Stop Agitating the Residents! 17 Secrets from Psych That Will Transform Care on EVERY Shift

Early in my career, I worked in residential settings that were focused on mental health problems. Great care was taken to provide a nurturing atmosphere. This is where nursing homes often fall short, with conditions that foster excellent physical care, but run completely counter to established notions of healing emotional environments.

I'm not talking about waterfalls and New Age music, renovated nursing stations, or even Culture Change, though that's a big step in the right direction. I'm talking about solid, tried-and-true low-budget techniques that can work in any nursing home, because they've been working in mental health facilities for decades.

Pay attention to the noise level: Go onto the unit for a moment and just listen. Do you hear the sounds of a calm and orderly work environment, or are there buzzers, alarms, ringing phones, overhead pages, shouting staff members, and yelling residents? As the psychiatric world knows, noisy environments are agitating. If one resident becomes loud and agitated, that will disturb the calm of the entire floor.

Fortunately, there are many remedies for this problem – including some remedies that can be implemented by nurses, Certified Nursing Assistants (CNAs), and other staff members right now, without having to wait for institutional changes. This means YOU have control – doesn't that feel good? Now let's give our residents the same happy feeling.

DAY SHIFT/ALL SHIFTS

1. **Answer the call bell immediately:** Reducing this one source of noise with a quick response time will pay off in many ways.
   - The unit will be quieter.
   - Residents will see that their needs and the needs of others get met immediately.

   All those residents sitting by the nursing station notice when the call bell is going off while the nurse is talking to her coworker about weekend plans. This frightens and angers them, and increases their feelings of vulnerability and powerlessness. I've lost count of the number of times a resident has told me they "could have died" while waiting for their call bell to be answered.
   - Nurses and aides can make the decision to address this individually, without having to wait for a mandate from the administration. Each worker can make it their personal policy to address the needs of their residents right away. What difference does the change in behavior of one person make? Aside from the personal satisfaction of knowing you're doing right by your residents, your behavior is likely to have a ripple effect to other workers in the facility. People will notice that your residents are calmer and more reassured, and may take your lead. If you're a charge nurse, you can change the tenor of the whole floor. If you're a supervising nurse, you can improve the unit. A Director of Nursing can affect the entire facility with this one simple, FREE adjustment in policy.
   - Immediately and pleasantly answering the call bell is the single most important

thing the staff can do themselves to assure the residents that their needs are important and that they are being cared for.

2. **Replace the overhead paging system with silent pagers or other devices:** It's essential that workers can locate each other and share information quickly and easily; it's completely unnecessary for everyone in the facility to know about it. Many of the residents know who "Dr. Red" is, for example, and feel anxious and vulnerable when they hear that page. Find other, quieter ways to communicate with staff.

3. **Separate and calm agitated residents:** In psych, we'd never dream of leaving a distressed resident in distress. Not only is it bad for the individual, it disrupts and agitates the entire floor. Residents prone to agitation will be triggered, and all residents see an example of how they will be treated should they become more disabled. This frightens them and causes needless anxiety. Also, due to their inability to move independently, they can feel trapped in a situation they'd prefer to leave, increasing their loss of control.

- If a distressed resident cannot be easily calmed, bring them to their rooms or another location away from other residents. This is kind to both neighbors and the agitated resident. If I were having a meltdown, I'd rather it weren't viewed in the middle of town. How about you?
- I've been told many times that "She's always that way" or "That's normal for him." No! This should not be normal.
- This is the time for intense team intervention, including CNAs and family members as part of the team. The question should be posed to all, what do you think is bothering her and what would you suggest to help her?
- Three common areas of intervention for agitated residents are:
    a. **Pain management:** After decades of research and recommendations to those in the field, untreated pain is still rampant and is a top culprit in agitation, particularly in residents with dementia. Here's a helpful article on pain assessment in people with dementia.
    b. **Behavioral interventions:** The key to behavioral interventions is in knowing the residents, understanding what triggers them, and being open to changing our own behavior as staff members and as a team. For example, I once observed a resident with a substance abuse history become more agitated (and obnoxious) while waiting for the nurse to give him his pain meds. The nurse was making him wait until she'd given out all her other meds because she didn't want to "reward" his rudeness. Med pass every day became a battle that disrupted the entire unit. At my staff training, I suggested that to avoid escalating disruptive behavior, meds, and especially pain meds, be given first to residents who become very anxious about receiving them. The nurse was open to rethinking her strategy, tried this method, and the problem quickly resolved.
    c. **Psychiatric medication:** Used properly, psychiatric medication can be helpful in reducing agitation in residents who don't respond to pain management or behavioral interventions, or in conjunction with those methods.

- In research studies, people with dementia were closely observed and triggers to their distress were noted. For example, one man became agitated around the bustle of change of shift. His family knew he liked to listen to jazz music, and they bought him a listening device and headset. The day staff put the music on for him before change of shift and the problem of agitation disappeared.
- Yes, this takes the time and energy of figuring out what's bothering each individual resident, and the consistent application of techniques to soothe them. But it saves the time and energy of trying to unsuccessfully calm a resident after you let him get agitated, the effort of settling the unit after the distressed resident triggers his neighbors, the fielding of phone calls from legitimately distraught family members, the turnover of staff who can't take the environment, and the referrals that don't come because they see or hear the nursing home leaves people in distress.
- Who's going to observe the resident over the course of the day to see what the triggers are? The team. And the easiest time to discuss what was observed is at the change of shift report, where agitated periods can be documented, with probable triggers. Set up a weekly meeting, choose the resident to discuss in advance, and run the meeting so that it straddles the afternoon change of shift, with the meeting leader gathering info from both shifts. Ask the night staff in advance to give their observations and suggestions.
- For more on setting up behavioral rounds, identifying triggers, and reducing agitation, visit mybetternursinghome.com.

EVENING SHIFT

Winding down for the day: Just after college, I was a staff member in a group home for adolescent girls with behavioral and emotional problems. My job was direct care, in a role similar to a CNA. We worked very hard to create structure during the day (which most nursing homes already do), and a sleep-inducing routine at night (which most nursing homes don't).

At this group home, I worked in "the clinic," a small unit where youngsters who were physically ill came to recuperate, along with those whose behavior had been so disruptive on their units that they needed to be separated from their peers. The girls who'd mugged the night attendant for her keys by threatening to hit her with a fire extinguisher, stole a car, and made it as far the highway toll booth before being caught and sent back (a half-hour excursion) stayed in the clinic during the court proceedings, along with the teen who'd broken the nose of a staff member in a fit of rage. In other words, I had a group of occupants that varied from week to week, ranged in needs and abilities, and who all required a great deal of soothing, healing structure.

Toward the end of the day, we'd do the following:

4. **Lower the lights to create a restful atmosphere:** Seniors need a much brighter environment than teenagers due to age-related vision changes, but as residents are being settled into bed and are no longer using their lights, they can be turned down, or off.
5. **Lower the volume on the televisions and radios:** Residents who want to watch

TV late into the night can use headsets so they don't disturb their neighbors.

6. **Speak in lower, slower, calmer tones:** Although some residents require a loud voice to hear you, evening conversations in general should be quiet, and avoid topics likely to generate sleep-disturbing anxiety. YOU might be energetically starting your shift, but the residents have been up all day and need to be settled in.
7. **Avoid arguments:** If no harm will come of it, try to do things their way. Many of those under our care are tired and in pain by the evening. A nursing home administrator spent a week in his facility, living like one of the residents. One of his top observations was that his butt hurt terribly by the end of the day from sitting in the wheelchair for hours. If this physically healthy youngish man felt that way, imagine how our residents feel, and consider that they might not be in the best of moods by nightfall.
8. **Early to bed for those early to rise:** Sometimes residents are the first to get up in the morning and also the last to be put back to bed, creating an extremely long day that's out of their control. It's important for the evening shift to be aware of the wake-up times of their residents and to factor this in when they start readying their charges for bed. If there are eight resident who need care, the triage order is: residents in pain, residents who got up early, and then late risers, those comfortable waiting (and say so), and those who want to stay up late.

NIGHT SHIFT

Sleep hygiene: We've heard the suggestions for ourselves – avoid late night caffeine and alcohol, create a soothing evening routine, go to sleep around the same time every night, etc. A good night's sleep is important for our optimal functioning during the day, allowing us to be the best worker, parent, child, spouse, we can be. The residents, who need their sleep as much as we do, rely on us to create an environment that fosters slumber. My resident reporters from the wee hours over the years tell me much can be done in this area. Here are some ways the night shift can create a culture of slumber:

9. **Talk in low, nighttime tones:** Certainly, staff members need to communicate with each other, but it can be done in a manner that respects the fact that people are sleeping. Residents will appreciate when you avoid calling to coworkers down the hall and have friendly chats outside their doors, and instead bring conversations out of their hearing, or speak in a whisper when you can't.
10. **Turn off lights after working with residents:** Many a bleary-eyed resident has told me, "They came to help my roommate and left the light on all night when they were done." Use just the amount of light you need to get the job done safely, and then turn it off before you leave the room.
11. **Consider night-time needs when making room selections:** A resident that needs heavy care during the night might be best with a roommate who can sleep through anything, or require a private room during a period of heavy care.
12. **Avoid giving medicines and treatments at night if they can be given during the day:** The administrator who stayed overnight in his facility for a week created a new policy based on his experience of regularly being roused from sleep for medical

services. He required his physicians to change their orders so that the hours of distributing meds and treatments, unless medically necessary, did not disturb the sleep of the residents.

13. **Consider earplugs and eye covers for those who could benefit:** Sometimes life requires "work-arounds," and if I had a noisy nursing home roommate, I'd try using earplugs to muffle the sound. I'd use the bright-colored ones so I can find them when they fall out, or the rubber ones with a string attached if my fingers can't roll up the foam plugs. I'd avoid a sleep mask or eye cover (because I wouldn't want to open my eyes and not see anything), but some residents might prefer this to having their roommate's light shining in their eyes during nighttime care. For residents who don't become disoriented by these low-cost devices, they can be a way to work around nighttime disturbances.

14. **Address agitated residents quickly:** Residents who are agitated during night hours are suffering and deserve help. They disturb their neighbors, creating resentment and affecting their health. Responding quickly to an agitated resident is more effective than waiting until they're riled up about your response time in addition to whatever else was bothering them.

15. **Report agitated residents:** Residents often tell me their neighbors kept them up all night, but when I inform the nurse, there's no documentation. All hell could be breaking loose at night, but if it's not logged in the change of shift report, the day and evening shift don't know about it and can't address it. In fact, they may notice that a resident is sleeping all day and reduce sedating medications, only to worsen the problem. The entire team, day and night, needs to be aware of sleep issues so that they're properly addressed.

16. **Adjust meds:** Pain medications might need adjusting to prevent night-time agitation, the time of dispensing meds can be altered to give those with sedating qualities before bedtime rather than earlier in the day, sleep medicine can be added, etc.

17. **Correcting sleep-wake cycle disturbances:** Sometimes people have switched their body clock so that they're up all night and sleeping all day. You may have experienced this while caring for an infant, or after an international trip to a very different time zone. The way to correct this problem is to postpone sleep by an hour or two every day until the normal schedule is in place. If a resident is up from 11pm until 7am and then falls asleep, the first day the resident would stay awake (or be kept in a stimulating environment) until 8am, the following day until 9am, etc, until the schedule is back on track. Clearly, this takes time and teamwork, but it's a simple, med-free method.

Getting Started: 17 tips is a lot! Pick one tip that seems manageable, and begin from there.

For more information, or to schedule a speaking or training event, visit me at mybetternursinghome.com