

Motives of caregivers in home care on the use of coercion in their clinical practice: a qualitative study

Background

Despite an increasing focus on patient engagement, the use of coercion still appears to be present in all domains of healthcare. This causes “daily-practice” ethical dilemmas where more explicit forms of coercion tend to receive the most attention, while more subtle forms of coercion seem to be overlooked¹.

Aim(s)

The study aimed to gain a deeper understanding of the motives of healthcare practitioners working in mental healthcare, home care and nursing homes in situations that could lead to the use of coercive acts.

Methods

A qualitative, descriptive design was set up based on principles of respectively critical incident methodology², simulation-based education³ and thinking aloud methodology⁴. Ten caregivers from one home care organisation and eleven bachelor nursing students from one university of applied sciences took part in the study. A three-phase data-collection process was utilised. Firstly, participants were invited to describe authentic situations where coercion was used in their daily practice. Secondly, participants were exposed to simulation scenarios derived from the collected situations in phase one, and subsequently interviews were conducted to unravel participants’ underlying motives. Thirdly, participants were exposed to a fictitious but realistic scenario. They were encouraged to speak out all their occurring thoughts and feelings passing through the scenario presented. Consequently, underlying motives for the use of coercion could be uncovered. Rigorous rounds of data analysis took place after each phase of data collection.

Results

The following overarching themes emerged from the data: building a trustful relationship, acting proactively and guaranteeing safety. All interviewed participants emphasised the importance of building a trustful relationship with the patient, as conveying trust was considered essential to gain access to the home of the patient. Once nurses perceived a trustful relation was installed, analysis of the interviews showed how informal ways of coercion appeared in their interactions with the patients when the patients’ health or safety was compromised. To prevent these situations, nurses acted proactively by warning patients for potential healthcare risks, or by persuading patients to comply with safety precautions to avoid these risks.

Discussion

The findings of this study displayed how caregivers in home care wanted to act responsibly by maintaining control. Safeguarding and containing the patient’s behavior were the main drivers to use informal coercion. In contrast, fewer attention was paid to the personal narrative of the patient and the meaning of the non-compliant behaviour⁵.

Implications and future perspectives

Continued authentic dialogue between and within a diverse group of caregivers and patients can promote the paradigm shift towards person centered care with less disproportionate use of coercion. Therefore, the insights of the study appeal to develop reflective practices in home care settings, both on individual and group level. Limitations of the study is that only one nursing organisation was involved in the study and only one scenario was used in phase 2 and 3 of the data collection. However, the scenario was perceived as very representative by all participants.

References

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