the participants: Caring, Considerate and Attentive. For example, in the policy on the Resident Bill of Rights, the recommendation has been made to add words which could describe what is meant by the term Respect. As well, the Code of Conduct of the facility, includes written descriptions of respectful behavior as it applies to all staff, residents, families and volunteers of Deer Lodge Centre. A recommendation to enhance this document by using terms to describe respect such as caring, consideration or attentiveness has been made.

Practice

Browne (1993) notes that respect underlies all caring transactions in nursing. She also notes that respect is not only a component of caring but also a prerequisite to caring. If resident-centred care is concerned with the rights of residents to have their values and beliefs as individuals respected (McCormack, 2003), then it is important to get to know the person and develop an understanding of them. One way in which this could be done is

to encourage the development of a life story for each resident as a part of his or her admission to the facility.

Research has demonstrated that life histories or stories in written form or pictures, are useful to staff caring for residents in long-term care (Pietrukowicz & Johnson, 1991). Life stories also assist the resident's "story" to be shared with the staff if the resident, through illness or impairment, is unable to share it him or herself. This could be done with the assistance of the resident and family if possible and would enhance the resident-focused aspect of care.

Personal Reflections

This practicum provided an opportunity to combine the aspects of nursing education, research and practice in pursuing the goal of defining respect. The development of the objectives and the writing of the practicum proposal allowed me to conduct an in-depth review of the literature. The practicum itself provided an opportunity to not only formulate an idea but also to obtain ethical approval and develop, distribute, and analyze a questionnaire. That process in itself gave me an appreciation for the complexity of the process and the rigor with which it must be undertaken.

The sharing of the results with residents, family members and staff allowed me to interact with all three groups in a setting in which I was not only educator, but student as well. The fact that residents, family members and staff were so keen to share their opinions and thoughts not only in answering questionnaires but also in providing feedback in presentations was most encouraging. The opportunity to share information that I believe was relevant to their life at Deer Lodge and receive their comments was

gratifying. The presentations and the practicum also provided a springboard for future discussion of similar or related topics.

In reviewing the process, and in retrospect, there are some aspects of the practicum that I would change if given an opportunity to do it again. I would try to create a longer list of words for participants to choose from in writing three words that describe respect. This would allow me to see if the same words were used as consistently if more options were provided. I would also put a statement in the questionnaires regarding the current policies at Deer Lodge Centre around respect, so that participants would have a point of reference.

The opportunity to develop, implement and follow-up on the practicum provided a particular vantage point from which to view the Centre and its policies. The opportunity to contribute in even a small way to “Make the Lives of Others Better”, as Deer Lodge Centre’s motto states, is one for which I am grateful.

Conclusion

In the words of McGee, “If we do not have respect for the patients for whom we care, there is little point in doing what we do” (1994, p.681). If nurses as care givers perceive respect as something entirely different than the patients they care for, then a gap between caregiver and care receiver widens.

This practicum has explored the definition of respect from the perspective of residents, family members and staff of a long term care facility. In doing so, it has been made clear that even though respect is a subjective, individual concept, it can be articulated using consistent words. The sharing of these words with residents, family members and staff can act as a first step forward in confirming what is meant by

respectful care from all perspectives. The link between the lack of respect and abuse has been discussed. It is important for a long-term care facility to recognize this link in order to move forward in understanding abuse and ameliorating it.

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Appendix A
Questionnaires

Questionnaire: The Meaning of Respect

RESIDENT

November 2005

Questionnaire Objectives

This questionnaire is important. It is designed for you to provide feedback about respect and its meaning to you. It will form the basis for research to determine whether policies at Deer Lodge Centre (DLC), dealing with respect, need to be revised.

The objectives of this questionnaire are as follows:

1. *Encourage residents, family members and staff to define respect.*
2. *Compare the definitions of respect.*

Several outcomes are expected from the completion of the questionnaire:

1. *Communicate the information to residents, family members and staff*
2. *Identify policies at DLC that may need to be revised.*

Please take the time to answer the questions carefully. The questionnaire results are anonymous and confidential. If you have additional comments, please take the time to record them in the space provided. Once you complete the questionnaire, please place it in the enclosed envelope, seal the envelope and leave it in the manager's mailbox.

Section One – General Information

Please X your Response

1. If you are a **RESIDENT**, how long have you lived at Deer Lodge Centre?

- ☐ Less than 1 year
- ☐ 1 to 5 years
- ☐ More than 5 years

2. Are you a Veteran? ☐ Yes ☐ No

3. What is your age?

- ☐ 50-59 years ☐ 60-69 years
- ☐ 70-79 years ☐ 80-89 years ☐ 90+ years

4. What is your gender? ☐ Male ☐ Female
5. Is English your first language? ☐ Yes ☐ No
6. If you answered No in #5, what is your first language? _____

7. Please identify your highest level of education attained.
- ☐ Less than High School ☐ High School/Equivalent
- ☐ Technical College ☐ University - Bachelor
- ☐ University – Masters

Section Two – The Idea of Respect

Please circle the appropriate number to indicate how strongly you agree or disagree with the statements below:

1. How important are the following key words in meaning RESPECT:

	<i>Most Important</i>	<i>Important</i>	<i>Somewhat Important</i>	<i>Least Important</i>
<i>Caring</i>	1	2	3	4
<i>Ignoring</i>	1	2	3	4
<i>Speaking Kindly</i>	1	2	3	4
<i>Inconsiderate</i>	1	2	3	4
<i>Polite</i>	1	2	3	4
<i>Attentive</i>	1	2	3	4
<i>Impolite</i>	1	2	3	4
<i>Courteous</i>	1	2	3	4
<i>Considerate</i>	1	2	3	4

Please write the 3 words you think are the most important in representing Respect:

1. _____
2. _____
3. _____

2. How important are each of the following for someone to indicate that they RESPECT you?

	<i>Most Important</i>	<i>Important</i>	<i>Somewhat Important</i>	<i>Least Important</i>
<i>Listen to me</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Call me by the name I wish to be called</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Don't ignore me</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Answer when I have a question</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Speak kindly to me</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Shout at me</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Ignore me</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Embarrass me</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Tease me</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Consider my individuality</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Physically hurt me</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

3. Other statements about RESPECT:

	Strongly Agree	Agree	Disagree	Strongly Disagree
<i>Respect must be earned</i>	1	2	3	4
<i>Everyone deserves respect</i>	1	2	3	4
<i>Demonstration of respect may differ from one culture to another</i>	1	2	3	4
<i>I can show respect for someone even if I don't like them</i>	1	2	3	4
<i>Women deserve more respect than men</i>	1	2	3	4
<i>Veterans deserve more respect than non-veterans</i>	1	2	3	4
<i>A young person deserves as much respect as an older person</i>	1	2	3	4
<i>Respect is only for someone older and wiser than myself</i>	1	2	3	4
<i>Respect is difficult to define</i>	1	2	3	4
<i>Disrespect can lead to abuse or mistreatment</i>	1	2	3	4
<i>Residents, families and staff all have the same definition of respect</i>	1	2	3	4
<i>Deer Lodge Centre is a respectful environment</i>	1	2	3	4

4. How important are the following in meaning DISRESPECT

	<i>Most Important</i>	<i>Important</i>	<i>Somewhat Important</i>	<i>Least Important</i>
<i>Caring</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Ignoring</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Speaking Kindly</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Inconsiderate</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Polite</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Attentive</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Impolite</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Courteous</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Considerate</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

5. How important are each of the following for someone to indicate that they DISRESPECT you?

	<i>Most Important</i>	<i>Important</i>	<i>Somewhat Important</i>	<i>Least Important</i>
<i>Listen to me</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Call me by the name I wish to be called</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Don't ignore me</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Answer when I have a question</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Speak kindly to me</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Shout at me</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Embarrass me</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Tease me</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Consider my individuality</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Physically hurt me</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Ignore me</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Speak rudely to me</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Call you names</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

Section Three – Additional Comments about Respect and Examples of Respect

If you have any comments or examples of situations that you believe will help me in understanding **Respect** please include them below.

Respect _____

Disrespect _____

Thank you for taking the time to complete this questionnaire. Results will be available in January and will be shared with residents, families and staff.

**PLEASE PLACE THIS QUESTIONNAIRE IN THE ENVELOPE PROVIDED
AND RETURN IT TO THE RESEARCH ASSISTANT**

Questionnaire: The Meaning of Respect

FAMILY MEMBER

November 2005

Questionnaire Objectives

This questionnaire is important. It is designed for you to provide feedback about respect and its meaning to you. It will form the basis for research to determine whether policies at Deer Lodge Centre (DLC), dealing with respect, need to be revised.

The objectives of this questionnaire are as follows:

- *Encourage residents, family members and staff to define respect.*
- *Compare the definitions of respect.*

Several outcomes are expected from the completion of the questionnaire:

- *Communicate the information to residents, family members and staff*
- *Identify policies at DLC that may need to be revised.*

Please take the time to answer the questions carefully. The questionnaire results are anonymous and confidential. If you have additional comments, please take the time to record them in the space provided. Once you complete the questionnaire, please place it in the enclosed envelope, seal the envelope and leave it in the manager's mailbox.

Section One – General Information

Please X your Response

1. If you are a **FAMILY MEMBER or Significant Other**, how long has your relative lived at Deer Lodge Centre?
 - ☐ Less than 1 year
 - ☐ 1 to 5 years
 - ☐ More than 5 years
2. Is your family member a Veteran? ☐ Yes ☐ No
3. What is your relationship to the resident?
 - ☐ Spouse ☐ Daughter ☐ Son ☐ Friend ☐ Neighbor
 - ☐ Other-Please specify _____

4. What is the age of the resident?

- ☐ 50-59 years ☐ 60-69 years ☐ 70-79 years
☐ 80-89years ☐ 90+ years

5. What is your gender?

- ☐ Male ☐ Female

6. Is English your first language?

- ☐ Yes ☐ No

7. If you answered No in #6, what is your first language? _____

8. Please identify your highest level of education attained.

- ☐ Less than High School ☐ High School/Equivalent
☐ Technical College ☐ University - Bachelor
☐ University – Masters

Section Two – The Idea of Respect

Please circle the appropriate number to indicate how strongly you agree or disagree with the statements below:

3. How important are the following key words in meaning RESPECT:

	<i>Most Important</i>	<i>Important</i>	<i>Somewhat Important</i>	<i>Least Important</i>
<i>Caring</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Ignoring</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Speaking Kindly</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Inconsiderate</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Polite</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Attentive</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Impolite</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Courteous</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Considerate</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

Please write the 3 words you think are the most important in representing Respect:

1. _____
2. _____
3. _____

2. How important are each of the following for someone to indicate that they RESPECT you?

	<i>Most Important</i>	<i>Important</i>	<i>Somewhat Important</i>	<i>Least Important</i>
<i>Listen to you</i>	1	2	3	4
<i>Call you by the name you wish to be called</i>	1	2	3	4
<i>Don't ignore you</i>	1	2	3	4
<i>Answer when you have a question</i>	1	2	3	4
<i>Speak kindly to you</i>	1	2	3	4
<i>Shout at you</i>	1	2	3	4
<i>Ignore you</i>	1	2	3	4
<i>Embarrass you</i>	1	2	3	4
<i>Tease you</i>	1	2	3	4
<i>Consider your individuality</i>	1	2	3	4
<i>Physically hurt you</i>	1	2	3	4

3. Other statements about RESPECT:

	Strongly Agree	Agree	Disagree	Strongly Disagree
<i>Respect must be earned</i>	1	2	3	4
<i>Everyone deserves respect</i>	1	2	3	4
<i>Demonstration of respect may differ from one culture to another</i>	1	2	3	4
<i>I can show respect for someone even if I don't like them</i>	1	2	3	4
<i>Women deserve more respect than men</i>	1	2	3	4
<i>Veterans deserve more respect than non-veterans</i>	1	2	3	4
<i>A young person deserves as much respect as an older person</i>	1	2	3	4
<i>Respect is only for someone older and wiser than myself</i>	1	2	3	4
<i>Respect is difficult to define</i>	1	2	3	4
<i>Disrespect can lead to abuse or mistreatment</i>	1	2	3	4
<i>Residents, families and staff all have the same definition of respect</i>	1	2	3	4
<i>Deer Lodge Centre is a respectful environment</i>	1	2	3	4

4. How important are the following in meaning DISRESPECT

	<i>Most Important</i>	<i>important</i>	<i>Somewhat Important</i>	<i>Least Important</i>
<i>Caring</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Ignoring</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Speaking Kindly</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Inconsiderate</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Polite</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Attentive</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Impolite</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Courteous</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Considerate</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

5. How important are each of the following for someone to indicate that they DISRESPECT you?

	<i>Most Important</i>	<i>Important</i>	<i>Somewhat Important</i>	<i>Least Important</i>
<i>Listen to you</i>	1	2	3	4
<i>Call you by the name you wish to be called</i>	1	2	3	4
<i>Don't ignore you</i>	1	2	3	4
<i>Answer when you have a question</i>	1	2	3	4
<i>Speak kindly to you</i>	1	2	3	4
<i>Shout at you</i>	1	2	3	4
<i>Ignore you</i>	1	2	3	4
<i>Embarrass you</i>	1	2	3	4
<i>Tease you</i>	1	2	3	4
<i>Consider your individuality</i>	1	2	3	4
<i>Physically hurt you</i>	1	2	3	4
<i>Ignore you</i>	1	2	3	4
<i>Speak rudely to you</i>	1	2	3	4
<i>Call you names</i>	1	2	3	4

Section Three – Additional Comments about Respect and Examples of Respect

If you have any comments or examples of situations that you believe will help me in understanding **Respect**, please include them below.

Respect _____

Disrespect _____

Thank you for taking the time to complete this questionnaire. Results will be available in January and will be shared with residents, families and staff.

**PLEASE PLACE THIS QUESTIONNAIRE IN THE ENVELOPE PROVIDED
AND RETURN IT TO THE MANAGER ON YOUR UNIT**

Questionnaire: The Meaning of Respect

Staff

November 2005

Questionnaire Objectives

This questionnaire is important. It is designed for you to provide feedback about respect and its meaning to you. It will form the basis for research to determine whether policies at Deer Lodge Centre (DLC), dealing with respect, need to be revised.

The objectives of this questionnaire are as follows:

- *Encourage residents, family members and staff to define respect.*
- *Compare the definitions of respect.*

Several outcomes are expected from the completion of the questionnaire:

- *Communicate the information to residents, family members and staff*
- *Identify policies at DLC that may need to be revised.*

Please take the time to answer the questions carefully. The questionnaire results are anonymous and confidential. If you have additional comments, please take the time to record them in the space provided. Once you complete the questionnaire, please place it in the enclosed envelope, seal the envelope and leave it in the manager's mailbox.

Section One – General Information

Please X your Response

1. How long have you worked at Deer Lodge Centre?

- ☐ Less than 1 year

 ☐ 1 to 5 years

 ☐ 6-10 years
☐ 10-15 years

 ☐ More than 15 years

2. What is your position?

- ☐ Health Care Aide

 ☐ Unit Clerk

 ☐ Housekeeper
☐ Nurse

 ☐ Manager

 ☐ Other_____

3. What is your age?

- ☐ Less than 21 years

 ☐ 21-30 years

 ☐ 31-40 years
☐ 41-50 years

 ☐ 50+ years

4. What is your gender? ☐ Male ☐ Female
5. Is English your first language? ☐ Yes ☐ No
6. If you answered No in #5, what is your first language? _____

7. Please identify your highest level of education attained.
- ☐ Less than High School ☐ High School/Equivalent
- ☐ Technical College ☐ University – Bachelor
- ☐ University-Masters

Section Two – The Idea of Respect

Please circle the appropriate number to indicate how strongly you agree or disagree with the statements below:

4. How important are the following key words in meaning RESPECT:

	<i>Most Important</i>	<i>Important</i>	<i>Somewhat Important</i>	<i>Least Important</i>
<i>Caring</i>	1	2	3	4
<i>Ignoring</i>	1	2	3	4
<i>Speaking Kindly</i>	1	2	3	4
<i>Inconsiderate</i>	1	2	3	4
<i>Polite</i>	1	2	3	4
<i>Attentive</i>	1	2	3	4
<i>Impolite</i>	1	2	3	4
<i>Courteous</i>	1	2	3	4
<i>Considerate</i>	1	2	3	4

Please write the 3 words you think are the most important in representing Respect:

1. _____
2. _____
3. _____

2. How important are each of the following for someone to indicate that they RESPECT you?

	<i>Most Important</i>	<i>Important</i>	<i>Somewhat Important</i>	<i>Least Important</i>
<i>Listen to you</i>	1	2	3	4
<i>Call you by the name you wish to be called</i>	1	2	3	4
<i>Don't ignore you</i>	1	2	3	4
<i>Answer when you have a question</i>	1	2	3	4
<i>Speak kindly to you</i>	1	2	3	4
<i>Shout at you</i>	1	2	3	4
<i>Ignore you</i>	1	2	3	4
<i>Embarrass you</i>	1	2	3	4
<i>Tease you</i>	1	2	3	4
<i>Consider your individuality</i>	1	2	3	4
<i>Physically hurt you</i>	1	2	3	4

3. Other statements about RESPECT:

	Strongly Agree	Agree	Disagree	Strongly Disagree
<i>Respect must be earned</i>	1	2	3	4
<i>Everyone deserves respect</i>	1	2	3	4
<i>Demonstration of respect may differ from one culture to another</i>	1	2	3	4
<i>I can show respect for someone even if I don't like them</i>	1	2	3	4
<i>Women deserve more respect than men</i>	1	2	3	4
<i>Veterans deserve more respect than non-veterans</i>	1	2	3	4
<i>A young person deserves as much respect as an older person</i>	1	2	3	4
<i>Respect is only for someone older and wiser than myself</i>	1	2	3	4
<i>Respect is difficult to define</i>	1	2	3	4
<i>Disrespect can lead to abuse or mistreatment</i>	1	2	3	4
<i>Residents, families and staff all have the same definition of respect</i>	1	2	3	4
<i>Deer Lodge Centre is a respectful environment</i>	1	2	3	4

4. How important are the following in meaning DISRESPECT

	<i>Most Important</i>	<i>Important</i>	<i>Somewhat Important</i>	<i>Least Important</i>
<i>Caring</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Ignoring</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Speaking Kindly</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Inconsiderate</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Polite</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Attentive</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Impolite</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Courteous</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Considerate</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>

5. How important are each of the following for someone to indicate that they DISRESPECT you?

	<i>Most Important</i>	<i>Important</i>	<i>Somewhat Important</i>	<i>Least Important</i>
<i>Listen to you</i>	1	2	3	4
<i>Call you by the name you wish to be called</i>	1	2	3	4
<i>Don't ignore you</i>	1	2	3	4
<i>Answer when you have a question</i>	1	2	3	4
<i>Speak kindly to you</i>	1	2	3	4
<i>Shout at you</i>	1	2	3	4
<i>Ignore you</i>	1	2	3	4
<i>Embarrass you</i>	1	2	3	4
<i>Tease you</i>	1	2	3	4
<i>Consider your individuality</i>	1	2	3	4
<i>Physically hurt you</i>	1	2	3	4
<i>Ignore you</i>	1	2	3	4
<i>Speak rudely to you</i>	1	2	3	4
<i>Call you names</i>	1	2	3	4

Section Three – Additional Comments about Respect and Examples of Respect

If you have any comments or examples of situations that you believe will help me in understanding **Respect**, please include them below.

Respect _____

Disrespect _____

Thank you for taking the time to complete this questionnaire. Results will be available in January and will be shared with residents, families and staff.

**PLEASE PLACE THIS QUESTIONNAIRE IN THE ENVELOPE PROVIDED
AND RETURN IT TO THE RESEARCH ASSISTANT**

Appendix B
Cover Letter—Family Member

Date _____

Dear Participant:

My name is Luana Whitbread and I am a graduate student in the Masters of Nursing program at the University of Manitoba. As part of my research, I am examining the concept of respect and exploring its meaning from the perspective of the residents, family members and staff in a long-term care facility. In exploring the meaning of respect, one can move toward understanding its relationship to the abuse of residents and develop a strategy to promote policies that reflect “respect”. I am inviting you to participate in this research study by completing the attached questionnaire.

The attached questionnaire will require approximately 15 minutes to complete. There is no compensation for responding nor is there any known risk. Participation is strictly voluntary and you may refuse to participate at any time. Completion of the questionnaire will indicate your willingness to participate in this study. In order that all information remains confidential, please do not include your name. Please be assured that the care of your family member will not be jeopardized by your decision to not participate in this research study as I will have no way of knowing who completed the questionnaire and who declined. Questionnaire results will be grouped. If you choose to participate in this research, please answer the questions as honestly as possible and return the completed questionnaire in the self-addressed envelope to the Research Assistant OSIC.

This research has been approved by the Education/Nursing Research Ethics Board (REB). If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Secretariat at 474-7122, or e-mail margaret_bowman@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

Thank you for taking the time to answer these questions. The data collected will provide useful information regarding the concept of respect. A presentation of the findings will be conducted in January 2006 to residents, family members and staff. Each Manager of Resident Care will be notified of the date and time. If you require additional information or have questions, please contact myself or my advisor at the numbers listed below.

Sincerely,

Luana Whitbread RN, Masters of Nursing student
Telephone 831-2548 (office) or 932-1817 (pager)
Email-lwhitbread@deerlodge.mb.ca

Dr Pamela Hawranik, Associate Professor, Faculty of Nursing University of Manitoba.
(Supervisor) Telephone 474-9317 email—pam_hawranik@umanitoba.ca

.....

Appendix B
Cover Letter—Resident

Date _____

Dear Participant:

My name is Luana Whitbread and I am a graduate student in the Masters of Nursing program at the University of Manitoba. As part of my research, I am examining the concept of respect and exploring its meaning from the perspective of the residents, family members and staff in a long-term care facility. In exploring the meaning of respect, one can move toward understanding its relationship to the abuse of residents and develop a strategy to promote policies that reflect “respect”. I am inviting you to participate in this research study by completing the attached questionnaire.

The attached questionnaire will require approximately 15 minutes to complete. There is no compensation for responding nor is there any known risk. Participation is strictly voluntary and you may refuse to participate at any time. Completion of the questionnaire will indicate your willingness to participate in this study. In order that all information remains confidential, please do not include your name. Please be assured that your care will not be jeopardized by your decision to not participate in this research study as I will have no way of knowing who completed the questionnaire and who declined.

Questionnaire results will be grouped. If you choose to participate in this research, please answer the questions as honestly as possible and return the completed questionnaire in the self-addressed envelope to the Research Assistant OSIC.

This research has been approved by the Education/Nursing research Ethics Board (REB). If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Secretariat at 474-7122, or e-mail margaret_bowman@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

Thank you for taking the time to answer these questions. The data collected will provide useful information regarding the concept of respect. A presentation on the findings will be conducted in January 2006 to residents, family members and staff. Each Manager of Resident Care will be notified of the date and time. If you require additional information or have questions, please contact myself or my advisor at the numbers listed below.

Sincerely,

Luana Whitbread RN, Masters of Nursing Student
Telephone 831-2548 (office) or 932-1817 (pager) E-mail: lwhitbread@deerlodge.mb.ca

Dr Pamela Hawranik, Associate Professor, Faculty of Nursing University of Manitoba
(Supervisor) Telephone: 474-9317 E-mail: pam_hawranik@umanitoba.ca

.....
If you would like a summary of the findings please provide your name and
address: Name _____ Address _____

Appendix B
Cover Letter---Staff

Date _____

Dear Participant:

My name is Luana Whitbread and I am a graduate student in the Masters of Nursing program at the University of Manitoba. As part of my research, I am examining the concept of respect and exploring its meaning from the perspective of the residents, family members and staff in a long-term care facility. In exploring the meaning of respect, one can move toward understanding its relationship to the abuse of residents and develop a strategy to promote policies that reflect "respect". I am inviting you to participate in this research study by completing the attached questionnaire.

The attached questionnaire will require approximately 15 minutes to complete. There is no compensation for responding nor is there any known risk. Participation is strictly voluntary and you may refuse to participate at any time. Completion of the questionnaire will indicate your willingness to participate in this study. In order that all information remains confidential, please do not include your name. Please be assured that your position will not be jeopardized by your decision to not participate in this research study as I will have no way of knowing who completed the questionnaire and who declined. Questionnaire results will be grouped. If you chose to participate in this research, please answer the questions as honestly as possible and return the completed questionnaire in the self-addressed envelope to the Research assistant OSIC.

This research has been approved by the Education/Nursing Research Ethics Board (REB). If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Secretariat at 474-7122, or e-mail margaret_bowman@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

Thank you for taking the time to answer these questions. The data collected will provide useful information regarding the concept of respect. A presentation on the findings will be conducted in January 2006 to residents, family members and staff. Each Manager of Resident Care will be notified of the date and time. If you require additional information or have questions, please contact myself or my advisor at the numbers listed below.

Sincerely,

Luana Whitbread RN, Masters of Nursing student

Telephone: 831-2548 (office) or 932-1817 (pager)

E-mail: lwhitbread@deerlodge.mb.ca

Dr Pamela Hawranik, Associate Professor, Faculty of Nursing University of Manitoba
(Supervisor) Telephone: 474-9317 E-mail: pam_hawranik@umanitoba.ca

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Appendix C
Ethics Approval

APPROVAL CERTIFICATE

12 December 2005

TO: Luana Whitbread
Principal Investigator

FROM: Stan Straw, Chair
Education/Nursing Research Ethics Board (ENREB)

Re: Protocol #E2005:117
"The Concept of Respect in a Resident Centred Environment"

Please be advised that your above-referenced protocol has received human ethics approval by the **Education/Nursing Research Ethics Board**, which is organized and operates according to the Tri-Council Policy Statement. This approval is valid for one year only.

Any significant changes of the protocol and/or informed consent form should be reported to the Human Ethics Secretariat in advance of implementation of such changes.

Please note:

- if you have funds pending human ethics approval, the auditor requires that you submit a copy of this Approval Certificate to Kathryn Bartmanovich, Research Grants & Contract Services (fax 261-0325), including the Sponsor name, before your account can be opened.
- if you have received multi-year funding for this research, responsibility lies with you to apply for and obtain Renewal Approval at the expiry of the initial one-year approval; otherwise the account will be locked.

Appendix D
Memo to Managers

Memo

To: Managers of Resident Care, Personal Care Program, Deer Lodge Centre

CC: Julie James, Director of Resident Services, Deer Lodge Centre

From: Luana Whitbread, Graduate Student in MN program

Date: 7/21/2006

Re: Research proposal

This memo is a request to invite the residents, family members and staff to participate in a research project. This would require completion of a questionnaire on the concept of Respect. The questions have been developed by myself in order to complete a practicum in the Masters of Nursing Program at the University of Manitoba.

The questionnaire, which would require approximately 15 minutes to complete, will require participants to indicate their understanding of and definition of Respect and Disrespect. Myself, or any staff will not be aware of who completes or does not complete the questionnaires. The questionnaires would be for residents that you would identify as being able to complete them with minimal assistance. The concept of respect is not well understood or articulated and because it is potentially a link to abuse of the older adult in long-term care, it is important to understand its meaning. This qualitative practicum will attempt to do that. The results will be provided in aggregate form in a powerpoint presentation to be given to residents, family members and staff of Deer Lodge at a later date. Recommendations for the development of a policy that emphasizes respect at the facility will also be developed.

I will provide each of you with the following:

- 3 questionnaires for family members including a cover letter and self-addressed envelope to return the questionnaires
- 3 questionnaires for staff including a cover letter and self-addressed envelope to return the questionnaires
- A poster to place on your resident and family communication board and at the nursing station inviting family members to participate
- A poster to place on your staff bulletin board inviting staff to participate

The questionnaires will be returned to a third party-the research assistant in the Operational Stress Injury Clinic (OSIC). Anonymity of the participants will be maintained as they are requested to not sign the questionnaire. Confidentiality will be maintained as the results of the questionnaires will not reveal the individual information but will be presented in aggregate form.

I would like to ask your assistance in this project by doing the following:

1. Place the poster for family members on your unit
2. Provide family members with the questionnaire if they request one.
3. Place the poster for staff in your conference room
4. Place the questionnaires for staff to see in your conference room
5. Identify 3 of your residents who would be able to complete the questionnaire. Provide the Research Assistant with their names and she will follow-up.

I am planning to review the results of these questionnaires in the month of December and January.

I would appreciate your support of this endeavor.

Please call me if you require further information.

Luana
Phone; 831-2548

Appendix E
Poster-Family Members

The Concept of Respect in a Resident-Centred Environment

Are you a family member to a resident in the
Personal Care Program at **Deer Lodge Centre**?

Volunteers are needed for a research project that will examine the idea of respect. We are looking for family members to participate by completing a questionnaire (will take approximately 15 minutes of your time).

You may be interested if :

- You have a family member who is a resident at Deer Lodge Centre
- You are interested in sharing your opinion on respect

For further information please see the Manager of Resident Care on your unit or contact Jennifer Sheppard, Research Assistant OSIC ext. # 3445

Appendix E
Poster-Staff

***The Concept of Respect in a
Resident-Centred Environment***

Are you a staff member in the Personal Care
Program?
at Deer Lodge Centre?

Volunteers are needed for a research project that will examine the idea of respect. We are looking for staff members to participate by completing a questionnaire (will take approximately 15 minutes of your time).

You may be interested if :

- You are a staff member in the Personal Care Home Program at Deer Lodge Centre
- You are interested in sharing your opinion on respect

Please read the cover letter and complete the attached questionnaire. For further information, please contact Jennifer Sheppard, Research Assistant, OSIC ext # 3445

Appendix F
Research Access Approval



December 13, 2005

Luana Whitbread
Educator
Deer Lodge Centre

Dear Luana:

Re: Request for Research Access:
"The Concept of Respect in a Resident Centred Environment"

Please find enclosed the approved "Request for Research Access" form for your project: 'the Concept of Respect in a Resident Centred Environment'.

This project promises to be of significant benefit to the Centre. Exploring the concept of respect from the perspective of residents, family members and staff will help to identify ways in which we can enhance our resident focused care.

Julie James, Director of Resident Services, will be the site facilitator for this project. Please contact her for any assistance or information you may require. When you have finished this study, please forward a copy of the project results to Michael Kaan in the Operational Stress Injury Clinic.

We are pleased to support this project and wish you every success in completing it.

Sincerely,

Réal J. Cloutier
Chief Operating Officer

/mc

copy: Julie James
Michael Kaan

Appendix G

PowerPoint Presentation

Respect

**The Concept of Respect in a Resident
-Centred Environment**
Luana Whitbread March 2006
Master of Nursing Graduate Student
University of Manitoba

Acknowledgements

A very special thank you to the
Residents
Families and
Staff of Deer Lodge Centre for their participation
in this study

Outline

What is respect?
Why do we need to know?
Questionnaire results
Implications for care/policy
Future considerations

Respect...What is it anyway?

An abstract term
Multiple meanings
From the Latin word "respectus" meaning the
art of looking back

Today's meanings of the word Respect

Esteemed
Well regarded
Recognition
Appreciation

Why do we need to know this?

Disrespect is linked to abuse and abusive
behavior
Respect is key to resident -centred care

Important to know if caregivers and care-receivers define respect the same
Holds importance for Deer Lodge Centre policies

Questionnaires

Who
What
When
Where
Why

Who

Residents, families and staff of Deer Lodge Centre
Participants recruited through posters on the units

What

Questionnaires on key words, ideas, examples of respect
Participants were asked to read the question and indicate if they

- strongly agreed
- agreed
- disagreed
- strongly disagreed

What (cont'd)

Participants were asked to give examples of respect and disrespect
Comments were welcome

When

December 2005 to January 2006

Where

Personal Care units at Deer Lodge Centre:

Lodge 7,
Tower 3
Tower 4
Tower 5
Tower 6
Tower 7
2 South, 3 South

Why

To discover if we are all talking about the same thing when we are talking 'respect'
Are we using the same words?
Do we mean the same thing?
What if we are?
What if we're not?

Questionnaire Results

Sample size:

- Residents...12/24- 50% response rate
- Family Members...12/24- 50%
- Staff...17/24- 71%

Characteristics of Participants

Residents...8/12 (67%) Veterans

age 60-69...1/12 (8%)
age 70-79...2/12 (16%)
age 80-89...9/12 (75%)

The majority 8/12 (67%) had been residents at DLC for 1-5 years

Family Members

5/12 (42 %) were family members of veterans

Sons... 5/12 (42%)
Daughters ...3/12 (25%)
Spouses...2/12 (17%)
Nieces and Nephews... 1/12 (8%)

Staff

Nurses...11/17 (67%)
NCA...4/17 (23%)
Unknown...1/17 (6%)

Number of years staff had worked at DLC -

Less than 1 year-1/17 (6%)
1-5 years -6/17 (35%)
6-10 years -2/17 (12%)
10-15 years-1/17 (6%)
More than 15 years -7/17 (41%)

Key Words used to describe Respect

For residents, families and staff...
The same words were consistently used...

Caring

Considerate

Attentive

Speaking kindly was 4th choice

Other findings

Responses from all three groups were analyzed

Comparisons of results were made across groups

Results...

"Deer Lodge Centre is a Respectful Environment"

Residents...

Agree--86 %

Disagree--14 %

Family Members...

Agree--100 %

Staff...

Agree--88 %

Disagree--12 %

"Everyone deserves respect"

Residents...

Strongly agree--58%

Agree--25%

Disagree--8%

Family Members

Strongly agree--50%

Agree--33%

Disagree--8%

Staff

Strongly agree--70%

Agree--30%

"I can show respect for someone even if I don't like them"

All respondents...

Strongly agreed or agreed with this statement

"Women deserve more respect than men"

Residents...

Agree-25%

Disagree or strongly disagree-75%

Family Members...

Agree-8%

Disagree or strongly disagree-92%

"all of the above who agreed were men

Staff...

Disagree-100%

"Veterans deserve more respect than non-veterans"

Residents..

Agree-18%

Disagree or strongly disagree-82%

"all who agreed were Veterans

Family members..

Agree-33%

Disagree or strongly disagree-67%

"all who agreed were related to Veterans

Staff..

Agree-12%

Disagree or strongly disagree-88%

"Respect must be earned"

Residents..

Agree-100%

Family members..

Agree-50%

Disagree-50%

Staff..

Agree-71%

Disagree-29%

Some comments...

From Residents..

"Treat people the way you want to be treated"

"You can show respect as long as a person shows respect back"

"The rules here are set in stone-there is no changing them"

Comments cont'd

"Culture or nationality shouldn't matter...everyone should be treated the same"

"Everyone is wonderful-every day that goes by I am treated with respect...but I also return respect to the staff"

Comments cont'd

"Respect should be from staff to resident and resident to staff"

"There needs to be an easier way to get to the smoking room...other than that there is nothing wrong with the place"

Comments cont'd

From Family members..

"Bottom line -treat others as if they were your mother, father or child"

"Nursing staff promote and encourage respect between residents"

"I have no personal knowledge of disrespect at Deer Lodge"

Comments cont'd

"Respect is deserved even if it is not returned"

"DLC is the most caring centre-the staff are wonderful people"

"Respect is lacking, disrespect abounds. Too many do not respect the type of work that they do and it shows"

Comments cont'd

"Disrespect is rushing a resident in moving or eating... or talking over the residents' heads or about them in front of them"

"It is incumbent on all staff to get to know the residents as well as possible so they can be respectful appropriately with each resident".

Comments

From Staff...

"In order to receive respect you have to give it"

"Respect is valuing the other person"

"Disrespect is when someone feels they need to always be first and demand this"

Comments cont'd

"Disrespect is 'belittling' another with words or actions"

"An example of disrespect is walking past someone who asks for assistance, not acknowledging someone or ignoring them"

Implications for Policy/Care

Policies where "respect" is inherent could have more emphasis placed on the definition of respect

Reinforcement of words used consistently such as

- caring,
- considerate,
- attentive and
- speaking kindly

Greater awareness of policies related to

- Resident Bill of Rights
- Abuse
- Code of Conduct

Greater promotion of concepts such as

- Resident-centred care
- FINE approach

A greater emphasis on getting to know the individual through life-stories or similar projects

Future Implications

Further research into specifics such as:

- Veterans and non-veteran populations
- Different age groups
- Residents who have been here a long time
- Staff who have worked here a long time

Future implications cont'd

Education:

Definitions and meanings of respect to all groups (Residents, families and staff)

Again thank you to everyone who participated and were willing to share their thoughts and ideas

Questions ?